NHS
Merton
Clinical Commissioning Group

Report to the Merton Clinical Commissioning Group Governing Body

Date of Meeting: 23rd January 2014

Agenda No: 7.3 **Attachment:** 16

Title of Document: Safeguarding Children Annual Board Report	**Purpose of Report:** To Receive and note
Report Author: Sadie Daley, Designated Nurse Safeguarding Children	**Lead Director:** Jenny Kay, Director of Quality

Executive Summary

1. The purpose of the annual safeguarding children report 2012/13 is to:

   - Provide an overview of the arrangements in place to safeguard and protect children and young people across the London Borough of Merton. This includes partnership working across the health economy and Merton Safeguarding Children Board.

   - Demonstrate how Merton CCG is fulfilling its statutory responsibilities in relation to children and young people in accordance with the Children Acts 1989 and 2004, the Children and Adoption Act 2002 and the Health and Social Care Act 2012.

Key sections for particular note (paragraph/page), areas of concern etc:

Please note the Executive Summary.

Please note that this report covers relevant activity in Merton through March 2012 – October 2013, in order for it be both relevant and timely.

Recommendation(s):

The Merton Clinical Commissioning Group Governing Body is requested to:

The Quality Committee is asked to note the content of this report and the priorities for 2014.

Committees which have previously discussed/agreed the report:

This report was discussed and approved at the Merton CCG Clinical Quality Committee in December 2013, with some comments that have been integrated in this final version.

Financial Implications:

Unknown.

Other Implications: (including patient and public involvement/Legal/Governance/ Risk/ Diversity/ Staffing)

Implications for CCG Board:

- It is the statutory duty and responsibility for CCGs to have a clear overview of safeguarding arrangements within commissioning and provider health organisations across whole health economy.
- MCCG and commissioned services to be in readiness for the new (unannounced) Ofsted/CQC Safeguarding Children and Looked after Children Inspection regime.
- Following recent NHS reforms MCCG must ensure effective working relationships and clear lines of accountability are robust across new commissioning systems and with partner agencies.
- Compliance of relevant legislation and mandatory guidance by CCG and provider organisations vital to ensure safeguarding of vulnerable people and reputation of the organisation.

Equality Analysis:

There is no indication that areas of the community would be disproportionately disadvantaged due to this assurance process and report.

Information Privacy Issues:
No patient identifiable information has been shared.

Communication Plan: (including any implications under the Freedom of Information Act or NHS Constitution)

The whole report will be shared with:

- MCCG Safeguarding Executive Group
- Provider organisations
- Merton Local Safeguarding Children Board

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Safeguarding Children Annual Board Report
Merton Clinical Commissioning Group

March 2012 – October 2013

Author: Sadie Daley
Designated Nurse Safeguarding Children

1. Executive Summary

1.1 This is the first Safeguarding Children Annual Report to the Merton Clinical Commissioning Governing Body. The report covers the period 1st April 2012 to 31st October 2013. During most of this period the Primary Care Trust (PCT) NHS Sutton and Merton was still in place. There was a significant period of change and challenge with up to 50% of PCT staff leaving or transferring into new roles. In parallel there was great activity around preparing the shadow Sutton and Merton Clinical Commissioning Groups (CCGs) to meet the Authorisation criteria set by NHS England (formerly the NHS Commissioning Board).

This report will not cover the responsibilities of the predecessor PCT for safeguarding in Sutton, but will refer to activity in Merton during 12/13 which is relevant to the newly formed CCG. As a new CCG, it also covers progress during 2013 in the first six months of operation.

1.2 The purpose of this report is to:

a) Provide an overview of the arrangements in place to safeguard and protect children and young people across the London Borough of Merton. This includes partnership working across the health economy and Merton Safeguarding Children Board.

b) Demonstrate how Merton CCG is fulfilling its statutory responsibilities in relation to children and young people in accordance with the children Acts 1989 and 2004, the Children and Adoption Act 2002 and the Health and Social Care Act 2012.

1.3 Safeguarding children data and the contribution of health services towards meeting the needs of vulnerable children are discussed including the safeguarding arrangements within the provider organisations and the potential impact of high levels of vulnerability on health services with key roles in respect of safeguarding children.

1.4 The following provider Safeguarding Children Annual Board Reports have informed this report:

- The Royal Marsden Hospital Sutton and Merton NHS Community Health Services, in addition, including the Merton Looked after Children Annual Report
- Epsom and St Helier University Hospitals NHS Trust
- St George's Healthcare NHS Trust
- South West London & St George's Mental Health NHS Trust

2. Introduction

2.1 On the 31st March 2013 NHS Sutton and Merton (Primary Care Trust) was abolished and Merton Clinical Commissioning Group (MCCG) became legally recognised (Health & Social Care Act, 2012) on the 1st April 2013 as a commissioning organisation.

2.2 As part of this process the shadow MCCG underwent the NHS England Authorisation process. The safeguarding criteria was successful and there was an action to strengthen the looked after children (LAC) criteria. An intense period of work took place within a short time-limited period and MCCG successfully achieved full Authorisation.

3. Accountability and Governance

3.1 MCCG has the required safeguarding arrangements in place that comply with legislation and statutory guidance (Children Act, 2004; Working Together, 2013). This includes: a Board Lead and Executive Lead for Safeguarding Children, a Designated Nurse 1.0 WTE and Designated Doctor 0.2 WTE (designated professionals). The designated professionals receive training, supervision and support from within MCCG and externally on a regular basis (see Appendix 1). The MCCG clinical quality committee is a subcommittee of the Governing Body, both have a responsibility to assure themselves that the required safeguarding systems are in place.

3.2 The Named GP role remains vacant. However, following the recent NHS reforms NHS England now commission GPs and other independent contractors and discussions have begun to review the Named GP role, remit and employment with a view to advising CCGs in the near future.

3.2 The Commissioned NHS Trust organisations continue to have appropriate safeguarding arrangements in place and their named professionals across the health economy meet regularly with the designated professionals including the GP and Practice Nurse Leads at the Wilson GP Walk-In Centre. Supervision and training is accessed regularly and includes the safeguarding leads in the independent sector - Parkside Hospital and St Anthony's Hospital; the designated nurse conducts supervision sessions with them.

3.3 The designated professionals are members of the Pan-London Designated Professionals Forum chaired by NHS London, quarterly. They are also members of the South West London Designated Professionals Group (bi-monthly) and the Designated Nurses also meet periodically. These structures and networking ensures best practice is shared, reflective practice and decision-making is grounded through peers.

3.4 Public declarations – MCCG and all NHS Trusts have updated and published their safeguarding children declarations on their webpages. This provides

assurance to the public that safeguarding children arrangements meet statutory requirements. Also, that there is clear accountability structures, performance monitoring systems, appropriate levels of training; safeguarding supervision and checks with the Disclosure and Barring Service (Criminal Records Bureau).

3.5 The MCCG Integrated Strategy and Operating Plan 2013 – 2015 has a safeguarding section within it. In 2013-14, a systematic quality review has taken place with clinical leads of current children's services for on-going improvements in terms of quality, working closely with Public Health/Local Authority colleagues and partners.

3.6 The following NHS Trust Providers assured NHS Sutton and Merton that they were compliant with the Care Quality Commission Essential Standards as part of their self-assessment:

- The Royal Marsden Hospital Sutton and Merton NHS Community Health Services, including the Merton Looked after Children Annual Report
- Epsom and St Helier University Hospitals NHS Trust
- St George's Healthcare NHS Trust
- South West London & St George's Mental Health NHS Trust

The designated nurse has worked with her commissioning colleagues in Kingston to assure herself of the robustness of their self assessment.

3.7 Nationally, GPs were required to register with the Care Quality Commission by 31st March 2013, safeguarding is an essential standard; all Merton GPs are now registered. From the 1st April 2013 NHS England is commissioning independent contractors. The accountability and assurance framework guidance has tasked CCGs with ensuring quality and service development occurs for GP services.[1] The designated doctor for safeguarding children facilitated a number of Level 3 training sessions for GPs during 2012/13. During 2013/14 NHS England is developing a tailored assurance framework to assist GP services to have the required safeguarding arrangements in place.

3.8 With regards to pharmacists, discussions have begun around designated professionals across the SW London area inputting on the additional training for prescribing Emergency Hormonal Contraceptives by increasing the content of the training to Level 3.

3.9 New relationships will need to be developed with relevant GPs, pharmacy, dental and optometry leads within the NHS England London Area Team.

3.10 Merton CCG has statutory membership of the Merton Safeguarding Children Board (MSCB) through the Governing Body Lead, the designated doctor and designated nurse. The designated professionals actively participate in MSCB subgroups. This demonstrates a strong commitment to partnership working.

[1] NHS England (2013) Safeguarding Vulnerable People in the Reformed NHS: Accountability and Assurance Framework.

3.11 Merton CCG is able to demonstrate that processes are in place to learn lessons from cases where children die or are seriously harmed and abuse or neglect is known or suspected.

3.12 Looked after children services are delivered by Epsom & St Helier Hospitals Community Paediatrician and the Royal Marsden Hospital Sutton and Merton Community Services (SMCS). Merton CCG hosts the contract for SMCS. Merton Local Authority and partner agencies underwent Ofsted Inspections for the Fostering Service on 20th November 2012 and the Adoption Service on 1st February 2013. Both services were judged 'Good'.

4 Demographics and information

4.1 Knowledge and understanding of the social demographics of Merton borough is necessary for strategic partnership planning and commissioning of services in order to build capacity, responsive services and workforce development to safeguard and promote the welfare of children and young people.

4.2 The 2011 Census showed that Merton is the sixth least deprived London borough. This relative lack of deprivation does, however, hide inequalities within the borough. A stark characteristic of the borough is the difference between the poorer, more deprived east (Mitcham), and the wealthier, more prosperous west (Wimbledon).

4.3 The Office for National Statistics (2011) shows Merton has a resident population of 199,693 which is projected to rise to 243,164 by 2021. The population aged under 5 years' accounts for 7.4% in Merton compared to 7.2% in London. The children's population is expected to rise over the next ten years.

4.4 Merton's young population predominantly live in Cricket Green, Pollard's Hill and Figge's Marsh. The wards with most children on a Child Protection Plan are: Abbey; Longthornton and Pollards Hill.

4.5 The Black, Asian and Minority Ethnic (BAME) population accounts for 35% of the population in Merton (2011 census, non-white population). 16% of the population were from non-British White groups (mainly South African and Polish) and White Irish. When combined with the BAME population 51% of Merton's population is from ethnically diverse communities. It is important that the planning and delivery of services is cognizant of this. In practice access to information to support parenting and highlight risks to child safety e.g. co-sleeping should be available at a minimum in the three most common second languages in the borough – Tamil, Urdu and Polish. Provider organisations need to ensure, through training

and supervision, their frontline workers are culturally competent to identify and provide appropriate intervention to these groups.

4.6 At the end of September 2012 the registered population for GPs in Merton was 216,539. Therefore it appears 16, 846 people registered with a Merton GP do not live within Merton Borough, further evidence of the cross boundary working and challenges for staff identifying and supporting vulnerable children and families.

4.7 The number of live births in Merton in 2010 was 3,421 and in 2011 3,468 (Office for National Statistics). St George's Hospital, St Helier Hospital and Kingston Hospital were the three most attended hospitals by Merton women.

4.8 In Table 2, the categories of abuse for the children made subject to Child Protection Plans between 1 April 2012 and 31 March 2013, show the most frequent category used was multiple. The second highest category was emotional abuse.

4.9 Merton CCG will have a key leadership role through their statutory membership of the Merton Local Safeguarding Board (MSCB) and the Health and Wellbeing Board to ensure the children's workforce and the systems and processes across the health economy are effective and robust.

Table 1

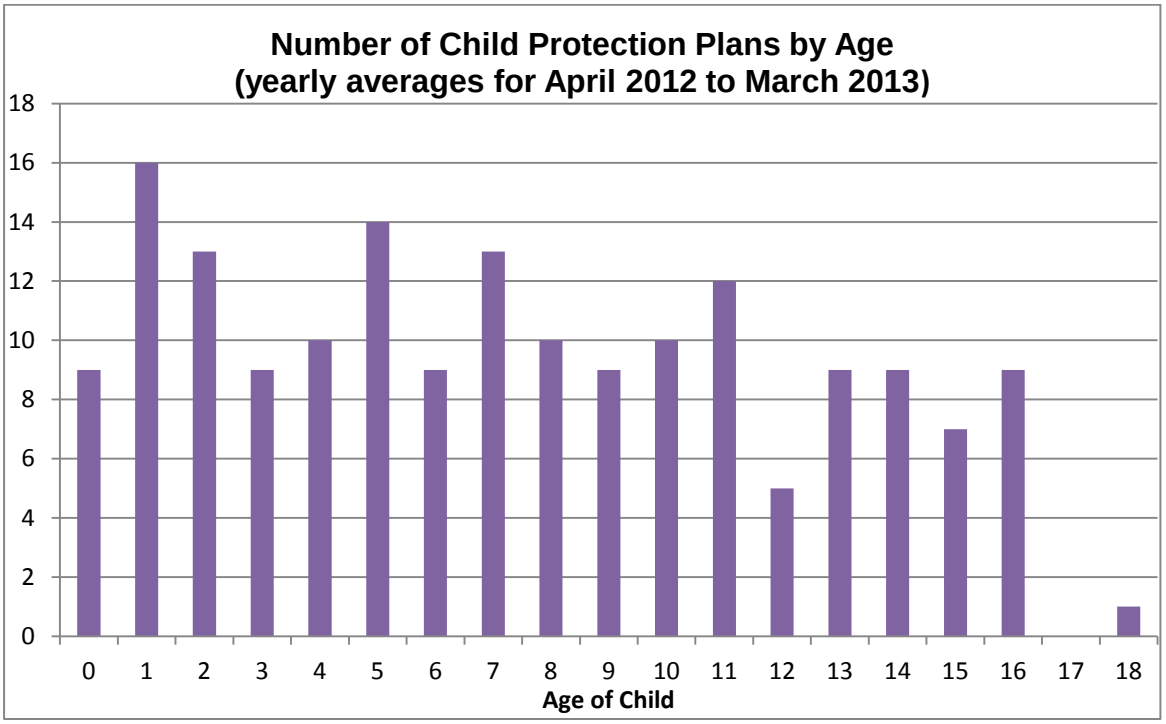


Table 2

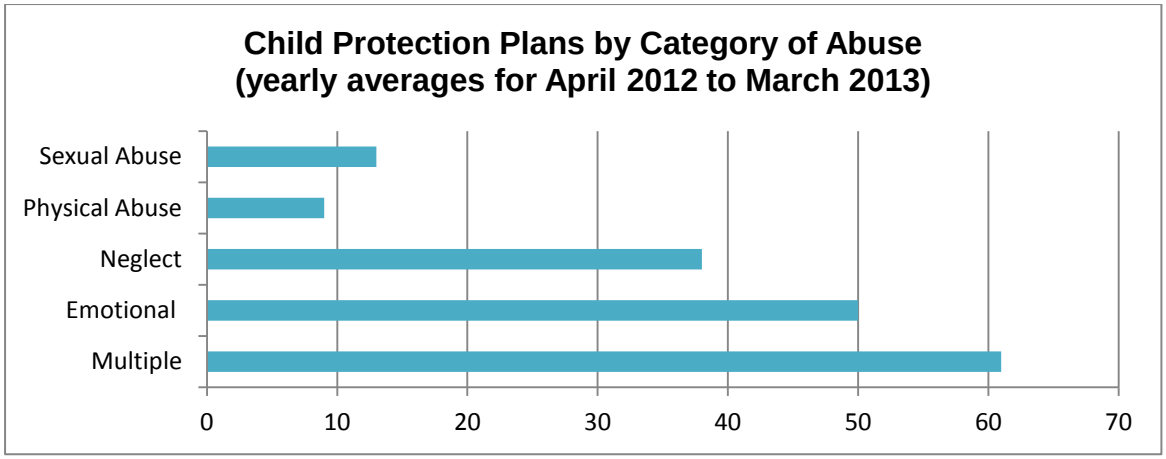
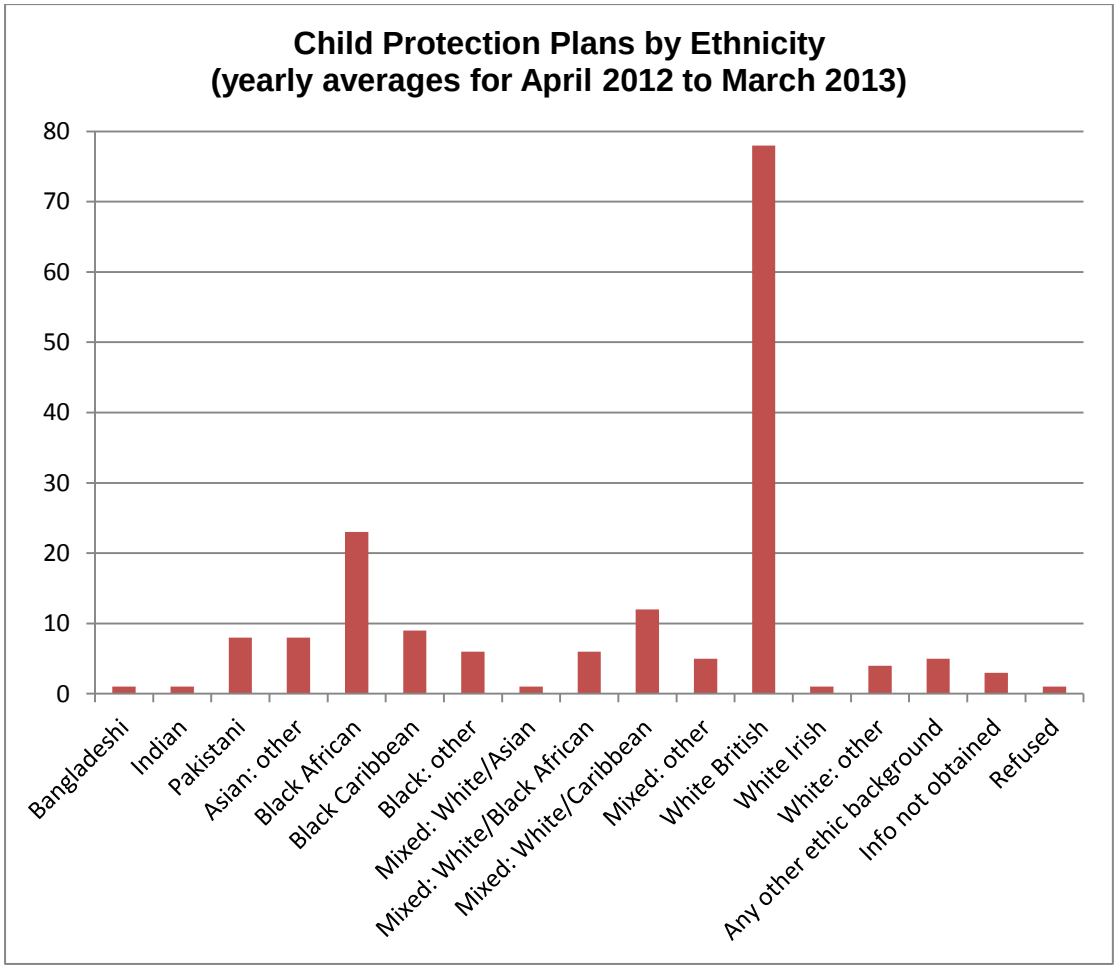


Table 3



4.10 Although White British is the highest number on Child Protection Plans, with regards to the ethnic profile of Merton Borough mixed heritage is over-represented on Child Protection Plans. MSCB has highlighted this and

discussions have occurred around how to understand the reasons for this. The MSCB 2013/14 work plan has included the changing demographics of the borough and the need to ensure cultural competence within the children's workforce.

4.11 From the health perspective it is prudent to note that although Merton is rated as fairly affluent, health organisations in Merton are delivering services to residents from neighbouring boroughs which are more deprived e.g. Lambeth. This adds to the complexity of overseeing quality frontline practice, scrutinising systems and assessing outcomes for children and young people using services outside Merton. To help mitigate this designated professionals across the South West London area share information and learning.

4.12 The numbers of looked after children (LAC) on the 31 March 2013 was 129. The new safeguarding assurance and accountability framework has set out the 'step up' for CCGs with regards to scrutinising LAC services, quality of placements and assessments for children placed out of borough and leadership; CCGs are tasked with securing appropriate expertise.[2]

5 Reports and Guidance Published in 2012/13 (See Appendix 2)

The following guidance was published:

- Health and Social Care Act 2012
- Safeguarding Vulnerable People in the Reformed NHS: Accountability and Assurance Framework
- Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children 2013 (See Appendix 2)
- Francis Report 2013
- Compassion in Practice 2012

6 Sutton and Merton Safeguarding Children Executive Group (SCEG)

The SCEG was established in 2010 chaired by the Board Lead to provide a comprehensive strategic overview for Sutton & Merton PCT. Following the recent reforms SCEG has been disbanded. Merton CCG will develop its own Merton Safeguarding Executive Group (MSEG). The remit of the MSEG will broaden to include vulnerable adults. This proposal is informed by the fact that each CCG is accountable to different Local Safeguarding Children Boards and local authorities with differing priorities (Joint Strategic Needs Assessment) and learning from

[2] NHS England (2013) Safeguarding Vulnerable People in the Reformed NHS: Accountability and Assurance Framework.

serious case reviews and serious incidents. Improving scrutiny will continue to be high on the CCG's agenda.

7 Merton Local Safeguarding Children Board (MSCB)

7.1 Section 13 of the Children Act 2004 requires each local authority to establish a Local Safeguarding Children Board for their area and specifies the organisations and individuals that should be represented on LSCBs.

7.2 The new Working Together 2013 clarifies and strengthens the assurance role of LSCBs in ensuring that organisations are fulfilling their statutory obligations.

7.3 Merton CCG is represented on the MSCB by the Chief Officer as Governing Body lead for Safeguarding Children (or in her absence the Executive Lead for safeguarding children, Director of Quality) the designated doctor and nurse for safeguarding children. St George's Hospital is now represented on the MSCB. The designated professionals also ensure appropriate CCG representation on the subgroups.

7.4 MSCB has recently revised their set of multiagency key performance indicators the NHS Trusts have been providing data since April 2013. Performance indicators are now included for the Sutton and Merton Child Death Overview Panel.

7.5 The MSCB Annual Board Report feeds into the Children's Trust Board and the PCT and now Merton CCG is represented on Merton Children's Trust Board.

The objectives for the Merton Children and Young people's Plan 2013 – 2016 are:

- Implementing the new Early Intervention and Prevention Strategy
- Safeguarding Children
- Looked After Children
- Youth Offending/Youth Inclusion
- Children with SEN and Disabilities
- Workforce Development

8 Children on a Child Protection Plan by ward and GP surgery

Table 4

Ward	Total
ABBEY	55
LONGTHORNTON	34
POLLARDS HILL	20
NULL	18
WIMBLEDON PARK	11
ST HELIER	10
RAYNES PARK	8
LAVENDER FIELDS	6
MERTON PARK	5
WEST BARNES	5
RAVENSBURY	4
TRINITY	3
CRICKET GREEN	2
FIGGES MARSH	2
COLLIERS WOOD	1
Grand Total	**184**

8.1 The six wards with the highest number of children subject to a child Protection Plans – Abbey, Longthornton, Pollards Hill, Null, Wimbledon Park and St Helier – are located in the East of the borough with the highest deprivation.

Table 5

GP Surgeries with more than 3 children on a Child Protection Plan	Total
TAMWORTH HOUSE MEDICAL CENTRE	26
CRICKET GREEN MEDICAL PRACTICE	23
WIDEWAY MEDICAL CENTRE	20
FIGGES MARSH SURGERY	11
THE MITCHAM MEDICAL CENTRE	10
MIDDLETON SURGERY	8
THE ROWANS SURGERY	8
LAVENDER FIELDS SURGERY	6
GRAND DRIVE SURGERY	5
THE CHURCH LANE PRACTICE	5
LAMBTON ROAD MEDICAL PRACTICE	4
MORDEN HALL MEDICAL CENTRE	4
RAYNES PARK SUGERY	4
THE JAMES O RIORDAN SURGERY	4
THE WATERFALL HOUSE SURGERY	4

8.2 The above table shows the GP practices with the highest number of children on a Child Protection Plan which correlates with the most deprived wards. This intelligence will help NHS England, MCCG and the LSCB focus and prioritise their resources to ensure planning services, peer support, training and supervision for those GP services with the highest number of children on a plan. The 'early intervention' approach by universal staff will be key to improving the outcomes for these vulnerable children and their families. Commissioning bodies will be responsible for seeking assurance that frontline workers have the required competences to undertake this work.

9 Merton Multi-agency Safeguarding Hub (MASH)

9.1 The MASH was under development during 2012/13 and went 'live' in April 2013. There will be a full report in the next annual board report. MASH will co-locate professional 'navigators' from a number of agencies, which includes:

- Health,
- Children's Social Care
- Police
- Education
- Probation
- Housing
- Banardos

9.2 The health navigators employed by Sutton and Merton Community Services (health visitors and school nurses) now act as the conduit for information sharing between MASH and health organisations (including GP services). A successful business case was made by Sutton & Merton Community Health Services (SMCS) for two 1.0 WTE school nurse or health visitor posts to cover the health navigator role within MASH. This was successful and recruitment to this role has begun, with interim support during the first months of 2013 (MCCG has agreed recurring funding). The MASH will be the 'front door' and single point of contact for all safeguarding and child protection concerns regarding children and young people (including unborn) in Merton. Navigators will risk assess the information (shared 'on a need to know basis'), helping to identify vulnerable children early and ensure the most appropriate level of intervention occurs.

9.3 The designated nurse is leading the health economy component for Merton MASH. As fifty per cent of Merton residents access St George's Hospital they were invited to engage in the process; this was accepted. Currently, the provider health organisations are in the process of arranging for their Caldicott

Guardians to sign-off the Merton MASH Information Sharing Agreement (ISA); MCCG has signed up to the ISA.

10 Safeguarding Performance Framework

10.1 During 2012 a set of safeguarding quarterly performance indicators for provider NHS Trusts were developed across South West London by the designated professionals to allow for the emergence of specific health data and enable benchmarking and patterns to be identified with a narrative as required. The indicators were also informed by the repeated learning from serious incidents and near misses. Epsom & St Helier Hospital NHS Trust, Kingston Hospital NHS Trust and St George's Hospital NHS Trust are currently collecting this data along with their respective community health services since April 2013 (Croydon CCG have a similar data set). The Royal Marsden Hospital Sutton and Merton NHS Community Health Services is working with the CCG to agree their final data set. MCCG is working with MSCB to ensure these performance indicators are shared and to avoid unnecessary duplication. Along with the performance indicators a set of standards (based on Section 11, Children Act 2004) were also created (more health specific). MSCB has agreed to accept these as evidence for the Sec 11 audit; the safeguarding children standards are to be completed year end (March).

10.2 It is vital that health services intelligently interrogate safeguarding data thus obtaining an overview of the patterns, trends and gaps across the health economy. Following the recent NHS reforms a sustained effort is needed to enable this to take place. There are a number of new commissioning services and regulators leading to more complexity. This could result in a risk to safeguarding systems if not closely monitored through the governance systems.

10.3 In addition, discussions have taken to strengthen safeguarding within the Clinical Quality Review Groups.

11 Requirements following Savile allegations (Yewtree Report)

11.1 On the 12th November 2012, Sir David Nicholson, NHS Chief Executive wrote to the Chief Executives of all NHS Trusts and NHS Foundation Trusts regarding the allegations of abuse by Jimmy Savile. The Department of Health sought assurance that all existing NHS procedures are robust.

11.2 MCCG has received written assurance from all the main providers regarding their processes which includes their approach to celebrities as well as paid employees. South West London & St George's Mental NHS Health Trust; Epsom & St Helier Hospitals NHS Trust; The Royal Marsden Hospital and Sutton and Merton NHS Community Health Services; St George's Hospital and South London Commissioning Unit have provided assurance (See Appendix 3).

12 Inspection of Safeguarding Children Arrangements

12.1 The Ofsted and Care Quality Commission (CQC) integrated inspection of safeguarding children and looked after children's (LAC) services took place in January 2012 and was reported in the 2011/2012 Annual Board Report. The health service contribution to safeguarding children and looked after children was judged as 'good'. The Merton action plan formed as a result has been regularly and routinely monitored via the Safeguarding Children Executive Group (pre-CCG) and Merton Safeguarding Children Board. The recommendations which remain in progress relate to improving the completion of the LAC health assessments within the statutory timescale.

12.2 Following the government's acceptance of the recommendations from Professor Eileen Munro's Review of Child Protection Services in July 2012 the inspection framework is to be revised, with a single inspectorate; all inspections will now be unannounced.

12.3 CCGs were recently notified that the CQC will be carrying out 'short notice' (two days) inspections as part of the review of how health services keep children safe and contribute to promoting the health and wellbeing of looked after children and care leavers. The review will begin in September 2013 and will take two years to complete.

12.4 In October 2013 a thematic review of children with complex health needs who are in transition from children's to adult services was carried out by the CQC (separate to a safeguarding inspection). Merton CCG was one of the selected boroughs where they undertook fieldwork. This visit will feed into the overarching national report and there will not be a specific Merton report. However the inspectors fed back their informal findings, with several areas of good practice. Equally, there is also more that we can do as a local partnership with our Local Authority and health colleagues to ensure transitions are safe and well managed. This work will be taken through to 2014 by the Director of Commissioning and Planning.

12.5 Inspection readiness will be routinely monitored via the Merton Safeguarding Executive Group and MCCG Quality Committee.

13 Serious Case Review/PCT-led Individual Management Review

13.1 During 2012/13 two PCT-led individual management reviews (IMR) were completed for Baby X and Child Y. A serious case review (SCR) Child A was also completed.

Baby X IMR

13.2 In February 2011, following a 999 call, Baby X was found lifeless by ambulance staff. He was 2 days old. This case did not meet the threshold for a SCR, the PCT decided there were lessons for health and an IMR was undertaken. However, this was a vulnerable family with safeguarding concerns who moved a number of times across London boroughs. There was no clear oversight of the family's circumstances and poor information sharing within and between health services. Eight health organisations were involved including the London Ambulance Service and a private nursing agency. The PCT areas involved were:

- Merton
- Lewisham
- Greenwich
- Lambeth

Child Y IMR

13.3 In March 2010 a 16 year-old girl died following complications of Anorexia Nervosa. This case did not meet the threshold for a SCR, the PCT decided there were lessons for health and an IMR was undertaken. Despite a number of NHS and private health organisations involved with the young person and her family her condition deteriorated to a level which met the threshold for protecting her health and well-being. There was no health professional with overall lead and thus overview of the case. Therefore, missed opportunities to identify safeguarding issues early did not occur. There were nine health organisations involved, including three private health organisations. The PCT areas involved were:

- Merton
- Wandsworth
- Surrey

Child A SCR

13.4 Child A, a 12 year old girl, was reported missing from her grandmother's house where she had been staying for a visit. Her body was discovered, hidden in the loft of her grandmother's home in Croydon on the 10th August 2012. Her grandmother's partner was charged and convicted of her murder. The SCR found that her death could not have been predicted. However, overall there was the key learning:

- Most professionals worked within the expected safeguarding guidance and legislation. However, during analysis, some areas of safeguarding practice e.g. communication; information sharing and holistic assessments were absent or needed strengthening.
- Health professionals unconsciously accepted the prolific use of cannabis by parents within the home and did not appreciate the impact on parenting and passive smoking for children.
- 'Think Family' approach was often absent when professionals worked with adults who are parents/carers.

- Child A appeared to be an 'invisible child' to health professionals supporting the mother and her younger siblings.

These cases were completed during the transition period between PCT and CCG. The majority of recommendations and actions from the IMRs and SCR have been completed. Outstanding actions will be monitored via the governance arrangements within the CCG with any consistent breaches escalated to the Board Lead for Safeguarding Children.

The CCG Clinical Quality Committee and Governing Body have now agreed the sign-off process for SCRs and IMRs see Appendix 3. This is also monitored by MSCB.

14 Trend of themes from SCRs and PCT-led IMRs over the last four years

14.1 Over the last four years under NHS Sutton and Merton (PCT) there have been a total of six SCRs/IMRs. A review of the themes and lessons learnt identified the following areas which have featured consistently:

II. Information Sharing
III. Record Keeping
IV. Risk Assessment
V. Safeguarding Practice
VI. Safeguarding Supervision
VII. Role of Fathers

14.2 The designated professionals will seek assurance from provider organisations that the common themes identified have been audited and evidence shown that practice and outcomes for children have improved. This information will be further scrutinised in the MCCG Quality Committee, CQRG and the Named Professionals quarterly meetings. In its monitoring role, this information will also be shared with the MSCB so that a multi-agency approach to reducing repeated lessons can occur.

15. Views of children and young people

15.1 MCCG currently receives information from a number of provider organisations on service user views; there has not been any specific areas of work capturing views of children and young people especially those who are more vulnerable. The Designated Nurse is currently working with the Patient & Public Involvement Lead for the CCG to ensure that this happens. A commissioning intention will make sure that contracts for children's services will specifically seek the views of children and young people from a variety of backgrounds including their experiences of the transition process. This area is also captured as an action within the MCCG Safeguarding Work Plan.

Merton CCG is currently seeking views on our communication and engagement strategy.

15.2 Future work at a national level involves the British Youth Council working with NHS England to bring together a group of young people to help shape health services. This group, the NHS Youth Forum, will bring together a diverse range of young people to give advice and opinions on healthcare policies, provide ideas on how services can be improved and hold both Commissioners and the NHS England Board to account for their decision making. Merton CCG may be able to utilise this model.

16 Child Death Overview Process

16.1 The Sutton & Merton Child Death Overview Panel consists of multi-agency clinical, social and legal professionals who review the circumstances that resulted in a child death. Child Death panels ask why children are dying, the reason for their deaths and what can be done to reduce child deaths. All deaths of children from birth to 18 years, including children with life limiting illnesses, disabled children and those who may have suffered abuse or neglect, are reviewed.

16.2 In all cases, enquiries seek to understand the reasons for the child's death, address the possible needs of other children in the household, the needs of all family members, and also consider any lessons to be learnt about how best to initiate changes to safeguard and promote children's welfare in the future.

16.3 Recommendations from these reviews are used to improve services locally; and collated nationally to inform government policies (Appendix 3). During 2013, the new Directors of Public Health for Sutton and Merton (co-chairs of the CPOD panel) have reviewed the functioning of the committee and speeded up the review of cases. KPIs have been agreed to monitor the progress made.

17 Conclusions and Next Steps

This is a time of considerable and significant change in all public sector services. It will be crucial that Merton CCG develop strong working relationships with the emerging commissioning, regulatory and educational bodies e.g. NHS England, Commissioning Support Unit, MONITOR, Public Health England and Health Education England. The established links with safeguarding leads across the health economy and pan-London must be maintained and strengthened to include the safeguarding leads within NHS England (London South). This process has commenced with the formation of a Quality Surveillance Group for London South.

18 Priorities for 2013/14

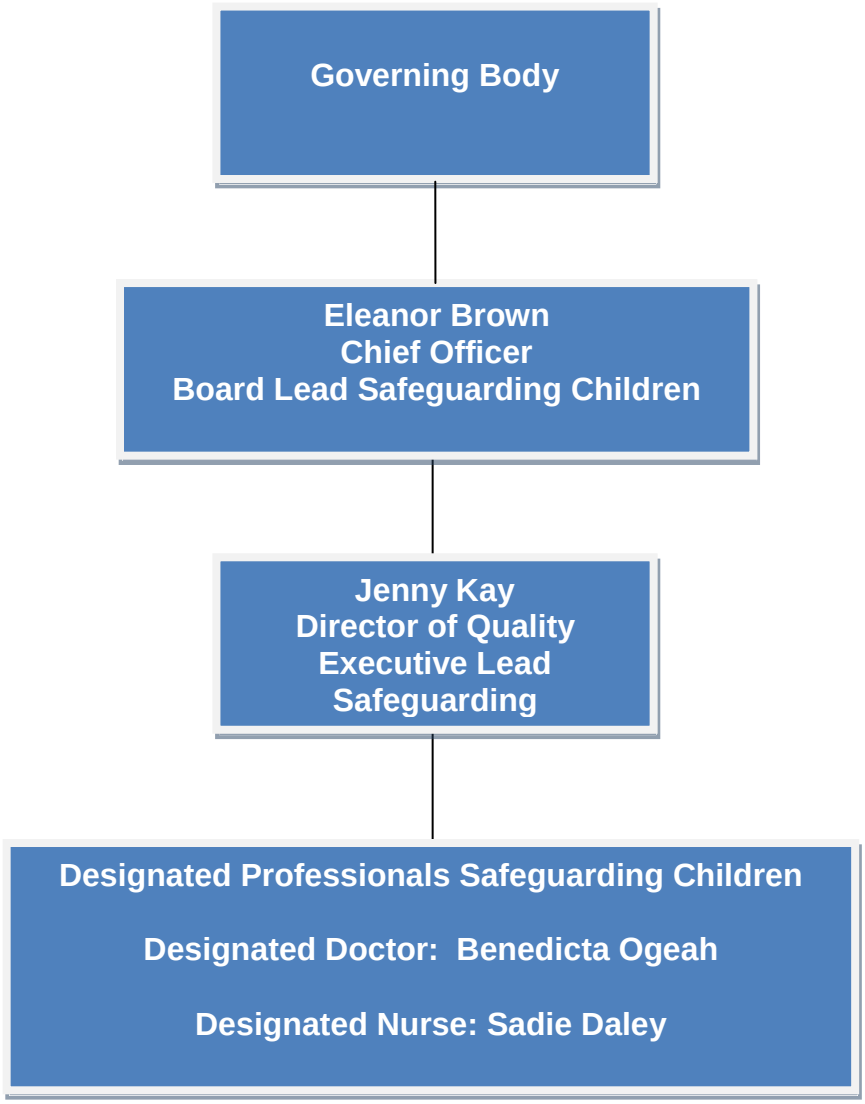
- Ensure safe transition to MCCG of safeguarding arrangements.
- MCCG continues to meet all the statutory safeguarding children responsibilities and is compliant with the recently published NHS Commissioning Board Accountability and Assurance Framework.
- Develop the work of the Safeguarding Executive Group.
- Follow up actions arising from the CQC thematic review of children with complex health needs in transition.
- Develop and submit a safeguarding children performance monitoring dashboard to MCCG Quality Committee on a quarterly basis.
- Strengthen the safeguarding scrutiny within Contract Quality Review Groups.
- Monitor the recommendations and action plans of the SCR and PCT-led IMRs.
- MCCG to continue to lead Health economy to become a full and successful partner in the Merton Multi-Agency Safeguarding Children Hub (MASH).
- MCCG to play a full role in the development of the new Family Nurse Partnership Programme along with Royal Marsden Hospital Sutton and Merton Community Health Services and Merton Local Authority.
- Seek/obtain the views and experiences of children and young people to inform service development, evaluation and training.
- Develop safeguarding children pages on CCG public website.
- Convene six monthly safeguarding children forums for GP safeguarding leads and deputies.
- Secure a Named GP for Safeguarding Children in partnership with NHSE.
- Continue to improve the effective working of the CDOP panel
- Secure improvements in timeliness and responsiveness of health assessments for looked after children.
- The Annual Safeguarding Children Reports from the NHS Trust hospitals in South West London to inform MCCG Annual Safeguarding Children Report.

19 Recommendations

MCCG Governing Body is asked to note the contents of this report and accept assurance that MCCG is meeting its statutory responsibilities in relation to safeguarding children.

Appendix I

Merton CCG Safeguarding Children and Vulnerable Adults Structure and Accountability



APPENDIX 2

Reports and Guidance Published in 2012/13

Health and Social Care Act 2012

The Health and Social Care Act transferred statutory obligations under Section 11 of the Children Act 2004, from Primary Care Trusts (PCTs) to Clinical Commissioning Groups (CCGs). This meant that from the 1st April 2013 the CCG is statutorily responsible for ensuring that the organisations from which they commission services provide a safe system that safeguards children and young people at risk of abuse or neglect.

Safeguarding Vulnerable People in the Reformed NHS: Accountability and Assurance Framework

In September 2012, the NHS Commissioning Board (NHS England) published *Arrangements to secure children's and adult safeguarding in the future NHS: The new accountability and assurance framework – interim guidance*. This was superseded by the final version in March 2013; it is more detailed and reflects the roles and responsibilities of additional NHS structures.

The guidance was in response to concerns expressed by Professor Munro in her review (Recommendation 8) of child protection in relation to the impact of planned changes to the NHS on partnership arrangements to safeguard vulnerable children.[3] The guidance is intended to support commissioners to fulfil their statutory safeguarding duties as they developed new commissioning organisations and structures. It does not differ significantly from the provisions of the interim guidance.

The Framework does not generate new policy or priorities for the NHS or partners. It articulates how the performance of the wider NHS with respect to the duties and priorities defined elsewhere will be assured. The Framework provides a brief overview of the commissioning responsibilities of each part of the reformed NHS and then goes on to consider the significance of the extensive reforms in relation to safeguarding and assurance processes.

Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children 2013 (HM Government)

In March 2013 the revised Working Together to Safeguard Children was published replacing Working Together 2010, Framework for the Assessment of children in need and their families 2010 and Statutory Guidance on making arrangements to safeguard and promote the welfare of children under the Children Act 2004 (2007).

[3] Munro E (2012) The Munro Review of Child Protection Progress Report: Moving towards a child-centred system.

This new guidance continues to focus on achieving effective multi-agency working to safeguard children and needs to be seen as part of the reforms. The 'early help' agenda represents a radical shift in the way that the safeguarding systems will operate in England.

Following the publication of the revised statutory guidance Working Together a gap analysis with implications for MCCG was undertaken and shared with the Quality Committee (See Appendix 2)

Francis Report 2013

Following an extensive inquiry into failings at Mid-Staffordshire NHS Foundation Trust, Robert Francis QC published his final report on 6 February 2013. It tells a story of appalling suffering of many patients within a culture of secrecy and defensiveness. The inquiry highlights a whole system failure. A system which should have had checks and balances in place, and working, to ensure that patients were treated with dignity, and suffered no harm.

The learning from the Francis Report can be applied to safeguarding systems and processes e.g. duty of candour, being open and transparent and learning the lessons. The report calls for a whole service, patient centred focus. The detailed recommendations do not call for a reorganisation of the system, but for a re-emphasis on what is important, to ensure that this does not happen again.

Compassion in Practice 2012

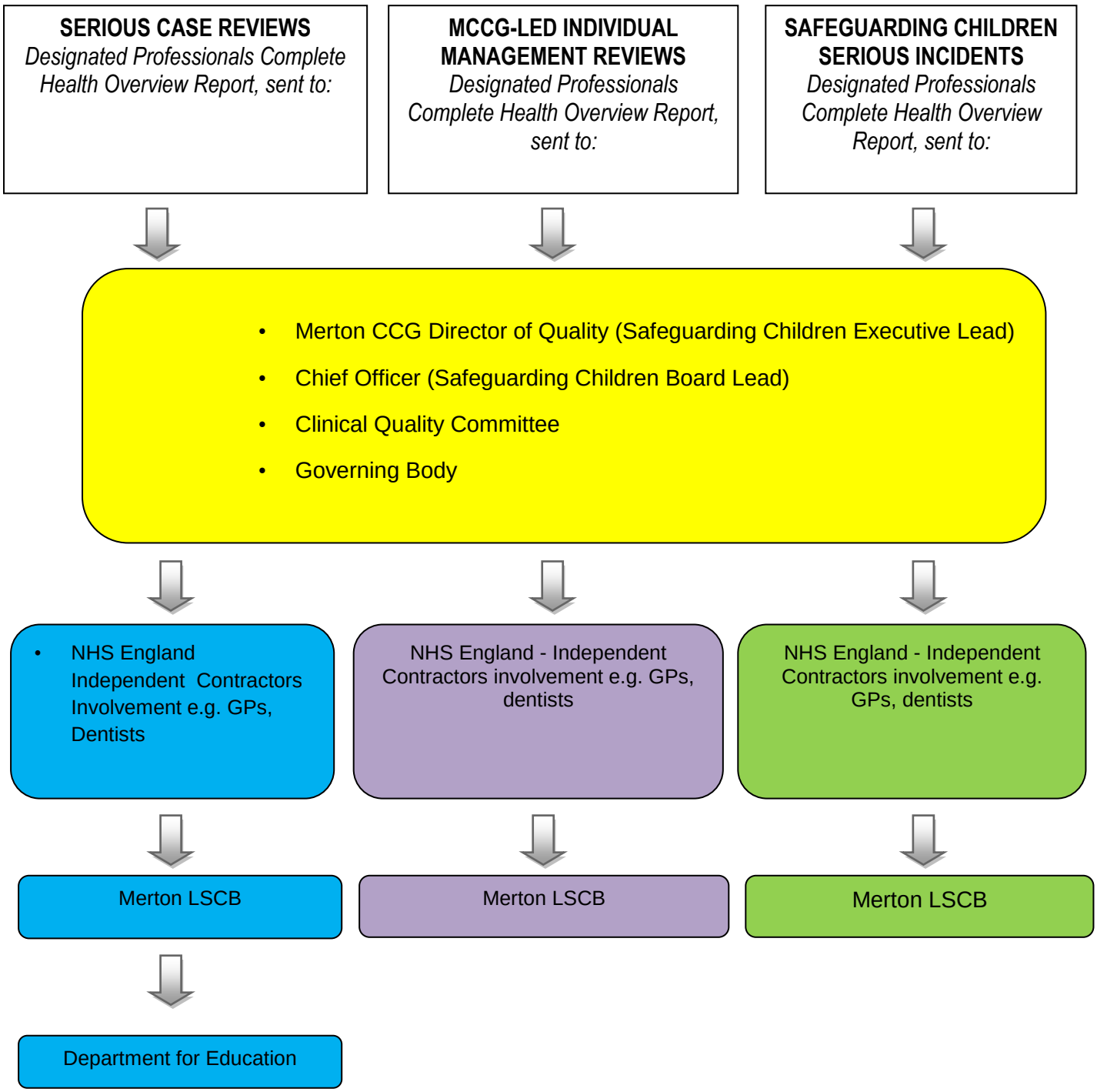
In 2012 the Chief Nursing officer for England published a strategy for nursing and care staff following the Francis Report findings.[4] The strategy sets out the shared purpose as nurses (including health visitors and school nurses), midwives and care staff to deliver high quality, compassionate care, and to achieve excellent health and wellbeing outcomes. The six areas are: compassion; care; commitment; courage; competencies and communication. These are all qualities that can be applied to the field of safeguarding across all agencies.

[4] NHS Commissioning Board (2012) Compassion in Practice – Nursing, Midwifery and Care Staff: Our Vision and Strategy.

NHS Merton Clinical Commissioning Group

Appendix 3

Merton CCG Safeguarding Children Sign-off Flowchart – Serious Case Reviews/CCG-led Individual Management Reviews/Serious Incidents



Merton Clinical Commissioning Group

Appendix 4

New Revised Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children (2013) – implications for Merton CCG

Introduction

This new guidance on effective multi-agency working to safeguard children needs to be seen as part of the reforms identified as part of Professor Eileen Munro's independent review of the child protection system (2012). The 'early help' agenda represents a radical shift in the way that the safeguarding systems will operate in England. This includes a new approach to the oversight of serious case reviews, new guidelines for assessing the needs of vulnerable children, and a huge reduction in the level of national child protection guidance.

Key features	Implications	New recommendations for the Board
Definition The definition of safeguarding and promoting the welfare of children has now changed to include: • **Taking action to enable all children to have the best outcomes.** • protecting children from maltreatment; • preventing impairment of children's health or development; • ensuring children grow up in	1. This bullet point is new and identifies that inter-agency work must integrate with other changes in the way that services are delivered. This includes the work of the Health and Wellbeing Boards and the local Joint Strategic Needs Assessment (JSNA). 2. The safeguarding obligations for MCCG have been clearly identified to ensure that the role of health professionals to safeguard children is not lost as a consequence of the reconfiguration of the Health Service.	1. MCCG and provider organisations should demonstrate how to apply the new definition of safeguarding children to their governance, systems, processes and frontline practice. Designated Professionals, Clinical Reference Groups and Patient Feedback Groups to inform JSNA. 2. Board to ensure CQC Essential Standards, legislation, statutory guidance complied with. Robust governance arrangements in place across health economy to safeguard and promote the welfare of children

circumstances consistent with the provision of safe and effective care	3. Processes needed to demonstrate interventions taken by health improve outcomes for children and young people. There is also an inter-agency responsibility and dataset developed by Merton Safeguarding Children Board.	and young people. 3. Safeguarding children standards and clinical indicators developed at cluster level are currently being embedded within SLA/service Specifications across all NHS Trusts. These clinical indicators and outcomes will be integrated with Public Health to improve quality of services and outcomes for children and young people. An initial meeting was held on 09.04.13. The Board will need regular feedback on data collected through a Dashboard/Balanced Scorecard and also receive the lessons learnt from Serious Case Reviews. New areas of work which are starting in Merton Borough are the Family Nurse Partnership and the Multi-agency Safeguarding Hub (MASH).

'Early help' through early identification and intervention with vulnerable families.	4. Sets out the expectation that all children and their families should have access to early identification and early intervention provided by local agencies. 5. The 'early help' agenda will particularly apply to health universal services. Provider organisations need to ensure their workforce have the right competencies, supervision and performance monitoring in place to ensure successful implementation of this new approach to working with children, families and partner organisations. 6. Staff competencies are specifically noted. All commissioning, Commissioning Support Units and provider organisations are required to have competencies commensurate with their roles. 7. A new initiative to support early intervention is the Multi-Agency Safeguarding Hub (MASH). MASH is the single point of contact for all safeguarding concerns regarding	4. All provider organisations need to assure MCCG at the earliest opportunity how it intends to implement the early help approach. 5. Service Level Agreements/Service Specifications need to ensure data is captured and monitored around areas which demonstrate early identification and intervention e.g. adult services record the details of children of parents receiving services so that consideration of the impact on children of a parent's vulnerability e.g. mental health disorder, substance misuse or domestic abuse. 6. The right staff competencies are crucial for delivering the 'early help' agenda and preventing the known NHS failings to date around safeguarding children. 7. Multi-agency Safeguarding Hub (MASH). MCCG Board to seek assurance that all provider organisations are signed up and engaged in the new Merton MASH

	children in Merton and brings together expert 'navigators' from partner agencies. Thus, making the best possible use of their combined knowledge. 8. Organisations that provide services to adults must consider the adult service user in their role as a parent and assess the impact on any children in their care or in contact with them.	(particularly GPs). This includes regular feedback on development and outcomes of this process. 8. See point 5 above.
Partnership working	9. This includes more detailed information on the staffing capacity that should be made available for safeguarding, requiring that designated professional roles should always be explicitly defined in job descriptions and that sufficient time, funding, supervision and support should be provided for them to carry out their role effectively.	9. Board needs to assure itself that these requirements are met in full. This is likely to be reviewed during Ofsted inspections.
	10. Local Authority Designated Officer (LADO) and commissioning and provider organisation's systems, processes and role.	10. Reporting cases of staff that are 'unsuitable' to work with children has been tightened up with all statutory agencies required to report all allegations to LADO within one

		working day. • Designated Nurse needs to be informed by commissioning/provider organisations within one working day. • Effective and robust lines of reporting required between MCCG, CSU and NHS England who may receive LADO information due to commissioning arrangements.
	11. There is a strong focus on the responsibilities of NHS England to ensure that the health commissioning system is working effectively to safeguard children, and that effective mechanisms are in place for LSCBs and Health and Wellbeing Boards to raise any concerns locally. NHS England Assurance Review occurring on 10.04.13.	11. Board will need to have regular information e.g. interim reports and an annual report on safeguarding activities, serious case reviews, trends/patterns and any sanctions against provider organisations. How will the Board assure itself of provider organisations which are not hosted by them?
	12. The role of CCGs has been expanded to include responsibility for safeguarding quality assurance	11. Please note points 2 and 3 above.

	through contractual arrangements with all provider organisations, and there is a greater emphasis on the role of GPs. GP practices are now required to have a lead and deputy lead for safeguarding, working closely with named GPs.	
	12. The guidance also stresses the importance of designated and named professionals for safeguarding children, and places a duty on Clinical Commissioning Groups to ensure that this expertise is retained locally.	12. Please note point 8.
	13. NHS England will also be responsible for leading and defining improvement in safeguarding practice and outcomes. NHS England must also have arrangements in place to allow MSCB to feedback on local NHS leadership.	13. Please note point 2, 3 and 10.
	14. Role of CCGs has been expanded to include responsibility for safeguarding quality assurance through contractual arrangements with all provider organisations, and there is a greater emphasis on the role of GPs. GP practices are now required to have a lead and deputy lead for safeguarding, working closely with named GPs.	14. NHS England will be funding Named GP posts for the first quarter (April – June). MCCG must recruit a Named GP to lead GPs, embed standards and disseminate best practice and monitor safeguarding arrangements.

Local Safeguarding Children Boards (LSCBs)	15. The LSCB annual report is now required to list the contributions made by partner agencies (and to detail how this has been spent), the guidance is clear that the financial responsibility for funding the LSCB does not fall disproportionately on a small number of partner agencies.	15. SMPCT contributed £35,000 to each LSCB (Sutton and Merton) annually. Consideration needs to be given to future contributions from the MCCG.
Learning and improving - Serious Case Reviews	16. A "national panel of independent experts on Serious Case Reviews" will be established. The panel will oversee the serious case review process, advising and challenging LSCB Chairs on whether or not to initiate an SCR, whether to appoint certain reviewers, and whether to publish SCR reports.	16. Board will need to note that all SCR Overview Reports published are expected to remain on the Local Authority public websites for a minimum of a year. High profile cases such as the current serious case review (Child A). There may also be increased FOI requests. Clinical Quality Review Groups to monitor SCR actions plans in line with other Serious Incidents.

Appendix 5

Merton Clinical Commissioning Group

Yewtree Report on the Jimmy Savile Investigation Update on Actions for Merton CCG Clinical Quality Committee

Sir David Nicholson (SDN) sent a letter (12.11.12) on the subject of safeguarding vulnerable people to all Chief Executives of NHS CCGs/Trusts/Foundation Trusts. The letter asked that CCGs need to check what arrangements they have in place, both in primary care and with all their providers not just those for which they are host commissioners. This table collates the responses from MCCG and provider organisation Merton residents use.

Questions	Merton CCG	CSU	RMH & SMCS	ESTH	St George's Hospital	SWL & St George's MHT
1. MCCG Clinical Quality Committee needs to assure MCCG Board that there are robust arrangements in place for safeguarding vulnerable people.	MCCG met the requirements on safeguarding through the NHS England (London) Authorisation process.	N/A	N/A	N/A	N/A	N/A
2. Has Sir David Nicholson's letter been sent to GP practices with a covering note outlining any actions required?	Yes, the letter was sent to all GP practices in February 2013.	N/A	N/A	N/A	N/A	N/A
3. Whistleblowing policy needs to be accessible to all staff in commissioning and provider organisations. The policy must be clear and easy for staff	CSU confirm HR has a Whistleblowing policy from previous SMPCT. Policy to be accessible via CSU intranet and CCG intranet. Websites currently	CCG's have adopted the former PCT policies from 01.04.2013 including Whistle Blowing	Whistle blowing policy in place, which is currently being updated in view of The Francis Report and the	Policy in place and accessible to staff.	The Whistle Blowing Policy is available to all staff on the intranet and is user-friendly. All staff members	The Mental health Trust has a clear and accessible Whistleblowing Policy.

to navigate, included in staff training, on intranets and service specifications.	being developed.	policies until such time as these are reviewed and developed for the CCG.	Saville Investigation and Yewtree Report, The progress will be reviewed at their next Governance meeting on 23rd April 2013.		are made aware of the policy as part of their induction to the trust.	
4. Are **CRB checks** undertaken on all staff who meets the required criteria?	CRB checks are undertaken on all commissioning staff in accordance with legislation.	CRB checks are undertaken for all posts which meet the criteria i.e. clinical posts, posts which have access, either directly or indirectly, to children and / or vulnerable adults, Executive posts and Finance posts. CSU Contracts Team will be identifying whether provider	Yes, HR policy.	Yes.	Disclosure and Barring Service checks are carried out on all staff members who meet the criteria.	Yes.

		organisations commission any services from the voluntary sector.				
5. Volunteers should be checked at the same level as substantive staff.	To date there are no volunteers in MCCG. The SMPCT Safer Recruitment policy covers this.		SMCS report they do not have any volunteers in community services at the moment, but RMH policy does state that - Volunteers should be checked at the same level as substantive staff.	Volunteers who meet these criteria have completed a CRB check. We are currently reviewing the roles and status of all longer serving volunteers.	Disclosure and Barring Service checks are carried out on all volunteers.	Yes.
6. Safer recruitment – all managers and HR staff need training in safer recruitment. Is this within service specifications?	All HR staff involved in recruitment has received training. Safer recruitment training is included within service specifications.	Contract inclusion of a specific clause against Duty of Candour - for the CCG to work with their contract lead and myself on this point	Yes, this position taken by the Royal Marsden and is part of the recruitment training.	Yes.	Yes, this is within service specifications. In addition the training for managers who interview staff has been revised to include some specific points in respect of	In place.

					safeguarding children and adults.	
7. Has Jimmy Savile ever volunteered at the Trust?	There is no record of Jimmy Saville volunteering at SMPCT or the previous commissioning organisations.	N/A	No.	No.	As far as we are aware he has not volunteered at this Trust but in appreciation of the fact that the concerns date back some years the Trust has been in contact with volunteer managers who have long since left the trust and have been reassured that to their knowledge he was not a volunteer.	No, however his brother Johnny was a porter at Springfield hospital in the 1970's and died in 1998. There has been an allegation subsequently made against him but this cannot be substantiated.
8. Does MCCG and provider organisations have a named accountable officer to	Yes, Director of Quality Jenny Kay.	Yes	Yes	Yes	Yes	Yes

lead on incidents/concerns around staff who may be unsuitable to work with children or vulnerable adults?						
9. Does the CSU have processes in place to meet all of the above?	The SI/LADO reporting and complaints are part of the CSU service to Merton CCG. The CSU have reported patchy response across commissioning with regards to Yewtree and Francis Reports. A more system and lines of reporting need to be embedded. The Integrated performance report includes areas on safeguarding data relevant to safer recruitment.	Contract inclusion of a specific clause against Duty of Candour - for the CCG to work with their contract lead and Wendy Cookson on this point.	N/A	N/A	N/A	N/A
Should there be a South London Safer Recruitment Policy?	N/A	Yes, we are looking to develop a South London Recruitment Policy which	N/A	N/A	N/A	N/A

		will include the requirements relating to "safer recruitment". Until it is developed the current recruitment processes are based on existing PCT and now CCG Recruitment Policies which ensure all appropriate pre-employment checks are robustly undertaken.				

Sadie Daley, Designated Nurse Safeguarding Children
Merton CCG

Appendix 6

Child Death Overview Summary 2012/13

Between April 2012 and March 2013, 35 child death notifications were received. 31 children were residents of Sutton and Merton.

	Merton	Sutton
Total Number of Child Deaths	20	11
Number of Unexpected Child Deaths	5 (of which 1 had modifiable factors and 2 were subject to hospital-led Serious Untoward Incident Reviews)	2 (of which 1 had modifiable factors and 1 was subject to a Serious Case Review)
Number of Cases Reviewed	16	8

Between April 2012 to March 2013, 35 child death notifications were received. 31 children were residents of Sutton and Merton. 20 were from Merton and 11 from Sutton. For the same period 8 Sutton cases and 16 Merton cases were reviewed. In Sutton, there were 2 deaths classified as "unexpected" reviewed in this period, 1 of which was considered to have "no modifiable factors" and 1 to have "modifiable factors identified". Both died at home. 1 of these cases was subject to a Serious Case Review. In Merton, there were 5 deaths classified as "unexpected" reviewed in this period, 4 of which were considered to have "no modifiable factors" and 1 to have "modifiable factors identified". Two died in A&E, 1 in adult ICU and 1 in Paediatric ICU. 2 cases were subject to hospital led Serious Untoward Incident (SUI) reviews. None of these cases were subject to a Serious Case Review or an Internal Management Review. In one of these cases, a recommendation was to ask the LSCB Audit Subgroup to undertake a multi-agency audit for this child's case.

Recommendations as a result of reviews this year include:-

- Ensuring the London Ambulance Service (LAS) were included when making end of life care plans for children with life limiting conditions or who are under palliative care plans who choose to go home in their final days.
- Improvement in service providers' feedback of information to contribute to reviews
- To write a national Slimming club chain to encourage them to 'think family 'in their training programmes to target and reduce childhood obesity in the community.
- To ensure that LAC mothers are offered support during their pregnancies, and to ensure that if gaps are identified these are addressed this.

The Panel received feedback from parents on 2 of the cases that were reviewed in 2012-2013. These helped to influence the Panel's recommendations and all instances of good practice was shared with the hospitals and practitioners involved.

Issues identified by the CDOP this year include:-

There has been an increase in the deaths of children the 15 – 18 year age group in Sutton and Merton, from 1 in 2011 – 12 to 3 in 2012 - 13 in Merton, and 0 in 2011 – 12 to 2 in 2012 -13 in Sutton. Two of the deaths were suspected suicides, and were given "open" verdicts on Inquest. One of the deaths was from an eating disorder, and one death was from an accident. One death was due to natural causes. Two of the deaths were found to have "Modifiable" factors at Panel. The reasons for these deaths will be analysed and targeted recommendations will be initiated to reverse this trend.

The panel will continue to review every child death in Sutton and Merton for the year 2013 – 2014 and to make and follow through recommendations, in order to improve the understanding of how and why children in the Merton and Sutton areas die. These findings will be used to take action to prevent future child deaths and more generally to improve the health and safety of the children in the area.