Date:	11 August 2016
Meeting:	CCG Governing Body
Item Number:	8.5
Public/Private:	Public ☒ Private ☐

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GB Lead: *(Name, Title)*	Catherine Wylie, Director of Risk and Quality Assurance and Chief Nurse

Report Title:
NHS North Lincolnshire Clinical Commissioning Group: Safeguarding Children Report: April 2015 – March 2016
Decisions to be made:
The CCG Governing Body members are asked to note the content of the report

Continue to improve the quality of services	☒	**Improve patient experience**	☒
Reduced unwarranted variations in services	☒	**Reduce the inequalities gap in North Lincolnshire**	☒
Deliver the best outcomes for every patient	☒	**Statutory/Regulatory**	☒

Executive Summary (Question, Options, Recommendations):
Section 11 of the Children Act 2004 places a duty upon all NHS bodies along with partner agencies to ensure that their functions are discharged with regard to the need to safeguard and promote the welfare of children. The NHS North Lincolnshire CCG Governing Body, as the organisation's governing body, has responsibility for ensuring that this duty is appropriately discharged. This report identifies the arrangements in place in order to provide the required assurance that the above duty is being effectively discharged.

Equality Impact	Yes ☐ No ☒	Nothing to report
Sustainability	Yes ☐ No ☒	No impact identified
Risk	Yes ☐ No ☒	No risks were identified in relation to this report
Legal	Yes ☐ No ☒	No legal implications have been identified in relation to this report
Finance	Yes ☐ No ☒	No financial implications have been identified in relation to this report

Patient, Public, Clinical and Stakeholder Engagement to date									
	N/A	***Y***	***N***	***Date***		***N/A***	***Y***	***N***	***Date***
Patient:	☐	☐	☒		**Clinical:**	☐	☒	☐	22/06/216
Public:	☐	☐	☒		**Other:**	☐	☒	☐	22/06/16

North Lincolnshire Clinical Commissioning Group

Safeguarding Children Report April 2015- March 2016

1. Introduction

1.1. Section 11 of the Children Act 2004 places a duty upon all NHS bodies along with partner agencies to ensure that their functions are discharged with regard to the need to safeguard and promote the welfare of children.

1.2. NLCCG Governing Body as the organisation's governing body has responsibility for ensuring that this duty is appropriately discharged. This report identifies the arrangements in place in order to provide the required assurance that the above duty is being effectively discharged.

2. Legislative and Statutory Framework for Safeguarding Children in place in 2015-2016

2.1. The underpinning legislation for safeguarding children arrangements in England is contained within the Children Act 1989, the Children and Adoption Act 2002 and the Children Act 2004. The Safeguarding Vulnerable Groups Act 2006 also has a significant impact in terms of the recruitment of staff and the need to establish procedures to meet the requirements of the Act.

2.2. The key document outlining the statutory duties to safeguard children was Working Together to Safeguard Children (Department of Education, 2015)[1]. This set out how all agencies and professionals should work together to promote children's welfare and protect them from harm. The guidance provides a national framework within which each organisation needs to agree local arrangements.

2.3. Safeguarding and promoting the welfare of children is defined, in 'Working Together to Safeguard 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.

2.4. Safeguarding Children is everyone's responsibility. Under section 11 of the Children Act 2004, and amended by the Health and Social Care Act 2012, Clinical Commissioning Groups, as a commissioners of services have a statutory duty to ensure that those who work on their behalf carry out their duties in such a way as to safeguard and promote the welfare of children. The key features of section 11 are:

- a clear line of accountability for the commissioning and/or provision of services designed to safeguard and promote the welfare of children;
- a senior board level lead to take leadership responsibility for the organisation's safeguarding arrangements;
- a culture of listening to children and taking account of their wishes and feelings, both in individual decisions and the development of services;
- clear whistleblowing procedures, which reflect the principles in Sir Robert Francis's Freedom to Speak Up review and are suitably referenced in staff training and codes of conduct, and a culture that enables issues about safeguarding and promoting the welfare of children to be addressed;[2]

[1] HM Government (2015) Working Together to Safeguard Children, HMSO, London

[2] *[Sir Robert Francis's Freedom to Speak Up review report can be found at https://freedomtospeakup.org.uk/wp-content/uploads/2014/07/F2SU_web.pdf].*

- arrangements which set out clearly the processes for sharing information, with other professionals and with the Local Safeguarding Children Board (LSCB);
- a designated professional lead (or, for health provider organisations, named professionals) for safeguarding. Their role is to support other professionals in their agencies to recognise the needs of children, including rescue from possible abuse or neglect. Designated professional roles should always be explicitly defined in job descriptions. Professionals should be given sufficient time, funding, supervision and support to fulfil their child welfare and safeguarding responsibilities effectively;
- safe recruitment practices for individuals whom the organisation will permit to work regularly with children, including policies on when to obtain a criminal record check;
- appropriate supervision and support for staff, including undertaking safeguarding training:
  - o employers are responsible for ensuring that their staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role;
  - o staff should be given a mandatory induction, which includes familiarisation with child protection responsibilities and procedures to be followed if anyone has any concerns about a child's safety or welfare; and
  - o all professionals should have regular reviews of their own practice to ensure they improve over time.
- clear policies in line with those from the LSCB for dealing with allegations against people who work with children. Such policies should make a clear distinction between an allegation, a concern about the quality of care or practice or a complaint. An allegation may relate to a person who works with children who has:
  - o behaved in a way that has harmed a child, or may have harmed a child;
  - o possibly committed a criminal offence against or related to a child; or
  - o behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

3. CCG Responsibilities and Statutory Duties

3.1. CCGs have statutory duties issued under s16 of the Children Act 2004. Guidance in respect to these duties is set out in Working Together to Safeguard Children (2015). Clinical commissioning groups as the major commissioners of local health services are responsible for safeguarding quality assurance through contractual arrangements with all provider organisations.

3.2. The role and responsibilities of CCGs were further clarified in the Safeguarding Accountability and Assurance Framework[3] initially published in March 2013, and updated in July 2015.[4].

- CCGs as commissioners of local health services need to assure themselves that the organisations from which they commission have effective safeguarding arrangements in place. CCGs are responsible for securing the expertise of Designated Professionals on behalf of the local health system.

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[3] NHS Commissioning Board (2013) Safeguarding Vulnerable People in the Reformed NHS: Accountability and Assurance Framework

[4] NHS England, July 2015 Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework

- CCGs must gain assurance from all commissioned services, both NHS and independent healthcare providers, throughout the year to ensure continuous improvement. Assurance may consist of assurance visits, section 11 audits[5] and attendance at provider safeguarding committees.
- The role of CCGs is also fundamentally about working with others to ensure that critical services are in place to respond to children and adults who are at risk or who have been harmed, and it is about delivering improved outcomes and life chances for the most vulnerable. CCGs need to demonstrate that their Designated Clinical Experts (children and adults), are embedded in the clinical decision making of the organisation, with the authority to work within local health economies to influence local thinking and practice.

4. NLCCG Safeguarding Children Arrangements

Requirements

4.1. CCGs are required to demonstrate that they have appropriate systems in place for discharging their statutory duties in terms of safeguarding. These include:

- A clear line of accountability for safeguarding, properly reflected in the CCG governance arrangements, i.e. a named executive lead to take overall leadership responsibility for the organisation's safeguarding arrangements.
- Clear policies setting out their commitment, and approach, to safeguarding including safe recruitment practices and arrangements for dealing with allegations against people who work with children as appropriate.
- Training their staff in recognising and reporting safeguarding issues, appropriate supervision and ensuring that their staff are competent to carry out their responsibilities for safeguarding.
- Effective inter-agency working with local authorities, the police and third sector organisations which includes appropriate arrangements to cooperate with local authorities in the operation of LSCBs.
- Ensuring effective arrangements for information sharing.
- Employing, or securing, the expertise of Designated Doctors and Nurses for Safeguarding Children and for Looked After Children and a Designated Paediatrician for unexpected deaths in childhood.

Accountability and Governance

4.2. The Governing Body of NLCCG is the accountable body for safeguarding children arrangements. The regular oversight for monitoring commissioning safeguarding children arrangements has been delegated to the Quality Group. The Designated Nurse has produced a briefing report to each of the monthly Quality Group meetings and highlighted issues

4.3. The CCG Governing Body received a briefing on their responsibilities around oversight of health economy safeguarding children arrangements in June 2015. This ensured clarity for members in understanding of their responsibilities.

4.4. The responsibility for safeguarding children rests ultimately with the Chief Officer. However, as with the majority of health organisations, an Executive Lead for Safeguarding is identified for NLCCG to be responsible for strategic safeguarding children advice to the governing body. In 2015-2016, the Executive Lead for Safeguarding was the Director of Risk and Quality Assurance. NLCCG has also identified a Non-Executive Governing Body member to ensure appropriate scrutiny of the organisation's safeguarding performance, and to act as a champion for

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[5] Section 11 Children Act 2004.

children and young people. Further details of the Non-Executive Governing Body member can be found in Appendix 1.

Policies

4.5. NLCCG has a Safeguarding Children policy with dual purposes of:

- ensuring staff working for, or on behalf of, NLCCG are clear around their responsibilities, and activity required, where there are concerns in respect to welfare of children.
- ensuring, as a commissioning organisation, NLCCG are able to gain assurances that the organisations from which they commission services have effective safeguarding arrangements in place.

The policy will be subject to review and refresh in early 2016/17 year, and to create a joint safeguarding children and adult policy.

Training and supervision

4.6. All North Lincolnshire CCG staff have access to and have undertaken Level 1 safeguarding training.

- the Executive Lead, and Designated and Specialist Professionals have accessed development opportunities through regional and national events.
- the Governing Body have received a targeted briefing on their responsibilities for oversight of safeguarding arrangements.

4.7. As single subject expects, Designated Professionals are required to actively participate in regular peer-to-peer supervision in order to continue to develop their practice in line with agreed best practice. The Designated Nurse – Safeguarding Children provides/ receives supervision to/from Designated Professionals and other safeguarding leads across Yorkshire and Humber, and East Midlands.

Effective interagency working

4.8. Working Together to Safeguard Children (Department of Education, 2015)[6] strengthened the responsibility for a health professional to be involved in decision making on each child referred to locality Children's Social Care departments.

4.9. Working Together 2015 also outlines the requirements for all agencies to have in place arrangements to offer support to children and their families at the earliest point, to promote the child's health development, rather than responding later, once problems are significant. Consistent oversight of these arrangements, and interface with statutory services is recommended.

4.10. Due to the nature of the provision of health services, as well as capacity, across the range of providers in North Lincolnshire, a fixed term (to 31st March 2016) Specialist Health practitioner post was created early in 2015/16 year, funded by North Lincolnshire Council, but hosted by NLCCG. This post was co-located with the North Lincolnshire Children's Social Care Single Access Point/ Referral Management Team. The core functions of this role included:-

- Acting as a health professional resource for safeguarding children to the Single Access Point process.
- Taking the lead role for health contribution to information gathering and decision making.

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[6] HM Government (2015) Working Together to Safeguard Children, HMSO, London

- Playing a key role in supporting the quality assurance of the health offer to early help providing information to influence future commissioning and contracting of health services.

4.11. During the period of the fixed term, the effectiveness of this post was evaluated, with evidence that the role had significantly improved both the number of decisions which had health professional input, but also the quality and timeliness of decision making.

- As a result, NLCCG confirmed in the January 2016, that the post would be made permanent and would be funded in full by NLCCG.

4.12. NLCCG have been active in supporting the work of North Lincolnshire Safeguarding Children Board. Further details on this are included in section 5 of this report.

Designated Professionals

Guidance

4.13. The requirement for, and details of the role of, Designated Professionals is outlined in the Safeguarding Accountability and Assurance Framework published in July 2015.[7].

4.14. CCGs are responsible for securing the expertise of Designated Professionals i.e. Designated Doctors and Nurses for Safeguarding Children and for Looked after Children (and Designated paediatricians for unexpected deaths in childhood). on behalf of the local health system. It is expected that many Designated Professionals will be employed by CCGs.

- In some areas there will be more than one CCG per local authority and LSCB/SAB area, and CCGs may want to consider developing 'lead' or 'hosting' arrangements for their Designated Professional team, or a clinical network arrangement.
- Where a Designated Professional (most likely a Designated Doctor for Safeguarding or a Designated Professional for Looked After Children) is employed within a provider organisation, the CCG will need to have a Service Level Agreement (SLA), with the provider organisation that sets out the practitioner's responsibilities and the support they should expect in fulfilling their designated role.
- Whatever arrangements are in place for securing the expertise of Designated Professionals it is vital that CCGs enable and support Designated Professionals to fulfil their system-wide role.

4.15. The Designated Professional's role is to work across the local health system to support other professionals in their agencies on all aspects of safeguarding and child protection.

- Designated Professionals are clinical experts and strategic leaders for safeguarding and as such are a vital source of advice and support to health commissioners in CCGs, the local authority and NHS England, other health professionals in provider organisations, quality surveillance groups (QSG), regulators, the LSCB/SAB and the Health and Wellbeing Board.

[7] NHS England, July 2015 Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework

4.16. The role of Designated Professionals for safeguarding children should always be explicitly defined in job descriptions, and sufficient time, funding, supervision and support should be allowed to enable them to fulfil their child safeguarding responsibilities across the wider system effectively[8].

4.17. The Royal College of Paediatrics and Child Health in collaboration with other colleges and health professional organisations have developed indicative capacity for specialist safeguarding roles. This document recommends that for a child population of 70,000 there should be 1.0 wte Designated Nurse – Safeguarding Children, and 4 – 5 PAs per week for Designated Doctor.

Local Arrangements

4.18. North Lincolnshire has a child population of 38,000.

4.19. NLCCG employed a full time Designated Nurse for Safeguarding Children, shared with North East Lincolnshire Clinical Commissioning Group (NELCCG). There is a Memorandum of Understanding in place which sets out the governance and accountability arrangements within the 2 health economies. The Designated Doctor for Safeguarding Children is employed by Northern Lincolnshire and Goole NHS Foundation Trust with a Service Level Agreement in place to provide the Designated function for 1.5 PA per week for NLCCG.

- NLCCG also shared a Specialist Nurse – for Safeguarding Children with NELCCG. Due to the post holder, acting up into, and then being successfully appointed to the post of Designated Professional for Safeguarding Adults for the 2 CCGs, the Specialist Nurse post was effectively vacant from 1st October 2015. The vacant post was altered to include a role in supporting the Safeguarding Adult agenda, and was recruited to with a commencement date at the beginning of the 2016/17 year.

4.20. Details of the Designated Professionals for Safeguarding Children in North Lincolnshire in 2015-2016 can be found at Appendix 1.

4.21. As per paragraph 4.10, NLCCG has also secured the expertise of Designated Professionals for Looked after Children, and Designated Paediatrician capacity for unexpected deaths in childhood.

- Details of arrangements for Looked after Children are not included in this report.
- Arrangements for paediatric capacity for unexpected deaths are included at Section 6 of this report.

Named GP/ Doctor for Primary Care

Guidance

4.22. NHS England are responsible for ensuring, in conjunction with CCG clinical leaders, that there are effective arrangements for the employment and development of Named GP/Named Professional capacity for supporting primary care within the local area. This capacity is funded through the primary care budget but it is for local determination exactly how this is done and what employment arrangements are adopted[9]

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[8] Model job descriptions for designated professional roles can be found in the intercollegiate document *Safeguarding Children and Young People: roles and competences for health care staff*.
[9] NHS England, July 2015 Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework

4.23. The role of the Named GP/Named Professional includes:

- Providing specific expertise on child health and development and in the care of families in difficulty as well as children who have been abused or neglected.
- Providing supervision, expert advice and support to GPs and other primary care staff in child protection issues.
- Offering advice on local arrangements with provider organisations for safeguarding children.
- Promoting, influencing and developing relevant training for GPs and their teams.

4.24. The Royal College of Paediatrics and Child Health in collaboration with other colleges and health professional organisations have developed indicative capacity for specialist safeguarding roles. This document recommends that for a total population of 220,000 the Named GP/ Professional for Primary Care should have 2 PAs per week.

Local Arrangements

4.25. NLCCG has a Named GP for Safeguarding Children with 1 PA per week in this role.

4.26. Details of the Named GP in North Lincolnshire in 2015-2016 is included in Appendix 1.

5. North Lincolnshire Safeguarding Children Board

Role and Functions

5.1. The Children Act 2004 (section 13) requires each local authority to establish a Local Safeguarding Children Board (LSCB) for their area and specifies the organisations and individuals (other than the local authority) that should be represented on LSCBs.

5.2. Section 14 of the Act sets out the objectives of LSCBs, as:

(a) to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and
(b) to ensure the effectiveness of what is done by each such person or body for those purposes.

5.3. The core functions of an LSCB are set out in regulations[10] and are:

- developing policies and procedures including those on:
    - action taken where there are concerns about the safety and welfare of a child, including thresholds for intervention;
    - training of people who work with children or in services affecting the safety and welfare of children;
    - recruitment and supervision of people who work with children; investigation of allegations concerning people who work with children;
    - safety and welfare of children who are privately fostered; and
    - co-operation with neighbouring children's services authorities (i.e. local authorities) and their LSCB partners.
- communicating and raising awareness;

[10] Regulation 5 of the Local Safeguarding Children Board Regulations 2006

- monitoring and evaluating the effectiveness of what is done by partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve;
- participating in the planning of services for children in the area of the authority; and
- undertaking reviews of serious cases and advising partners on lessons to be learned.

5.4. In order to fulfil its statutory function under regulation 5 an LSCB should use data and, as a minimum, should:

- assess the effectiveness of the help being provided to children and families, including early help;
- assess whether LSCB partners are fulfilling their statutory obligations;
- quality assure practice, including through joint audits of case files involving practitioners and identifying lessons to be learned; and
- monitor and evaluate the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children.

NLSCB Priorities 2014-2015

5.5. NLSCB identified 2 key priorities in 2015-16

- Reduce the harm from neglect
- Reduce the harm from child sexual exploitation

Membership

5.6. The Children Act 2004 (section 13) identifies the Board partners who must be included in the LSCB. At least one representative of the local authority and each of the other Board partners (although two or more Board partners may be represented by the same person), The statutory membership includes

- NHS England and Clinical Commissioning Groups;
- NHS Trusts and NHS Foundation Trusts all or most of whose hospitals, establishments and facilities are situated in the local authority area;

5.7. Members of an LSCB should be people with a strategic role in relation to safeguarding and promoting the welfare of children within their organisation. They should be able to:

- speak for their organisation with authority;
- commit their organisation on policy and practice matters; and
- hold their own organisation to account and hold others to account.

5.8. The LSCB should either include on its Board, or be able to draw on appropriate expertise and advice from, frontline professionals from all the relevant sectors. This includes the Designated Nurse and Doctor for Safeguarding Children.

5.9. NLSCB met on a 4 monthly basis through 2014-2015 to review their Core Functions.

- The Board also met on a 4 monthly basis to undertake Multi-agency Case Audits

5.10. NLCCG has been represented on NLSCB by the Director of Risk and Quality Assurance, as well as the Designated Professionals for Safeguarding Children throughout the 2015-6 year.

5.11. In addition to the representation from NLCCG, within the 2015-2016 year, NLSCB has had health service representation from

- Northern Lincolnshire and Goole NHS Foundation Trust via the Head of Safeguarding
- Rotherham, Doncaster and South Humber Foundation Trust, via the Nurse Consultant for Safeguarding Children
- NHS England North Yorkshire and Humber Area Team have attended some meetings of NLSCB. Where they were unable to attend, they were represented by the NLCCG representative in accordance with a Memorandum of Understanding.

5.12. The work of NLSCB was supported through a number of key function/ action groups:

- Standards Board
  - o NLCCG represented by the Director of Risk and Quality Assurance
- Child Death Overview Panel
  - o NLCCG represented by the Designated Nurse and Doctor for Safeguarding Children, as well as the Named GP
- Serious Case Review subcommittee
  - o Chaired by the Designated Nurse – safeguarding Children, with additional representation by the Designated Doctor, and Named GP for Safeguarding Children.
- Child Sexual Exploitation Strategy Group
  - o NLCCG represented by the Director of Risk and Quality Assurance
- Neglect Strategy Group
  - o NLCCG represented by the Designated Nurse – Safeguarding Children
- Early Help Performance Management & Quality Assurance Group
  - o NLCCG represented by Designated Nurse – Safeguarding Children
- Safeguarding Operational Managers Group
  - o NLCCG represented by Specialist Nurse – Safeguarding Children. During vacancy for this post the meetings were attended by the Designated Nurse.

as well as Annual Workshops on

- Communications
- Training with production of annual plan.

The Designated Nurse contributed to the Annual Communications and Training workshops and plan development.

The Designated Professionals have worked with all provider organisations to ensure there was appropriate health provider membership on all subgroups.

NLCCG contribution to NLSCB priorities

5.13. A requirement for commissioned providers to incorporate LSCB priorities into their services is included in the local safeguarding children standards set by NLCCG.

<u>Reduce the harm from neglect</u>

5.14. Whilst North Lincolnshire CCG does not directly deliver services to children and families, their responsibility to ensure commissioned services provide safe and responsive system means that the CCG through their professional leadership have contributed to the development of the North Lincolnshire approach to Early Help and embedding it across all agencies.

5.15. The hosting of the Specialist Health Practitioner in the North Lincolnshire Council Referral Management Team, and the commitment to resource this post from the 1st April 2016, has added to NLCCGs contribution to this priority.

5.16. The Designated Nurse – Safeguarding Children leads on the delivery of multiagency training in respect to Neglect via the LSCB.

Reduce the harm from child sexual exploitation

5.17. The Director of Risk and Quality Assurance has attended and contributed to the ongoing oversight of the North Lincolnshire CSE strategy through the CSE Strategic Group.

5.18. The Designated Nurse – Safeguarding Children has engaged in activity to ensure all relevant providers are fully involved in identification and support to young people at risk of, experiencing exploitation. Following the appointment of the Specialist Health Practitioner in the Referral Management Team, the post holder has been actively involved in the gathering and analysis of health information in preparation for Multi-agency Child Exploitation meetings, which focus on the individual young people, and alleged perpetrators.

6. Review Processes

Child Death Overview Process

6.1. One of the LSCB functions is to review the deaths of all children who are normally resident in their area by:

a) collecting and analysing information about each death with a view to identifying—
(i) any case giving rise to the need for a review mentioned in regulation 5(1)(e);
(ii) any matters of concern affecting the safety and welfare of children in the area of the authority;
(iii) any wider public health or safety concerns arising from a particular death or from a pattern of deaths in that area; and

(b) putting in place procedures for ensuring that there is a coordinated response by the authority, their Board partners and other relevant persons to an unexpected death.

6.2. In order to assist in the completion of this function, CCGs are required to employ , or have arrangements in place to secure the expertise of, consultant paediatricians whose designated responsibilities are to provide advice on:

- commissioning paediatric services from paediatricians with expertise in undertaking enquiries into unexpected deaths in childhood, and from medical investigative services; and
- the organisation of such services.

6.3. NLSCB have had access to consultant paediatrician capacity as outlined above, but via a collaborative approach., The consultant paediatrician on call at the time of an unexpected death acts as the lead clinician for the rapid response and case review process for each individual case; with the Designated Doctor taking a lead role in terms of acting as medical advisor to the Child Death Overview Panel, and assisting in trend analysis.

6.4. North Lincolnshire has approximately 12 - 15 deaths per year. The collation of themes arising from these deaths is led by Public Health.

Serious Case Reviews

6.5. NLSCB published a Serious Case Review on 16th October 2015. The review was completed following the death of a 17 year old (SI14) by self-strangulation in March 2014. At the time of death, SI14 was placed as a voluntary patient in a specialist inpatient mental health placement in North West England. The full report is available at: www.northlincslscb.co.uk/professionals/case-reviews/

6.6. The review involved 2 other LSCBs

- the locality in which the subject child resided before moving to North Lincolnshire
- the locality in which the subject child died

6.7. The review involved 16 different organisations, 8 of whom were either commissioners, providers or regulators of health services. The review was chaired and authored by two independent lead reviewers, commissioned by the LSCB in North Lincolnshire. These individuals had no involvement of ties to any of the 16 organisations involved in the Serious Case Review.

6.8. NLCCG completed a brief report of their involvement in care provided to SI14 and some recommendations were made.

6.9. NLSCB Practice update including the key learning points along with recommendations for the LSCB and partners are included at Appendix 2.

6.10. Actions arising from the NLCCG brief report and NLCCG's contribution to addressing the LSCB recommendations is included at Appendix 3.

6.11. Since publication, the LSCB has received a progress report on actions taken against the recommendations on a quarterly basis.

7. Programme of Work for NLCCG in 2016-2017

7.1. The work plan for the 2016-2017 is based on:

- Maintaining compliance with legislative, statutory and organisational responsibilities
- Enhancing arrangements to gain assurance from commissioned providers through contract management processes
- Embedding learning from the SI14 SCR, and responding to national reviews, local and national initiatives, and regulatory activity.

Sarah Glossop

17th June 2016.

Appendix 1. Safeguarding Leadership in North Lincolnshire for the period April 2015 – March 2016

North Lincolnshire Clinical Commissioning Group

Executive Lead for Safeguarding (Director of Risk and Quality Assurance)	Catherine Wylie
Non-Executive Lead for Safeguarding	Ian Reekie
Designated Doctor	Dr Suresh Nelapatla
Designated Nurse	Sarah Glossop
Specialist Nurse	Julie Wilburn *(until 30th November 2015)* **Vacancy** *(from 1st December 2015 – 31st March 2016* **New Post** *(Specialist Nurse – Safeguarding (children and adults) recruited to – commence 1st April 2016.*
Specialist Health Practitioner (Nurse) – Safeguarding Children (Single Access Point)	Liz Baxter
Named GP	Dr Robert Jaggs-Fowler

Northern Lincolnshire & Goole NHS Foundation Trust

Named Doctor	Dr Onajite Etuwewe
Named Nurse (Acute Services)	Sue Kidger
Named Nurse (Community Services)	Jane Westoby/ Lisa Robinson
Named Midwife	Katie Bentham
Head of Safeguarding	Craig Ferris

Rotherham, Doncaster & South Humber Mental Health NHS Foundation Trust

Named Nurse (North Lincolnshire)	Anne Ayari
Named Doctor (trustwide)	Dr Navjot Ahluwalia

East Midlands Ambulance Service

Safeguarding Lead	Zoe Rodger-Fox

Appendix 2; NLSCB Practice Update: Learning from the Serious Case Review SI14

On 16th October 2015, the LSCB published a serious case review referred to as SI14. The review concerns the death of a 17 year old by self-strangulation in March 2014. At the time SI14 was placed as a voluntary patient in a specialist inpatient mental health placement in Greater Manchester.

The purpose of the review was to establish what lessons are learned from the case for improving safeguarding services, to interagency working and to better safeguard and promote the welfare of children. The review spanned three LSCBs who all share an interest in the learning.

The review used a systems based methodology to analyse and present the findings and learning points, the value of this is that is looks to understand how and why practice happens, recognising that individuals operate within complex systems and organisations and that individuals do not make decisions knowing the outcome. This is a different approach from looking back with hindsight.

The review involved 16 different organisations and was chaired and authored by two independent lead reviewers, commissioned by the LSCB in North Lincolnshire. These individuals had no involvement of ties to any of the 16 organisations involved in the serious case review.

In line with expected practice, the family were involved in the serious case review (https://www.uea.ac.uk/centre-research-child-family/child-protection-and-family-support/a-study-of-family-involvement-in-case-reviews). We would like to thank the family for their involvement in the serious case review process.

The review identified key areas of practice for all professionals to consider in their work with children and young people:

Key practice learning points

- The review highlights, as national studies have, gaps in primary health workers e.g. GPs understanding the reasons that drive young people to self-harm; professionals not knowing what language to use when talking about self-harm; uncertainty of what to say and having materials and advice to share directly with young people. Increasing numbers of young people turn to on-line sources for information and social media which are not always reliable.
- The provision of early help at moments of crisis or trauma such as the diagnosis of a parents serious illness can be effective in helping children manage the emotional and practical problems and play a part in preventing longer term problems

- Lower levels of school attendance can be symptomatic of other issues within the family and should be explored. Intervention should be based on this ecological understanding.
- There are limitations of principally using a medical model to underpin assessment used by health professionals 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 advocacy and if SI14 had been detained under mental health legislation, this would have automatically required the appointment of an advocate.
- It is important to give proper consideration to the views, wishes and feelings of young people and their families when developing plans, and delivering a service to them.
- Domestic abuse had a profound effect on SI14 and her family. Professionals did not appear to fully understand the enduring effect of experiences once episodes were no longer reported.
- Self-harm is a symptom of different stressors in a young person's life, the act of self-harm can be a strategy for dealing with very difficult thoughts, feelings or memories.
- 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 is important.
- At the time of admission to a specialist tier 4 unit specialist mental health unit should be
    - a pre admission assessment,
    - clear and measurable goals set for the admission agreed with the young person and family,
    - agreement that no local community based alternatives are available
    - a planned target date for discharge, and
    - clarity that the admission is not likely to do more harm than good.
- 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.

The recommendations made in respect of the serious case review are:

1. Each of the local safeguarding children boards 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. Each of the local safeguarding children boards 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. Each of the local safeguarding children boards 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 local safeguarding children boards in North Lincolnshire and North East 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 local safeguarding children boards in North Lincolnshire and North East 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. Each of the local safeguarding children boards 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. Each of the local safeguarding children boards 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. Each of the local safeguarding children boards 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. Each of the local safeguarding children boards 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.

Appendix 3: North Lincolnshire CCG SI14 Action Plan

Single Agency Actions: For NLCCG

3 recommendations were made by the Designated Nurse – Safeguarding Children for North Lincolnshire CCG as part of the organisations submission to the Serious Case Review Panel. These recommendations were signed off by the Director of Commissioning.

1. NLCCG should seek via the Y&H CSU, and NHS England, details of any individual under the age of 18 who is currently in a "health commissioned" placement outside North Lincolnshire.
2. 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
3. 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 authority.

As the CCG recommendations were closely aligned to the recommendations made by the Serious Case Review Overview Report author, these recommendations have been actioned as part of Recommendation no. 1

NLCCG contribution to Multi-agency Actions.

NB. These recommendations are all made for North Lincolnshire LSCB, but reflect how CCG officers are contributing to the achievement of the multi-agency action.

No	Recommendation	Multi-agency Actions	CCG/ CCG commissioned providers Actions/ contribution	Leads (job title/ role)	Target Date	Position at 31st March 2016
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.	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, including commissioners and providers of Tier 3 and Tier 4 care. • 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	Chair of Serious Case Review (standing) subcommittee LSCB Business Manager	December 2015	Arrangements for multi-agency meetings in these circumstances have been agreed. A formal protocol is being drawn up and has been ratified via LSCB processes. An initial meeting is planned for 15th April 2016.

No	Recommendation	Multi-agency Actions	CCG/ CCG commissioned providers Actions/ contribution	Leads (job title/ role)	Target Date	Position at 31st March 2016
			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)	NLCCG Director of Risk & Quality Assurance Designated Nurse – Safeguarding Children	June 2015 April 2016	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 • 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 continue to be advised promptly of NL resident children and young people who admitted to Tier 4 provision from other sources.

No	Recommendation	Multi-agency Actions	CCG/ CCG commissioned providers Actions/ contribution	Leads (job title/ role)	Target Date	Position at 31st March 2016
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		June 2015	

No	Recommendation	Multi-agency Actions	CCG/ CCG commissioned providers Actions/ contribution	Leads (job title/ role)	Target Date	Position at 31st March 2016
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.	This was an action for the LSCB Independent Chair and has been actioned.			
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 to reflect the learning from this case review.	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) 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 31st March 2016
	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	December 2015 April 2016	Guidance document to accompany the model has been developed and is being piloted in February 2016. There are plans to roll the model out to all professionals by April 2016.
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 31st March 2016
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.	NL LSCB to review LSCB training and development programme and packages to ensure impact of domestic abuse is appropriately reflected 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.	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
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 the CCG should be notified of any child "at risk" of admission to Tier 4.	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.