


MEETING DATE:	10 December 2015	 North Lincolnshire Clinical Commissioning Group REPORT TO THE CLINICAL COMMISSIONING GROUP GOVERNING BODY
AGENDA ITEM NUMBER:	Item 7.6	
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DEPARTMENT:	NHS North Lincolnshire Clinical Commissioning Group	

SERIOUS CASE REVIEW COMPLETED BY NORTH LINCOLNSHIRE SAFEGUARDING CHILDREN BOARD

PURPOSE/ACTION REQUIRED:	To Receive & Note
CONSULTATION AND/OR INVOLVEMENT PROCESS:	
FREEDOM OF INFORMATION:	Public

1. PURPOSE OF THE REPORT:					
This report provides a briefing to the Governing Body on a Serious Case Review published by North Lincolnshire Safeguarding Children Board in October 2015. The report focuses on the key learning and recommendations arising from the review for the commissioning and provision of health services for North Lincolnshire residents, as well as outlining the actions in progress to address the learning/recommendations.					
2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:					
Continue to improve the quality of services	✓				
Reduce unwarranted variations in services	✓				
Deliver the best outcomes for every patient	✓				
Improve patient experience	✓				
Reduce the inequalities gap in North Lincolnshire	✓				
3. ASSURANCES TO THE CLINICAL COMMISSIONING GROUP					
The recommendations from the Serious Case Review have been considered within the CAMHS Transformation work which has been on-going.					
4. IMPACT ON RISK ASSURANCE FRAMEWORK:	<table border="1" style="display: inline-table;"> <tr> <td>Yes</td> <td>x</td> <td>No</td> <td></td> </tr> </table>	Yes	x	No	
Yes	x	No			

5. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td>x</td> </tr> </table>	Yes		No	x
Yes		No	x		
6. LEGAL IMPLICATIONS:					
	<table border="1"> <tr> <td>Yes</td> <td>x</td> <td>No</td> <td></td> </tr> </table>	Yes	x	No	
Yes	x	No			
7. RESOURCE IMPLICATIONS:					
	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td>x</td> </tr> </table>	Yes		No	x
Yes		No	x		
The Serious Case Review makes significant recommendations for the local arrangements for commissioning and design of mental health services for children and young people in North Lincolnshire.					
8. EQUALITY IMPACT ASSESSMENT:					
	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td></td> </tr> </table>	Yes		No	
Yes		No			
9. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:					
	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td></td> </tr> </table>	Yes		No	
Yes		No			
10. RECOMMENDATIONS:					
The CCG Governing Body is asked to receive and note this report.					

Briefing on Serious Case Review – Child: SI14

Background

On 16th October 2015, North Lincolnshire Safeguarding Children Board (NLSCB) published a Serious Case Review undertaken following the death in March 2014 of a 17 year old North Lincolnshire resident by self- strangulation. At the time of death, the young person was in a Tier 4 CAMHS placement in the Greater Manchester area. They had been a voluntary patient at the unit for 7 months.

Local Safeguarding Children Boards are required¹ to undertake Serious Case Reviews (SCRs) in a number of circumstances which include:

- abuse or neglect is known or suspected, **and** the child has died
- where a child dies who was detained under the Mental Health Act 1983, or a child aged 16 or 17 was the subject of a DOLS under the Mental Capacity Act 2005.

In the case of SI14, initial information collated meant that there was sufficient reason to believe that neglect might be a feature in SI14's death. In addition, whilst they were not detained under the Mental Health Act, there were questions about their ability and capacity to make free and informed choices about their care, and whether in effect they were detained.

NLSCB commissioned and led on this SCR. However, 2 other LSCBs were party to the process, representing

- previous resident locality
- locality where SI14 died

Serious Case Reviews cannot be published until the conclusion of all parallel legal processes. Whilst the SCR processes was concluded early in 2015, the LSCB were awaiting the conclusion of the coronial process and Health and Safety Executive investigations.

Involvement of North Lincolnshire Clinical Commissioning Group

NLCCG were represented on the SCR Overview Panel by the Designated Nurse – Safeguarding Children. The CCG was requested to complete a brief report in order to understand the role of the organisation in the commissioning of health services required to meet the needs of SI14 prior to their death.

Key learning identified in the CCG report

The CCG report was completed by the Designated Nurse – Safeguarding Children, in consultation with colleagues from Yorkshire and Humber Commissioning Support, and signed off by the Director of Commissioning.

Whilst NLCCG (via their commissioning support service) should have been involved in the planning and potentially commissioning of services for SI14, they were unaware of SI14's placement until 1 month prior to their death. It is not possible to draw conclusions that this had any impact on the quality of care provided to SI14. However, had NLCCG been aware of the placement, there could have been greater oversight of the case from the local commissioners, as well as consideration for her wider welfare. It was perceived to be crucial that NLCCG gained ongoing assurance that they were aware of any young person "accommodated" outside the locality, and due consideration given to ensuring their welfare was safeguarded.

¹ under Regulation 5 of the Local Safeguarding Children Boards Regulations 2006

Recommendations in the CCG report

- NLCCG should seek via Y&H CS, and NHS England, details of any individual under the age of 18 who is currently in a “health commissioned” placement outside North Lincolnshire.
- NLCCG should ensure systems are embedded whereby the organisation, or those working on their behalf, are notified of all child or young person placed in a “health commissioned” service outside North Lincolnshire
- NLCCG need to ensure that systems are in place to notify the Designated Nurse of all children/ young people placed outside North Lincolnshire (to ensure the CCG fulfils its statutory duty to notify local authority²)

Responding to the Recommendations

Arrangements have been in place since June 2015 for RDaSH CAMHS to share anonymised information regarding young people admitted to Tier 4 from their services with

- Tier 3 CAMHS commissioning lead
- Director of Risk & Quality Assurance

Patient identifiable details are made available to the Designated Nurse – Safeguarding Children

Further work is ongoing to strengthen these arrangements and ensure NLCCG are advised promptly of NL resident children and young people who admitted to Tier 4 provision from other sources.

The multi-agency Overview Report

Key learning

The Serious Case Review outlined a number of learning points, which include:

- highlighted gaps in frontline professionals, including GPs,
 - understanding of the reasons that drive young people to self-harm;
 - confidence in the language to use when talking about self-harm;
 - confidence of what to say and having materials and advice to share directly with young people.
- the need for Early Help to be offered to families at moments of crisis or trauma such as the diagnosis of a parents serious illness so that children can be supported to manage the immediate emotional/ practical issues and play a part in preventing longer term problems
- there are limitations of principally using a medical model to underpin assessment by health professionals to assess children, and young people, as it can significantly limit the ecological understanding of an individual and the subsequent support offered.
- young people admitted as voluntary inpatients to tier 4 specialist mental health units require independent advocacy
- the key importance of proper consideration of the views, wishes and feelings of young people and their families when developing plans, and delivering a service to them.
- the need to recognise and understand the enduring effect of witnessing domestic abuse/ living in households where domestic abuse is a feature, for a long time after episodes cease to be reported.
- self-harm needs to be recognised as a symptom of different stressors in a young person’s life, rather than a problem itself which needs solving.

² Under Children Act 1989 ss 85/ 86 - The 1989 Act introduced measures in sections 85 and 86 to ensure that the welfare of children placed away from home for periods of three months or more was properly safeguarded. Where a child is provided with accommodation, or there is an intention to provide a child with accommodation, by a health authority or local authority acting in the exercise of education functions, for a period of three months or more, there is a duty to notify the responsible local authority. The authority so notified then has a duty to take steps to ensure that the child’s welfare is safeguarded.

- the importance of multi-agency support for young people where there are in receipt of CAMHS services, in order to try and prevent escalation of need and support within their local community.
- a need for a clear plan at the point that a young person is admitted to a Tier 4 provision, which includes agreement that no community based alternatives are available, measurable goals for admission, and a planned date for discharge.
- Children who are placed in specialist tier 4 provision should be considered as children in need and a referral to children's social work services made in accordance with section 85/86 of the Children Act 1989 (see footnote 2).

Recommendations

The SCR Overview report made 10 recommendations for the LSCBs, all were applicable to NLSCB:

1. [The LSCB] should review arrangements for ensuring that all requests and placements of children and young people in a residential tier 4 CAMHS unit are notified and kept under review by an appropriate multi-agency panel with experience of complex care arrangements.
2. [The LSCB] should review their local area's guidance for receiving and action to be taken in response to notifications about children in a residential care home or hospital setting for three months or more that are not subject of looked after children regulations.
3. [The LSCB] should ensure that there is a central record of all child care providers in their area who provide care in a residential or hospital based setting for three months or more (that come within the scope of sections 85 or 86 of the Children Act 1989) and that each are routinely reminded of their obligations to notify the local authority of placements under the relevant regulations and guidance.
4. The chair of the North Lincolnshire Safeguarding Children Board should write to NHS England recommending the introduction of national arrangements for a common multi-agency referral form and information for children accessing specialist provision.
5. The LSCB in North Lincolnshire [...] should satisfy themselves about the local arrangements for the design and commissioning of CAMHS provision in their areas and in particular that appropriate levels of intensive home support is available at Tier 3.
6. The LSCB in North Lincolnshire [...] should ensure that there is a clear policy framework in place for defining self-harm that is consistent with the NICE clinical guidelines 16 and 166 and its significance for the safety and well-being of children, describes a pathway of help and information that ranges from universal to specialist provision and ensures that professionals have access to appropriate advice, information, training and materials to help young people.
7. [The LSCB] should review their local pathway and safeguarding protocols to ensure that consideration is given as to whether an incident of self-harm should be subject of a safeguarding referral over and above the provision of appropriate early help.
8. [The LSCB] should ensure that the significance of obsessive compulsive disorder and eating disorders as a source of harm to a child or young person is clearly described in local assessment and safeguarding protocols.
9. [The LSCB] should review the arrangements for ensuring that understanding and responding to domestic abuse forms part of core professional development and competency for services in contact with children and families.
10. [The LSCB] should seek reassurance about arrangements for professional oversight for complex care involving child and mental health services for children in receipt of multi-agency help that involves Tier 3 or Tier 4 CAMHS.

Responding to the Recommendations

The LSCB has an Action Plan to respond to the recommendations, and NLCCG, and CCG commissioned providers are contributing to the actions as outlined in Appendix 1. Whilst the Serious Case Review was only published in October 2015, the LSCB and partner agencies were acting on emerging learning throughout the SCR process.

Appendix 1: SI14 Action Plan

Multi-agency Actions. NB. These recommendations are all made for North Lincolnshire LSCB

No	Recommendation	Multi-agency Actions	CCG/ CCG commissioned providers Actions/ contribution	Leads (job title/ role)	Target Date	Position at 1 st December 2015
1.	Review arrangements for ensuring that all requests and placements of children and young people in a residential T4 CAMHS unit are notified and kept under review by an appropriate multi-agency panel with experience of complex care arrangements.	<p>Development of a protocol which aligns and ensures all such young people are subject to a multi-agency meeting with representation of all involved in the planning and delivery of care to the subject child or young person, <u>including commissioners and providers of Tier 3 and Tier 4 care.</u></p> <ul style="list-style-type: none"> • Discharge arrangements (including timeframes) to be included in the care plan from the outset • explicit rationale for any extensions to discharge timeframes 	The Designated Nurse – Safeguarding Children, in her professional capacity, but also as Chair of NLSCB Serious Case Review is actively contributing to the development of this protocol	<p>Chair of Serious Case Review (standing) subcommittee</p> <p>LSCB Business Manager</p>		Arrangements for multi-agency meetings in these circumstances are agreed in principle. A formal protocol is being drawn up and will be subject to ratification by the LSCB.

No	Recommendation	Multi-agency Actions	CCG/ CCG commissioned providers Actions/ contribution	Leads (job title/ role)	Target Date	Position at 1 st December 2015
			<p>Development of a pathway to ensures information about the consideration, or placement of children and young people in residential T4 CAMHS units is shared with Professional and executive leadership within NLCCG (as commissioners of Tier 3 CAMHS)</p>	<p>NLCCG Director of Risk & Quality Assurance</p> <p>Designated Nurse – Safeguarding Children</p>		<p>Arrangements have been in place since June 2015 for RDaSH CAMHServices to share anonymised information regarding young people admitted to Tier 4 from their services with</p> <ul style="list-style-type: none"> • Tier 3 CAMHS commissioning lead • Director of Risk & Quality Assurance <p>Patient identifiable details are made available to the Designated Nurse – Safeguarding Children</p> <p>Further work is ongoing to strengthen these arrangements and ensure NLCCG are advised promptly of NL resident children and young people who admitted to Tier 4 provision from other sources.</p>

No	Recommendation	Multi-agency Actions	CCG/ CCG commissioned providers Actions/ contribution	Leads (job title/ role)	Target Date	Position at 1 st December 2015
2.	Review guidance for receiving and responding to notifications about children in a residential care home or hospital setting for three months or more that are not subject of looked after children regulations.	North Lincolnshire LSCB will review their practice guidance on responding to receipt of notifications about children in residential care home or hospital setting for more than 3 months to ensure it reflects the learning from this SCR.	This is an Action for North Lincolnshire Council Children's Social care and has been actioned/ completed in June 2014			
3.	Ensure that there is a central record of all child care providers in their area who provide care in a residential or hospital based setting for three months or more (that come within the scope of sections 85 or 86 of the Children Act 1989) and that each are routinely reminded of their obligations to notify the local authority of placements under the relevant regulations and guidance.	Review existing process and arrangements in place for notification and contact with residential providers in the area	There are no health settings in North Lincolnshire who routinely provide "residential"/ long term care. NLaG are aware of the need to advise local authorities of any child who is hospitalised for more than 12 weeks			

No	Recommendation	Multi-agency Actions	CCG/ CCG commissioned providers Actions/ contribution	Leads (job title/ role)	Target Date	Position at 1 st December 2015
4.	The chair of the NL LSCB should write to NHS England recommending the introduction of national arrangements for a common multi-agency referral form and information for children accessing specialist provision.	The Independent Chair of NL LSCB Chair to consider this recommendation and respond accordingly.		NL LSCB Independent Chair	June 2015	The LSCB Independent Chair has written to NHS England in respect to the recommendation. NHS England have responded to outline work ongoing following the national Tier 4 review.
5.	The LSCB should satisfy themselves about the local arrangements for the design and commissioning of CAMHS arrangements in their areas and in particular that appropriate level of intensive home support is available at level 3.	North Lincolnshire Integrated Commissioning Partnership to be briefed on the learning from the SCR.	Consideration to be given in respect to reshaping CAMHS service provision in North Lincolnshire	Designated Nurse & LSCB Board Manager Children's/ Mental Health Commissioning Leads	April 2015	The ICP was briefed in April 2015 on the learning and recommendations re SCR in respect of Tier 3, and Tier 4 provision to inform future commissioning plans North Lincolnshire CCG (in collaboration with Y&HCS) have submitted a proposal to NHS England for resources under CAMHS transformation processes.
6.	Ensure that there is a clear policy framework in place for defining self-harm that is consistent with the NICE clinical guidelines 16 and 166	RDaSH as provider of Tier 3 CAMHS to work with other agencies to agree shared definition and response to self-harm incidents	CCG, through the Designated Nurse and RDaSH, through Safeguarding and CAMHS leads are actively	RDaSH lead	July 2015	Task group has developed a model.

No	Recommendation	Multi-agency Actions	CCG/ CCG commissioned providers Actions/ contribution	Leads (job title/ role)	Target Date	Position at 1 st December 2015
	and its significance for the safety and well-being of children, describes a pathway of help and information that ranges from universal to specialist provision and ensures that professionals have access to appropriate information, training and materials to help young people.	Task and Finish Group to be established to explore and develop the model for help, support, interventions in North Lincolnshire to address & respond to issues for individual children and young people's emotional wellbeing	participating in the multi-agency work to develop the framework	NL LSCB Manager Nurse Consultant RDaSH Designated Nurse – Safeguarding Children		Further meeting to be held in December 2015 to develop guidance document to accompany it and circulate it to multi agency professionals.
7.	Review their local pathway and safeguarding protocols to ensure that consideration is given as to whether an incident of self-harm should be subject of a safeguarding referral over and above the provision of appropriate early help.	As part of review of NL LSCB "emotional wellbeing model", consideration will be given to appropriate assessment of self-harm episodes and triggers for safeguarding referrals				As above
8.	Ensure that the significance of OCD and eating disorders as a source of harm to a child or young person is clearly described in local assessment and safeguarding protocols.	As part of review of NL LSCB "emotional wellbeing model", the significance of OCD and eating disorders as features will be considered				As above

No	Recommendation	Multi-agency Actions	CCG/ CCG commissioned providers Actions/ contribution	Leads (job title/ role)	Target Date	Position at 1 st December 2015
9.	Review the arrangements for ensuring that understanding and responding to domestic abuse forms part of core professional development and competency for services in contact with children and families.	<p>NL LSCB to review LSCB training and development programme and packages to ensure impact of domestic abuse is appropriately reflected</p> <p>NL LSCB to request assurance reports from all Board members that understanding and responding to domestic abuse is included in all single agency training and development for services in contact with children and families.</p>	CCG has sought assurance from commissioned providers on professional development on domestic abuse	NL LSCB Manager Designated Nurse – Safeguarding Children	May 2015	As part of the annual evaluation of LSCB training a review of local domestic abuse training is being reviewed and appropriate training will be re-commissioned or commissioned elsewhere

No	Recommendation	Multi-agency Actions	CCG/ CCG commissioned providers Actions/ contribution	Leads (job title/ role)	Target Date	Position at 1 st December 2015
10.	Seek reassurance about arrangements for professional oversight for complex care involving child and mental health services for children in receipt of multi-agency help that involves level 3 or level 4 CAMHS	The LSCB are seeking clarity from RDaSH regarding local professional oversight by CAMHS of any young person subject to level 3 or Tier 4 that ensures that the young person is in receipt of coordinated multi agency support as part of an holistic approach to their needs	The CCG is also working with RDaSH to outline expectations on arrangements / circumstances in which	Head of Quality and Standards – RDaSH LSCB Board Manager Designated Nurse – Safeguarding Children Mental Health Commissioning Lead	July 2015	Arrangements have been in place since August 2015 for RDaSH CAMHS to share information with children’s social care and other services involved with individual young people at the stage when a young person is at risk of admission to Tier 4. This is to ensure there are opportunities to explore whether the young person’s needs can be supported in the local area if possible. Further work is ongoing to strengthen and formalise these arrangements.