

**REPORT TO THE TRUST BOARD – PUBLIC**  
**11 July 2018**

<b>Title</b>	Safeguarding Annual Report 2017-18
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**Purpose of the Report:**

This report is to update the Trust Board on the annual Safeguarding Adults and Safeguarding Children's activity as part of its regulated and statutory responsibilities. This includes the achievements, main areas of development and challenges for safeguarding during 2017-2018.

**Summary of Key Issues:**

In response to the expanding Trust an external review of safeguarding provision was undertaken. In August 2017, it examined the Trust systems, processes and structures for Safeguarding Adults and Children and how the Trust is meeting its statutory responsibilities around safeguarding as outlined in the Care Act 2014 for adults, and the relevant children's legislation. The review also examined systems and processes in relation to the Mental Capacity and Deprivation of Liberty Safeguards. The main findings indicated the need to invest in the adult safeguarding team, and the supporting administration function in order to deliver across Adult and Children's Safeguarding the "Making Safeguarding personal" and "Think family" agenda. To do some focused work on domestic violence, Female Genital Mutilation, and modern slavery. Development of these areas will be a priority for safeguarding Adults and Children's team for the coming year.

Safeguarding Team has also undergone leadership changes within the year; this has been an opportunity to review the function and priorities for coming year.

There are better links between the safeguarding Adult and Children's agenda and the development of shared learning.

There is a continued focus on staff training with in compliance, this remains a key priority to work with operational teams.

There has been a significant focus on the Prevent agenda which we have started to embed in the Trust through teaching packages and working links with national teams.

Learning from safeguarding incident has been promoted across all directorates with operational teams taking a key role in leading this. We have input into wider system learning.

We have a well embed system of working within the safeguarding network through our operational and safeguarding teams.

**Strategic priorities this paper supports (Please check box including brief statement)**

Improved patient experience	<input checked="" type="checkbox"/>	Work around MSP and Think family agenda is likely to improve experience
Improved health of the communities we serve	<input checked="" type="checkbox"/>	Promotion of early identification of safeguarding risks and embedding learning from safeguarding incidents
Improved staff experience	<input checked="" type="checkbox"/>	Improved confidence in safeguarding processes to support service users
Improved value for money	<input type="checkbox"/>	

**Committees / Meetings where this item has been considered:**

Date	Committee / Meeting

**Implications:**

Equality Analysis	a) This report has no direct impact on equalities
Risk and Assurance	No risks
Service User / Carer / Staff	Positive service user impact
Financial	No
Quality	Increase in quality displayed through audit.

**Supporting Documents and Research material**

a. Intercollegiate document
b.

**Glossary**

Abbreviation	In full
LSCB	Local safeguarding Childrens Board
CAMHS	Child and Adolescent Mental health services

**Action being requested**

The Board is asked to receive the report

# Safeguarding Children Annual Report 2017-18

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## 1.0 Introduction

The annual safeguarding children report for East London NHS Foundation Trust, presents an account of the safeguarding work within the trust as part of its regulated and statutory responsibilities. This report contains information relating to safeguarding children activity across East London NHS Foundation Trust for the period April 2017 - March 2018 and highlights achievements and challenges in the reporting period. A separate annual report has been provided regarding the work of the Looked After Children Team in Community Health Newham.

1.2 During 2017-2018 there has been a significant focus on the role of all services in contributing to local safeguarding children arrangements embedding the Trust 'Think Family' ethos. The Trust's duties and responsibilities are set out in Section 11 of the Children Act 2004 and accompanying statutory guidance:

- *Working Together to Safeguard Children*, HM Government 2015; and
- *The London Child Protection Procedures*, London Safeguarding Children Board 2018
- *Bedfordshire and Luton Child Protection Procedures*, Bedford Borough, Central Bedfordshire and Luton Safeguarding Children Boards 2017
- *Children and Social Work Act*, HM Government 2017

1.3 Other duties and responsibilities are set out in the NHS Safeguarding Accountability Framework 2015 and the Inter-collegiate Document – Safeguarding Children and Young People: Roles and Competences for Healthcare Staff, third edition March 2014.

1.4 Child abuse has again had a very high national profile over the past year. There was widespread consensus nationally around the need to frame responses to serious youth violence under a safeguarding lens and ensuring that there is a focus on understanding the vulnerabilities of young people. Other issues include child sexual exploitation, teenage suicide and self-harm, historical sexual abuse, gangs and county lines. Following a comprehensive national review of social work and multi-agency safeguarding children arrangements, the Government is making significant changes to Working Together to Safeguard Children guidance to reflect the legislative changes introduced through the Children Social Work Act 2017. The legislation and guidance has been subject of consideration by the Local Safeguarding Children Boards attended by the Trust.

## 1.5 Key Information

- The Trust employs over 5000 staff and operates from over 100 community and inpatient sites.

- The Trust broadly relates to 10 local authority areas, 9 Local Safeguarding Children Boards and 8 Clinical Commissioning Groups.
- The organisation provides a wide range of mental health and specialist addictions, community and inpatient services for children, young people, adults of working age and older adults who live in the City of London, Hackney, Newham, Tower Hamlets and mental health services (CAMHS, Adult Mental Health, IAPT and Addictions Services) in the Bedfordshire Clinical Commissioning Group (CCG) and Luton CCG area.
- The Trust also provides community health services to the residents of Newham, child speech and language services to Barnet, Improving Access to Psychological Therapy Services (IAPT) to the residents of Richmond and Specialist Addictions services to residents of Redbridge. The Trust provides other specialist mental health services to North London, Hertfordshire and Essex. The specialist Chronic Fatigue Syndrome/ME adult outpatient service also serves North London and the South of England. The mixed demographic profile of the Trust results in a range of safeguarding children issues requiring individual response based on local partnership procedures.

## **2.0 Governance and Accountability Arrangements**

Safeguarding management reporting arrangements are outlined in appendix 1.

- 2.1 The Chief Nurse is the Executive Director for safeguarding who provides leadership in overseeing and steering safeguarding children arrangements. The Director of Nursing has operational responsibility for the safeguarding children and adult functions. They are supported by the specialist Safeguarding Children Teams who have direct links into corporate and service directorate governance arrangements.
- 2.2 The Chief Nurse and The Director of Nursing have delegated responsibilities for safeguarding leadership, meeting with external partners and members of the LSCB across the partnership group to understand their priorities.
- 2.3 The Associate Directors of Safeguarding and Domestic Abuse (Adults and Children) provide strategic leadership and co-ordination of safeguarding responsibilities.
- 2.4 Named professionals for safeguarding are allocated to each borough.

## **3.0 Assurance Framework**

Safeguarding assurance arrangements are outlined in appendix 2.

- 3.1 The Trust Assurance is an internal Safeguarding Children Committee which meets bi-monthly and reports to the Quality Committee. The committee has a performance and quality assurance role and sets out the annual work plan.
- 3.2 Each service directorate has a lead manager and/or clinician representative at the committee to ensure that safeguarding children is embedded at an operational level. Each

service directorate considers safeguarding children regularly at their Directorate Management Team meetings.

- 3.3 Bedfordshire and Luton have an internal monthly Safeguarding Assurance Group in localities to monitor activity across safeguarding adults and safeguarding children. The group is attended by senior managers from CAMHS, Adult Mental Health and Addictions services as well as the safeguarding children named professionals and the three established leads for safeguarding adults.
- 3.4 The Trust is represented on the boroughs LSCBs by one or more of the following: the Associate Director for Safeguarding Children, the Director of Specialist Services, the Deputy Borough Directors, and the Associate Director for CAMHS is also a member Newham Local safeguarding Children board.
- 3.5 A safeguarding children training strategy is in place to ensure that staff are mapped according to their roles and responsibilities in accordance to the Intercollegiate Document for safeguarding children and young people roles and competencies for healthcare staff (RCPH 2014).
- 3.5 The Trust Safeguarding Committee receives a quarterly Performance Report which includes:
- Incident reporting;
  - Incident case reviews and LSCB serious case reviews;
  - Training compliance;
  - Allegations against staff.

#### **4.0 Monitoring and Evaluation/Quality Assurance Activity**

- 4.1 The Trust has been involved in multi-agency case audits instigated by all six LSCBs which highlight good practice and areas for development. There are systems set up by Local Authority Child Protection Reviewing services to alert the Trust if staff are not engaging in child protection processes. Such alerts are very rare and are followed up to ensure the Trust is engaged appropriately.

#### **5.0 ELFT Involvement in Local Partnership Structures and LSCBs**

- 5.1 The Trust relates to 8 Clinical Commissioning Groups, 9 LSCBs, 10 Local Authority Children's Social Care Departments and 10 local children's partnership arrangements and plays an active role in inter-agency strategic planning and implementation
- 5.2 The Trust is a member of 6 Local Safeguarding Children Boards and their associated sub-groups. This includes longstanding involvement in the 3 East London LSCBs and with the 3 LSCBs for Bedford Borough, Central Bedfordshire and Luton from April 2016. The Trust liaises with Barnet, Redbridge and Richmond LSCBs.

- 5.3 Members of the Safeguarding Children Teams (SCTs) and relevant operational managers and clinicians represent the Trust at most of the LSCB sub-groups. The sub-groups include:
- Serious case reviews
  - Practice and quality assurance
  - Child Sexual Exploitation
- 5.4 Multi-agency work around domestic abuse is increasing and Trust representatives are actively involved in Multi-agency Risk Assessment Conferences (MARAC) in each local borough which is valued by Trust partners.
- 5.5 Members of the SCTs, alongside other Trust colleagues, also attend the following forums in each of the six boroughs which consider individual cases:
- Child Death Rapid Response meetings when required;
  - Multi-agency Public Protection Arrangements (MAPPA) meetings – offenders;
  - Multi-agency Risk Assessment Conferences (MARAC) and other Domestic Abuse meetings

## **6.0 Section 11 Organisational Audits**

- 6.1 The Trust's duties are set out in Working Together to Safeguard Children, HM Government which was revised in March 2015. This is statutory guidance for all agencies and includes organisational responsibilities set out in Section 11 of the Children Act 2004. The statutory guidance sets out Section 11 duties in more detail. This includes:
- 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 in the development of services;
  - Arrangements which sets out clearly the processes for sharing information with other professionals and with the Local Safeguarding Children Board;
  - Named professionals in health provider organisations to support other professionals in their agencies to recognise the needs of children, including rescue from possible abuse or neglect.
  - 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;
  - All professionals should have regular reviews of their own practice to ensure they improve over time.

- 6.2 The LSCBs are required to monitor local organisations and hold them to account for complying with their statutory duties through Section 11 organisational audits. Commissioning bodies also monitor the Trust through contract arrangements. The Section 11 Audits are updated every two years. There have been none this year however all LSCBs are expected to carry out the audit in the 2018/19 financial year.
- 6.4 In year childrens services in Newham were re-commissioned to Newham local authority prior to handover the CHN Safeguarding Children Team completed the following re-audits during the year before the team was transferred to the local authority:
- Quality of referrals to Children's Triage
  - Record of referrals to one stop shop
  - Quality of safeguarding supervision
- 6.5 The Trust continues to develop and refine its safeguarding activity to maintain compliance with the section 11 standards.

## 7.0 Safeguarding Children Training Compliance

- 7.1 Training is a high priority for the Trust and department to ensure that staff and managers are skilled and up to date in their knowledge and skills regarding safeguarding.
- 7.2 During 2017/18 there continued to be a concerted effort to ensure staff attended mandatory training. The target set by the CQC for all levels is 80% and by the CCGs is 85%. The Trust is aspiring to 95%. Progress has been made although the CCG targets for Level 2 and Level 3 have not been reached. Additional courses were laid on to address the needs of staff requiring refresher training.

Table 1

<b>Training Compliance 31st March 2018</b>	<b>TRUST TOTAL (ELFT)</b>			
<b>Total Number of staff</b>	<b>5,092</b>			
<b>Safeguarding Children Course</b>	<b>Target Audience</b>	<b>No. Compliant</b>	<b>No. Outstanding</b>	<b>% Compliance</b>
<i>Level 1</i>	962	863	99	89.71%
<i>Level 2 (MH)</i>	1,334	1,039	295	77.89%
<i>Level 2 (CHN)</i>	312	255	57	81.73%
<i>Level 3 (MH)</i>	1,647	1,177	470	71.46%
<i>Level 3 (CHN)</i>	155	115	40	74.19%

Table 2

Level	Required Cohort	Mar-16	Mar-17	Mar-18
<b>Level 1</b>	All non-clinical staff (962)	97%	88%	90%
<b>Level 2</b>	Selected clinical staff (1,646)	79%	82%	80%
<b>Level 3</b>	Selected clinical staff in mental health and clinical staff In CHN who work directly with children and/or parents/carers and contribute to assessing and planning in relation to child's needs & parenting capacity (1,802)	81%	80%	73%
RAG Rating				
Not Applicable				
90 - 100%				
80 - 89%				
0 - 79%				

- 7.3 In house training is run by the Trust's Safeguarding Children Teams.  
In order to improve compliance for clinical staff at Level 2, the team is developing online refresher training to be launched later this year.
- 7.4 Post training staff are more likely to contact the Safeguarding Children Team for advice and support, 'think family' approach and be more confident about the support available to them. These discussions help keep children safe as staff and teams take appropriate action, make referrals to children's services if necessary and are supported in escalating concerns with other services or agencies if needed. Feedback from staff about the training provided by the in-house Safeguarding Children Teams is very positive.
- 7.5 Trust clinicians and members of the Safeguarding Children Teams are involved in the delivery of specialist training for children's practitioners – for example on perinatal mental health issues, working with parents with personality disorders and the impact of mental health problems on parenting and the voice of the child.
- 7.6 As part of the termly training day for Psychiatrists, the SCT provides a two hour presentation by external speakers on specialist topics such as modern day slavery and historical allegations of sexual abuse. The team also provides yearly facilitation for senior civil servants from NHS England regarding safeguarding children and Mental Health in the Trust.

## 8.0 External Training

Since February 2014 it has been a requirement for all clinical staff in the Trust who need to refresh at Level 3 to attend external multi-agency training. This is usually training run by Local Safeguarding Children Boards or it can be other external training, conferences or



activity in line with Level 3 requirements set out in the Inter-collegiate Competence framework (RCPH 2014). Current compliance at 73%

## 9.0 Supervision

- 9.1 The safeguarding team provides group, one to one and adhoc supervision including telephone advice to staff across the Trust to ensure effective support and advice is available to staff appropriate to their roles.
- 9.2 Senior clinical staff at City and Hackney CAMHS continue to contribute to a monthly Complex Case Forum with clinicians and colleagues from Social Care and other agencies. The forum allows for the regular discussion around specific themes relating to safeguarding children e.g. Teenage Mental Health and other complex cases where safeguarding concerns arise or exist.
- 9.3 The Senior Management Teams at City and Hackney and Tower Hamlets CAMHS access additional Safeguarding consultation from Senior Service Manager/Social Care Lead on a quarterly basis. The YOT embedded CAMHS post holder has been providing consultation and group supervision for Managers in Newham CAMHS.

## 10.0 Safeguarding Children Incident Reporting

- 10.1 All patient safety incidents are reported on the Datix incident reporting system and are monitored, assessed and screened for cases where abuse or neglect to children is indicated or in cases where the service user has parenting responsibilities.
- 10.2 During the year a total of 482 (compared to 555 last year) ticked one or more of the safeguarding children fields. The data is shown in Table 1. Of the 482 incidents which showed that a child could have been affected 80 indicated that children were at risk. Please see table 2 and 3.

**Table 1**

Incidents with potential impact on child – fields in Datix form	Total 2015/16	Total 2016/17	Total 2017/18	Comments
A Person Under 18 was directly involved	449	498	<b>482</b>	Most of these incidents involved young people in the Coborn Centre and were clinical incidents that did not require further safeguarding children or child protection intervention.
A pregnant woman was involved	21	21	<b>23</b>	14 cases involved information being shared with Children's Social Care.
Service user has parenting responsibilities	102	121	<b>114</b>	Most of these incidents involved service users who were inpatients and the incident did not have safeguarding children implications.

Incidents with potential impact on child – fields in Datix form	Total 2015/16	Total 2016/17	Total 2017/18	Comments
Action taken to protect a child	378	427	<b>345</b>	Most of these incidents involved young people in the Coborn Centre and were clinical incidents where clinical action was taken to protect young people but further safeguarding children or child protection intervention was usually not required.
Children's Social Care informed or referral made.	162	187	<b>246</b>	Many of these cases were already known to Children's Social Care and ELFT services shared relevant information about the incident with them. If the incident involved a service user not already known to Children's Social Care and there were child protection or safeguarding children implications a referral was made.
Children's Social Care informed or referral made.	162	187	<b>246</b>	Many of these cases were already known to Children's Social Care and ELFT services shared relevant information about the incident with them. If the incident involved a service user not already known to Children's Social Care and there were child protection or safeguarding children implications a referral was made.
Total incidents with potential impact on a child	508	555	<b>482</b>	For many of these incidents more than one field in the Datix form was ticked.

**Table 2**

Incident Type	No' 2017-18 (last year in brackets)	Comments
Children at risk	65 (64)	See Table 3 below
Violence and aggression	146 (155)	76 of these incidents were on the Coborn Unit. 43 of the incidents shared information with Children's Social Care including 10 of the Coborn incidents.
Child Death	15 (18)	4 adolescent suicides.  1 adolescent car accident.  13 expected deaths or cause known – all monitored by Newham Child Death Overview Panel.

Incident Type	No' 2017-18 (last year in brackets)	Comments
Adult Death	4 (6)	1 adult death was the suicide of an 18 year old in Tower Hamlets who was a care leaver from Hackney so the case was notified to Children's Social Care and the LSCB for follow up. Another adult death was the suicide of a service user in Hackney whose children were on a Child Protection Plan so the case was notified to Children's Social Care. Two adult deaths were women who died from physical health issues. Both were mothers and liaison and follow up took place with children's services. Two adult deaths were cause unknown. Both were mothers and required follow up and liaison with Children's Social Care.
Connected with adult safeguarding incident report	42 (29)	22 of these incidents involved information being shared with Children's Social Care.  Some include domestic abuse in the household.  The 7 which did not share info with CSC  2 planned to but did not tick the box. The others did not need to.
Care and treatment	163 (247)	Clinical incidents usually on wards – reported because service user involved has children at home.
Health, safety and security	16 (16)	5 appropriately shared information with Children's Social Care
Information governance	7 (12)	3 related to information sharing between CHN and other children's services.  No safeguarding children implications.
Organisational infrastructure	4 (3)	3 communication failures – outside immediate team.  No safeguarding children implications
Slips, trips, falls	5 (4)	Two involved families where Trust and children's services worked together.  Two had no safeguarding children implications.
Total incidents with potential impact on a child	467 (508)	Most incidents do not have safeguarding children implications – they come to the attention of the Safeguarding Children Team because it is a clinical incident involving a young person in the Coborn Centre or a clinical incident involving an adult service user who is a parent/carer of children under 18. All are followed up to

Incident Type	No' 2017-18 (last year in brackets)	Comments
		ensure appropriate action is taken to ensure children are safeguarded.

**Table 3**

Incident Type: <b>Children at Risk</b>		80	Total
Category	Sub category		
<i>Child or young person has suffered actual harm</i>	<i>Adult service user is alleged perpetrator</i>	7 (4)	24 (8)
	<i>Child service user is alleged perpetrator</i>	0 (0)	
	<i>Child victim has parent who is a service user</i>	5 (2)	
	<i>Child victim is a service user</i>	10 (2)	
	<i>Child victim is sibling/other relative of service user</i>	2 (0)	
<i>Child or young person has suffered actual harm from FGM</i>	<i>Adult service user is alleged perpetrator</i>	0 (0)	0 (0)
	<i>Child service user is alleged perpetrator</i>	0 (0)	
	<i>Child victim has parent who is a service user</i>	0 (0)	
	<i>Child victim is a service user</i>	0 (0)	
	<i>Child victim is sibling/other relative of service user</i>	0 (0)	
<i>Child or young person identified as at immediate risk of harm</i>	<i>Adult service user is alleged perpetrator</i>	3 (6)	40 (49)
	<i>Child at risk has a parent who is a service user</i>	20 (30)	
	<i>Child at risk is a service user</i>	10 (11)	
	<i>Child at risk is sibling/other relative of a service user</i>	6 (1)	
	<i>Child service user is an alleged perpetrator</i>	0 (1)	
<i>Child or young person identified as</i>	<i>Adult service user is alleged perpetrator</i>	0(0)	2 (5)
	<i>Child at risk has a parent who is a service user</i>	1 (2)	

<i>at immediate risk of harm from FGM</i>	<i>Child at risk is a service user</i>	<i>1 (0)</i>	
	<i>Child at risk is sibling/other relative of a service user</i>	<i>0 (0)</i>	
	<i>Child service user is an alleged perpetrator</i>	<i>0 (0)</i>	
<i>Child or young person under 18 has made an allegation against staff in the Children's Workforce requiring a referral to the LADO</i>		<i>2 (0)</i>	<i>2(0)</i>
<i>Missing Child</i>		<i>2 (6)</i>	

- 10.3 The majority of incidents involving a person under 18 and where action was taken to protect a child concerned young people in the Coborn Centre for Adolescent Mental Health.

## 11.0 LSCB Serious Case Reviews

- 11.1 The Trust has contributed to more than 20 local learning reviews, Serious Case Reviews; action plans from these reviews have been implemented and will be audited by the service in the coming year.
- 11.2 ELFT takes part in Local Safeguarding Children Board Case Review arrangements and carries out service user checks on all children and family members where a case review is being considered to ensure appropriate involvement by ELFT.
- 11.3 The Trust continues to submit its Serious Incident Review Reports to LSCBs or Domestic Homicide Panels if required as part of an SCR, Local Learning Review, thematic review, cross-borough review or Domestic Homicide Review.
- 11.4 In the last year, the Trust has been involved in series of multi – agency case reviews as follows:
- City and Hackney LSCB - four Serious Case Reviews and five Learning Reviews
  - Newham LSCB- four Serious Case Reviews and four Local Learning Reviews
  - Tower Hamlets – two Serious Case Reviews
  - Bedfordshire - one Serious Case Reviews and two Learning Reviews
  - Luton LSCB - two Learning Reviews
- 11.5 Similar to last year, the theme this year sadly remains adolescent self-harm and suicides which have involved CAMHS services across the Trust. There have been five in 2017/18. All LSCBs have made adolescent mental and emotional health and self-harm a priority for the coming year.
- 11.6 There has been 2 further cases that we were not directly involved with however we supported the process and embedded learning that had relevance to all agency's
- 11.7 There have been no Domestic Homicide Reviews involving safeguarding children this year.

## 12.0 Workforce

- 12.1 Statutory guidance requires the Trust to have robust arrangements for safe recruitment practices including identity and DBS checks for all new and existing every three years. At the end of the financial year the percentage of staff with a valid Disclosure and Barring Scheme (DBS) check was 97%.

### 13.0 Allegations Against Staff

- 13.1 13.1 Statutory guidance requires the Trust to have Clear policies in line with those from the

LSCB for dealing with allegations against people who work with children. An allegation may relate to a person who works with children who has:

- Behaved in a way that has harmed a child, or may have harmed a child;
- Possibly committed a criminal offence against or related to a child; or
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

- 13.2 The Trust Policy for allegations being made against staff is currently under review. However, when children and young people make an allegation against a member of staff at work that has a child protection component this has to be referred to a Local Authority Designated Officer (LADO) and investigated under multi-agency allegations procedures. There has been 2 reported incidence in 2017 /18.

### 14.0 Safeguarding Review

- 14.1 In recognition of an expanding portfolio of the Trust in August 2017 a review of the safeguarding function was commissioned and carried out by an external reviewer. The report highlights the following recommendations:
- 14.2 Improve consistencies in systems and processes.
- 14.3 Increased focus on 'Think family' approaches within the context of growing complexity around statutory responsibilities for safeguarding children and adults.
- 14.4 Develop a 'Think family' agenda to consider more joint working practices between safeguarding adults and children and the wider organisation.
- 14.5 The following has been implemented:
- *Think family are in job descriptions and recognised as a core part of child and adult safeguarding roles.*
  - *There is ongoing work on creating closer working links between safeguarding children and adults team to address shared priorities and strategic goals.*
  - *A think family conference is planned for autumn 2018 to ensure the 'Think Family' safeguarding agenda is shared across the organisation.*

### 15.0 Achievements and Progress

- 15.1 Embedding a Safeguarding Children presence and ethos in Bedfordshire and Luton has been a significant achievement. Good relationships have been established with the three Local Safeguarding Children Boards and partner agencies.
- 15.2 The Trust takes part in LSCB multi-agency Case Audit programmes and uses these to develop practice. These have included audits on Child Sexual Exploitation, Neglect and Teenage mental health. A safeguarding audit cycle is being developed to undertake further single agency audits in the coming year. Directorates have included safeguarding children issues in their own audit programmes.
- 15.3 In all boroughs CAMHS is working increasingly closer with Children's Social Care and other agencies. CAMHS has clinicians embedded in local authority children's services – e.g. a multidisciplinary CAMHS team is now embedded in Tower Hamlet's Children's Social Care and CAMHS clinicians in Newham are located in the four Integrated Neighbourhood Working teams.
- 15.4 Newham CAMHS and Bedfordshire CAMHS have dedicated LAC teams - and the Newham team has a specialist fostering post. Tower Hamlets CAMHS support LAC through their embedded Social Care CAMHS team.
- 15.5 The risk of teenage suicide, self – harm and radicalisation of vulnerable people has required the Trust to develop joint protocols with partner agencies to ensure effective inter-agency coordination and management of these complex situations where young people and vulnerable adults are at risk of harm.
- 15.6 Adult Mental Health Services continue to develop their practice regarding safeguarding children with support from the Safeguarding Children Team. In all areas partnership arrangements have been strengthened through revised joint protocols between adult mental health services and children's social care.
- 15.7 In order to ensure the Trust meets its section 11 responsibilities and support staff effectively following the transfer of health visitors and family nurse partnership transfer to London Borough of Newham. A part time safeguarding children advisor was employed to provide support to the named nurse.
- 15.8 In January 2018 a survey, staff confidence in using the LSCB escalation protocol has improved significantly in the past year. This has helped to strengthen collaboration and resolve difficulties with partner agencies and children's social care in particular.
- 15.9 To raise staff and service users' awareness around safeguarding, the team was involved in the safeguarding awareness week campaign in collaboration with the safeguarding adults team where lessons from serious case reviews and other practice issues were shared on the intranet every day for one week in March 2018.

## **16.0 Challenges**

- 16.1 The Trust's expansion and taking on new businesses e.g. Tower Hamlet Community Services has required development work to be carried out around safeguarding children training, which is now complete and part of the regular training cycle.

- 16.2 Working with different IT systems that does not communicate with each other remains a major challenge for the team. For example due to introduction of a new database system AZEUS care by London Borough of Newham there has been difficulties accessing information on children who are placed on statutory plan. This has an impact on service provision at an appropriate level for vulnerable children. Our IT services are working London Borough of Newham for a solution.
- 16.3 The national safeguarding children agenda continues apace and there are increasing expectations of the Trust as a member of ten Local Safeguarding Children Boards to take part in a wide range of multi-agency initiatives and to train and support staff on areas of concern such as radicalisation, child sexual exploitation, historical childhood sexual abuse, youth violence and FGM. This is a focus of work for the team in 2018/19
- 16.4 Since the transfer of child health universal service in April and August 2017, information sharing with neighbouring borough services has been a challenge for CHN practitioners who need information to provide appropriate support for children with special needs and their families. We are working with Child health information platform to improve access and information sharing.
- 16.5 The Safeguarding Children Teams are on constant alert for the possibility of a safeguarding children inspection – particularly from a Joint Targeted Area Inspection which is led by Ofsted and carried out with CQC and the Police and Probation Inspectorates. This entails involvement in multi-agency planning, preparation and implementation. Our audit process affords us assurance that we are working within expected standards.

## **17.0 Priorities for 2018-19**

- 17.1 The overarching priority for the coming year is to continue to refine and develop safeguarding children systems and ensure staff are confident about their safeguarding children responsibilities and have the necessary support available to them.
- Continued focus on compliance with safeguarding childrens training especially level 2 and 3 where compliance is most challenging.
  - Review and update safeguarding children fields and forms on the Trust electronic patient records systems to ensure that the agreed Safeguarding Children forms, 'Record of Referrals to Children's Social Care' and 'Safeguarding Children in Adult Client Network' are being implemented.
  - Implement child protection plan/child in need plan RiO template for CHS services.
  - Update the Trust Intranet site to ensure up to date information in relation to safeguarding children and all relevant policies and guidance are accessible to staff and service users.
  - Review the arrangements for providing specialist safeguarding support across the Trust in the light of developing national and local agendas.



- Redesign safeguarding children training and training resources to include Learning Disabilities services; incorporating updates from the new Working Together document and other National guidance.
- Improve the interface between children and adults to consider where joint training could be provided e.g. Domestic Abuse, FGM and modern slavery within the context of 'Think Family' agenda.
- Implement Inspection and Serious Case Review and Learning Review Action Plans through lunch time sessions and Service Newsletters.
- Hold a Think Family Conference bringing together topics that overlap safeguarding children, safeguarding adults, radicalisation and domestic abuse.
- Contribute to LSCB Business Plan priorities including support for emotional and mental wellbeing of young people.

### **18.0 Action being requested**

The Board is asked to receive the report

## **Appendix list**

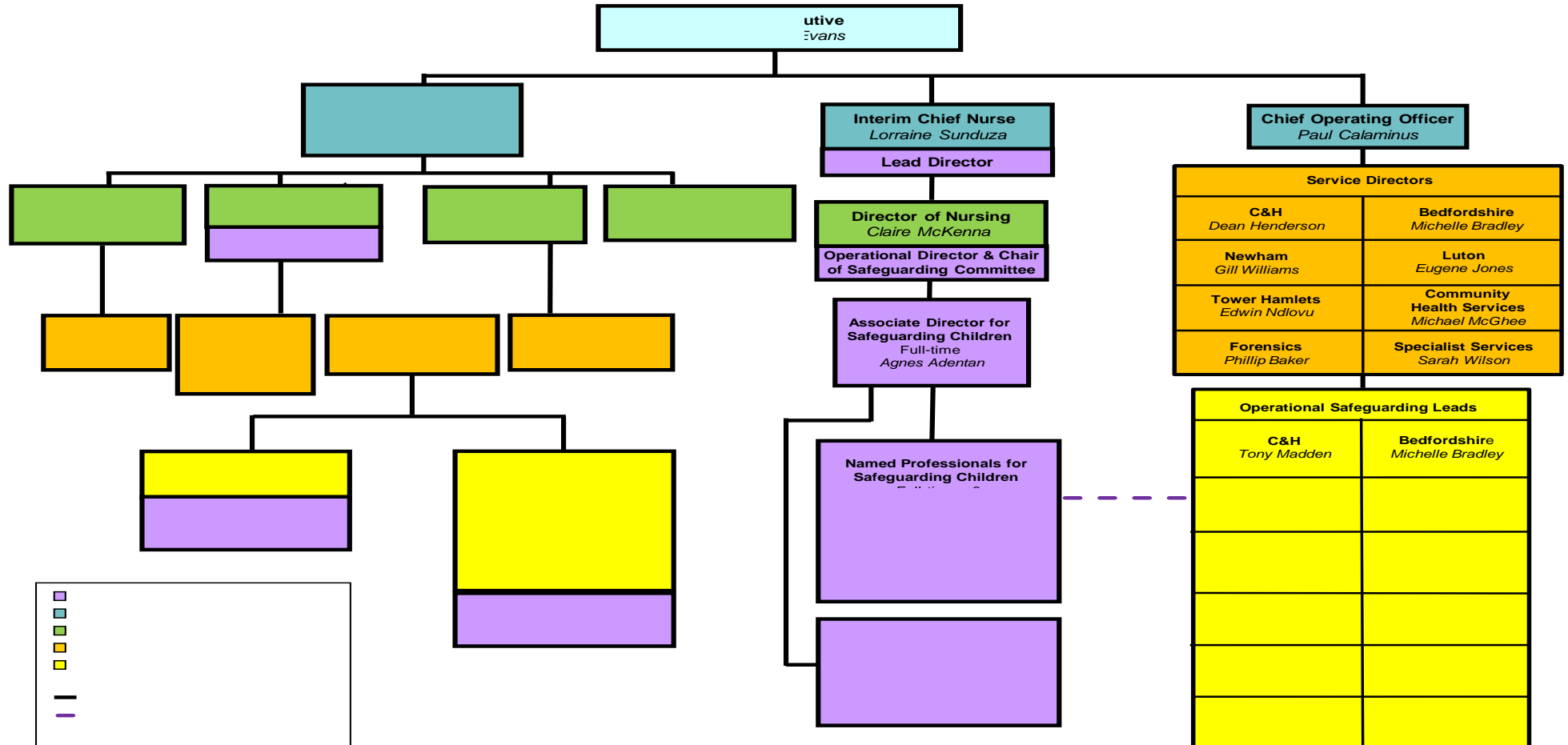
Appendix 1.....	Organisational chart
Appendix 2.....	Assurance Structure



Appendix 1

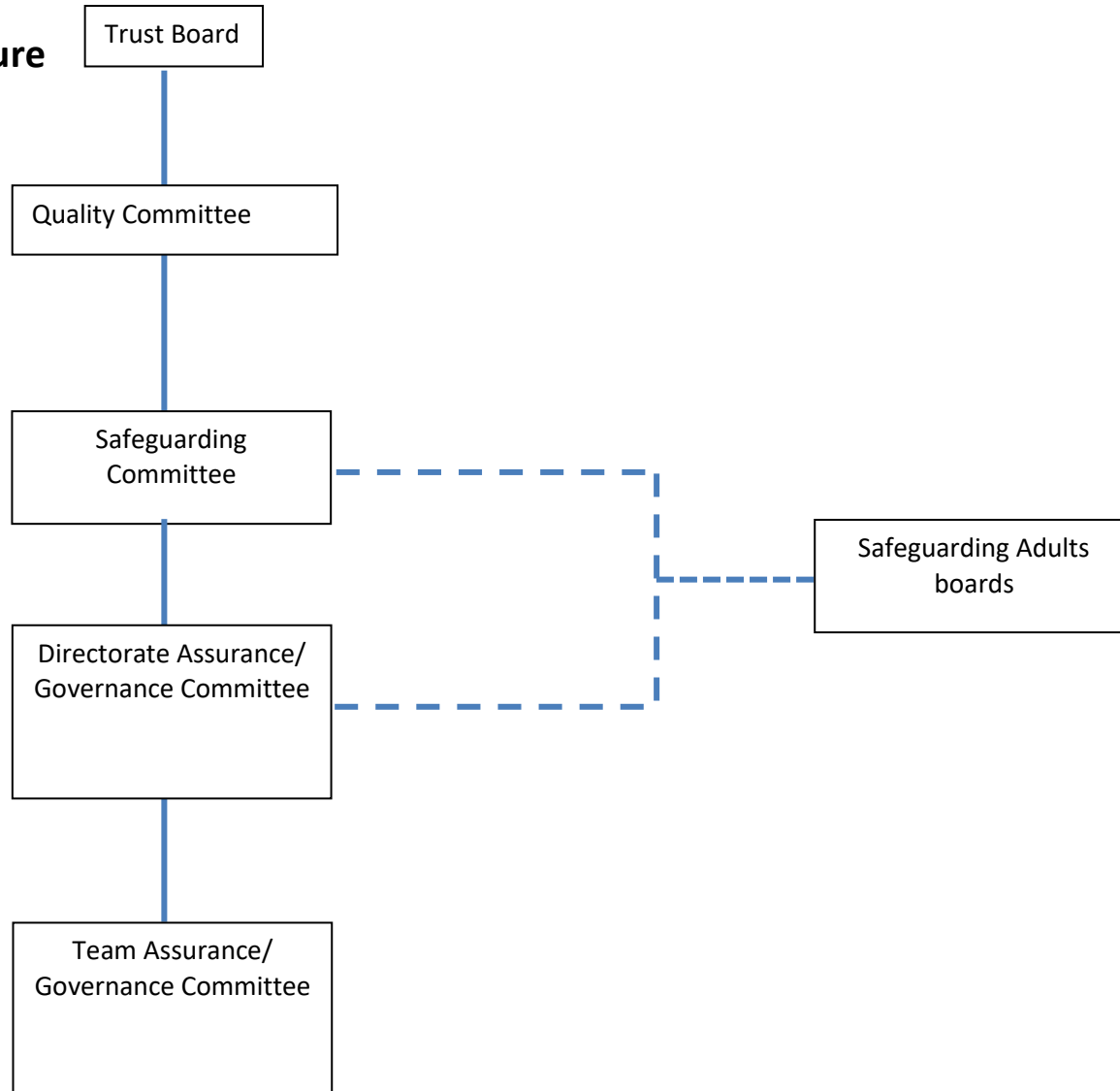


**SAFEGUARDING CHILDREN – REVISED APRIL 2018**



**Appendix 2**

**Assurance Structure**



## **2017/18 Annual Safeguarding Adults report**

### **1.0 Introduction**

1.1 The annual safeguarding adults report for East London NHS Foundation Trust, presents an account of the safeguarding work within the trust as part of its regulated and statutory responsibilities. The report contains information relating to safeguarding adult activity across the trust and highlights the achievements, challenges and priorities seen this year.

1.2 The emphasis during 2017-2018 has been on continuing to embed requirements outlined in the Care Act, 2014 and in particular to make safeguarding person-centred and outcomes focussed.

#### **1.3 Key Information**

- The Trust operates from over 100 community and inpatient sites, and employs over 5,000 permanent staff. The mixed demographic profile of the trust results in a range of Adult safeguarding issues that require an individual response based on local partnership procedures.
- There is growth in demand with an increasing aged population, greater awareness of safeguarding and higher levels of scrutiny.
- There are workforce challenges in some services particularly related to recruitment and retention. This means that agency and temporary staff are used to fill gaps. Agency staff are able to book onto training via Electronic Staff Records (ESR) and attend face to face training
- The Trust has seen an increase in the number of safeguarding concerns and sources of these referrals indicate an improved awareness of safeguarding issues from our staff. Staff working in community settings raise the greatest number of concerns with a significant number related to abuse in the person's home.
- The threat of radicalisation of vulnerable people as one of the additional categories of safeguarding arising from the Care Act Legislation has required the trust to develop protocols and training for effective ways of dealing with this new and complex situation where people are at risk of harm.

### **2.0 Safeguarding Adults Structures Governance and Assurance**

Safeguarding management reporting arrangements are outlined in appendix 1.

2.1 The Chief Nurse as the Executive lead for safeguarding has responsibility and accountability for Safeguarding Adult's strategy and policy and is responsible for reporting to the Board on matters relating to strategic safeguarding objectives and outcomes, and ensuring partnership working with other agencies.

- 2.2 The Chief Nurse and The Director of Nursing have delegated responsibilities for safeguarding leadership. In their roles they have been meeting with external partners and members of the Safeguarding Adults board (SAB) across the partnership group.
- 2.3 The Associate Directors of Safeguarding and Domestic Abuse (Adults and Children) provide strategic leadership and co-ordination of safeguarding responsibilities.
- 2.4 Named professionals for safeguarding are established for services in Luton, Bedfordshire and London.  
Please refer to Appendix 1 - Management structure.

### **3.0 Assurance Framework**

Safeguarding assurance arrangements are outlined in appendix 2.  
Please refer to Appendix 2 – Assurance Structure.

- 3.1 The trust safeguarding adult's policy was revised in line with the Care Act (2014), and Pan London Safeguarding Adult Policy. The safeguarding Adult and childrens Policies are available on the Trust intranet and awareness campaigns are aimed at promoting good practice
- 3.2 The Safeguarding Adult Committee is responsible for all safeguarding governance issues relevant to the Trust. It meets bi-monthly, and reports to the Quality Committee. The committee has a performance and quality assurance role and sets out the annual work plan. The Safeguarding team arrange learning lesson events across the Trust. Please refer to Appendix 3 – Annual work plan.
- 3.3 A training analysis has been completed and staff are mapped according to their roles and responsibilities in line with the Intercollegiate Document.
- 3.4 The Committee receives a Quarterly Activity report from individual directorates involving a disclosure or suspicion of safeguarding or domestic abuse. This report includes pressure ulcers (Grade 3 and 4) and restraint practices. A Tracker report outlines current Safeguarding Adult Reviews SARs), and Domestic Homicide Reviews (DHRs) involving Trust service users.

### **4.0 Safeguarding Review**

- 4.1 In recognition of an expanding portfolio a review of the safeguarding team was commissioned and carried out by an external reviewer. The report made the following recommendations.
- 4.2 Increased focus on making safeguarding personal (MSP) and “Think family” across child and adult safeguarding and the wider organisation.
- 4.3 Increased focus on Domestic Abuse and ensuring a “Think family” approach across child and adult safeguarding.
- 4.4 Review safeguarding adult resource to deliver priorities.

The following is now in place

- 4.5 Think family and MSP are in job descriptions and recognised as a core part of child and adult safeguarding roles.
- 4.6 We are creating closer working links between the safeguarding adult's and children's team to address shared priorities and strategic goals.
- 4.7 A review of safeguarding adult's resources has been carried out by the Chief Nurse.

## **5.0 Partnership working**

- 5.1 The Trust is committed to working in collaboration with all partners seeking to protect adults at risk from harm caused by abuse or neglect, regardless of their circumstances. As part of these arrangements the Trust is represented at 5 Safeguarding Adult Boards covering the local authority areas where ELFT has a presence. The Local safeguard boards look at areas of concern for their local populations and our services work in partnership to address these identified areas. The safeguarding boards also have an assurance function that we are feed into.
- 5.2 The trust is accountable to clinical commissioners and reports on Safeguarding activity and performance to the Clinical Quality Review Meetings or equivalent on a regular basis. A key challenge from the CCGs to the trust has been to deliver assurance for achieving and maintaining safeguarding adult training compliance including Prevent training. A multi-agency deep dive process has taken place in Tower Hamlets and Luton to strengthen safeguarding processes and outcomes.
- 5.3 Operational Directors represent the trust at the Safeguarding Adult Board meetings and contribute to the safeguarding board strategic development and objective setting with regard to local accountabilities and assurance. Operational staff and safeguarding professional attend the local safeguarding adult board sub-groups. Any actions and deliverables are reported at the Trust's Safeguarding Committee.

## **6.0 Domestic Abuse**

- 6.1 There continues to be Trust representation at the local Multi Agency Risk Assessment Conference meetings (MARAC), which is the forum of organisations that manage high risk cases of domestic abuse, stalking and so called 'honour'-based violence. Their shared vision for safeguarding is to work in an integrated way to draw up safety plans to improve outcomes for adults at risk.
- 6.2 Domestic Homicide Reviews: DHRs were implemented under section 9(3) of the Domestic Violence, Crime and Victims Act (2004) and came into force on 13th April 2011. The Act states that: "A DHR means a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by: A person to whom he was related or with whom he was or had been in an intimate personal relationship, or a member of the same household as himself, held with a view to identifying the lessons to be learnt from the death."



- 6.3 There is trust representation at domestic homicide reviews and learning from these events is shared within the directorates and across the trust.

Domestic Abuse is a shared responsibility across both Adults and Children's Safeguarding services. Therefore in line with the Think Family approach the Associate Directors for Safeguarding (Adults and Children) are developing a training package that meets the needs of staff in the adult and children's workforce.

## **7.0 PREVENT Duty**

- 7.1 The NHS is a key partner in the successful implementation of the Prevent agenda particularly as healthcare professionals routinely come into contact with people who may be vulnerable to radicalisation. Service Users and patients who access mental health or learning disability services may be more susceptible to radicalisation.
- 7.2 The key challenge for the NHS is to ensure that where there are signs that someone has been, or that there is a risk that they are being drawn into terrorism; healthcare staff have the skills to interpret these signs correctly, are aware of the support that is available and are confident in referring the person(s) for further support.
- 7.3 The Trust, in line with the Government's Prevent agenda, is committed to ensuring that all staff keep up-to-date and informed with regards to Prevent. The trust achieves this by:
- a) Raising awareness of Prevent (basic training) and attend workshops to raise awareness of Prevent (WRAP);
  - b) Ensure the process for identification and referral of individuals thought to be at risk of radicalisation is coherent and, effective and well understood by staff who have relevant clinical oversight;
  - c) There is relevant multi agency and expertise representation at Channel panels which includes mental health input.
- 7.4 An action plan was implemented with a focus on improving training compliance in line with statutory requirements. The safeguarding team undertook training needs analysis to map all staff to the appropriate levels of safeguarding adults training including Prevent and WRAP. There has been a consistent improvement in training compliance on a monthly basis.
- 7.5 The Associate Director for Safeguarding Adults and the Named Professional for Safeguarding Adults in Luton have worked closely with the regional reps in NHSE. The Trust is represented at London, Luton and Bedfordshire Prevent meetings.
- 7.6 The data submission process is collected from NHS Trusts by the Home Office for Priority Areas. For ELTFT this includes Tower Hamlets and Luton. This provides the necessary assurance that the priority area organisations are compliant with the Prevent Duty.
- 7.7 The aim of the data collection is to demonstrate how NHS Providers are delivering the key elements of their duty to:
- Have identified Prevent Leads

- Deliver awareness training
- Number of referrals
- Engagement with relevant partnership forums

## 7.8 Training compliance for Safeguarding Adults

### Training compliance

<b>APRIL 2018 SAFEGUARDING ADULTS &amp; PREVENT AWARENESS (Basic) LEVEL 1</b>						
DIR	Total no. of staff mapped for SGA L1 & Prevent (Basic)	No. of staff <b>compliant</b> in SGA L1 & Prevent (Basic)	% of <b>compliant</b> staff in SGA L1 & Prevent (Basic)	No. of staff <b>outstanding</b> in SGA L1 & Prevent (Basic)	% of <b>outstanding</b> staff in SGA L1 & Prevent (Basic)	Comparison to last month
BED	533	496	93%	37	7%	↑ (3%)
C&H	508	430	85%	78	15%	↑ (5%)
CHS TH	195	166	85%	29	15%	↑ (4%)
CORP	416	315	76%	101	24%	↑ (5%)
FOR	476	457	96%	19	4%	↑ (4%)
LUT	291	275	94%	16	6%	↑ (1%)
CHS NEW	423	401	95%	22	5%	↑ (2%)
NEW	433	383	88%	50	12%	↑ (2%)
SS	641	537	84%	104	16%	↑ (4%)
SS CHS	149	130	87%	19	13%	↑ (2%)
NEW	546	497	91%	49	9%	↑ (3%)
TH						
<b>TOTAL no. of staff mapped for level 1</b>	<b>4611</b>	<b>4087</b>	<b>89%</b>	<b>524</b>	<b>11%</b>	<b>↑ (4%)</b>

## 8.0 Safeguarding Adults Incident reporting data

### 8.1 Types of abuse as defined in the Care Act 2014 are:

- Physical abuse
- Sexual abuse
- Psychological abuse
- Financial or material abuse
- Discriminatory abuse
- Organisational abuse
- Neglect and Acts of omission
- Sexual exploitation
- Modern slavery and Human Trafficking
- Self-neglect
- Prevent

### 8.2 All patient safety incidents are reported on the Datix incident reporting system and are monitored, assessed and screened for cases where abuse or neglect or poor care are indicated. The process supports staff in decision making to consider and identify safeguarding concerns.

- 8.3 All safeguarding incidents can be reviewed via the Datix system. The level of investigation is decided at the weekly Incident Grading meeting chaired by the Medical Director.
- 8.4 Incidents where a safeguarding concern is identified results in an initial protection plan drawn up to mitigate risks and a local authority safeguarding concern form completed and sent to safeguarding team for further assessment and triage.
- 8.5 The local authority leads on allocating enquiries under Section 42 of the Care Act for the Trust to lead on. Due to the commissioning arrangements in Bedfordshire and Luton there is a significantly higher demand for Trust staff to complete Section 42 enquiries
- 8.6 The data drawn from Datix incident reporting are those raised by staff within the Trust services is monitored by the safeguarding Committee.
- 8.7 In 2017/18 there were 1096 incidents where a safeguarding issue was reported compared to 1305 in 2015/2016.
- 8.8 Table A: DATIX reported incidents (2017-18) Total 1096 identified by reporter as incident with safeguarding adult implications.  
DATIX Table A

	<b>17/18 Q1</b>	<b>17/18 Q2</b>	<b>17/18 Q3</b>	<b>17/18 Q4</b>	<b>Total</b>
Bedford Mental Health Services	69	55	43	<b>50</b>	<b>167</b>
City and Hackney	36	31	39	<b>39</b>	<b>106</b>
CHN	84	80	70	<b>63</b>	<b>234</b>
Forensic Services	56	45	51	<b>80</b>	<b>152</b>
Luton Mental Health Services	57	31	30	<b>25</b>	<b>118</b>
Newham (Mental Health)	33	40	50	<b>32</b>	<b>123</b>
Specialist Services	n/a	n/a	n/a	<b>15</b>	<b>15</b>
Tower Hamlets	33	40	44	<b>46</b>	<b>117</b>
Tower Hamlets CHS	9	28	27	<b>26</b>	<b>64</b>
<b>Total</b>	<u><b>377</b></u>	<u><b>350</b></u>	<u><b>354</b></u>	<u><b>376</b></u>	<u><b>1096</b></u>

- 8.9 Forensic services report the highest number of safeguarding concerns

	Bedford Mental Health Services	Community Health Newham	Forensic Services	Luton Mental Health Services	Newham Adult Community Services and MHCOP	Newham (Mental Health)	City and Hackney	Tower Hamlets	Tower Hamlets CHS	Total
Q1	2	5	9	4	n/a	3	1	1	1	26
Q2	12	2	8	1	n/a	4	3	5	1	36
Q3	7	9	6	2	n/a	3	1	8	0	36
Q4	12	16	25	4	n/a	3	0	6	1	67
Total	<b>33</b>	<b>32</b>	<b>48</b>	<b>11</b>	<b>n/a</b>	<b>13</b>	<b>5</b>	<b>20</b>	<b>3</b>	<b>165</b>

## 9.0 Learning Lessons and improving quality

9.1 The most frequent reported safeguarding adult concerns were:

- Actual physical attack (in-patient wards) 17%
- Pressure ulcers (grade 3 and 4) (community health services ) 13%
- Physical Abuse 10%

9.2 Improvement approaches have been applied to address these frequently reported concerns and include:

- Violence reduction: A trust –wide quality improvement collaborative is focused on violence reduction to improve service user and staff safety. The initiatives implemented within our inpatient wards have demonstrated a 42% reduction in physical violence.
- Pressure Ulcer Reduction: Patients who develop a pressure ulcer whilst in our care are monitored, assessed and screened for cases where abuse or neglect through poor care is indicated. Concerns are reported to the borough Safeguarding Adult teams. All grade 3 and Grade 4 pressure ulcers are investigated as an Serious Incident or Root Cause Analysis. The trust quality improvement project to reduce harm from pressure ulcers is targeted at people being cared for in in their own home. Improvement work continues to be embedded in practice and we have seen a reduction in the number of grade 2 pressure ulcers.

9.3 Pressure Ulcer Pathway ELFT. Please refer to Appendix 4

## 10.0 Published Safeguarding Adults Learning Reviews (SAR)

- 10.1 A SAR is commissioned by the Safeguarding Adults Board when an adult in its area with care and support needs dies as a result of abuse or neglect, whether known or suspected, and there are concerns that partners agencies could have worked more effectively to protect the adult. SABS must also arrange a SAR if an adult with care and support needs, in its area has not died, but the SAB knows or suspects that the adult has experiences serious abuse or neglect.
- 10.2 During 2017/18, were 2 SARs published involving ELFT services. appendix 5

## **11.0 The Learning Disabilities Mortality Review**

- 11.1 Following the 'Confidential Inquiry into premature deaths of people with Learning disabilities' (CIPOLD), NHS England launched the Learning Disabilities Mortality Review (LeDeR) Programme in conjunction with Bristol University.
- 11.2 A key recommendation of CIPOLD was for the greater scrutiny of deaths of people with learning disabilities.
- 11.3 The Trust now has a standard pathway to report any death of a person who has a learning disability, and LeDeR notifications are made through the Assurance Team from a Datix report.
- 11.4 A local reviewer is responsible for undertaking reviews of the deaths of people with Learning Disabilities who are registered with a GP in their local area. The Trust has a growing number of reviewers and the LeDeR Clinical Lead, and Strategic Lead for Learning Disabilities will be taking forward the findings from the first report issue by LeDeR.

## **12.0 Making Safeguarding Personal**

- 12.1 The Care Act (2014) defines safeguarding adults as protecting an adult's right to live in safety, free from abuse and neglect. Making Safeguarding Personal (MSP) aims to make safeguarding person-centred and outcomes focussed, and moves away from process driven approaches to safeguarding.
- 12.2 During 2017/18 progress has been reviewed on how the trust is embracing and embedding the principles of making safeguarding personal in its strategic plans and decision making. These are summarised below:
- 12.3 Service users continue to be involved in the review of safeguarding policies and procedures and service users have accessed safeguarding adults training. A modified version of the induction is delivered to all volunteers employed by the Trust.
- 12.4 ELFT emphasise the importance of enlisting the views of service users in the safeguarding adults agenda, with a focus on the individual's views, wishes, feelings and beliefs. The service user views and wishes are critical to a person-centred system. This includes taking into account the choices that a person may wish to make about their

support, and where they are the subject of a safeguarding enquiry, to be better involved in the process.

- 12.5 The current local systems in place to capture the outcome of section 42 enquiries across all of our local authority safeguarding teams are inconsistent. This issue will be a priority area for improvement for 2018/19.

### **13.0 Safeguarding Training Compliance**

- 13.1 Training is a high priority for the Trust to ensure that staff and managers are skilled and up-to-date in their knowledge regarding safeguarding. This has raised safeguarding awareness throughout the Trust and as a result an increase in the number of safeguarding adult concerns reported.
- 13.2 During 2017/18, training on the Mental Capacity Act (MCA) and Deprivation of Liberty Standards (DoLS) were introduced as mandatory for particular groups of clinical staff.
- 13.3 Safeguarding Adults Training Compliance Quarter 4 (Appendix 5)
- 13.4 The Trust Training Needs Assessment was revised in Quarter 4, taking into account the revised policy advice resulting in an increase in the number of staff required to undertake level 2 training with effect from April 1st 2017.
- 13.5 The trust safeguarding adult professional have developed an eLearning training package for SGA level 1 & 2 including Prevent. The package was launched in April 2017.
- 13.6 The local authorities also provide training for Trust staff and is a valuable opportunity for multi-agency learning.
- 13.7 Prevent & WRAP training: At the end of Q4 the figures demonstrate positive improvement with Prevent compliance however there is a low level of compliance for WRAP as presented in the table below. This training was introduced in 2017 and compliance rates have been improving but continue to be of concern.

Level	Percentage compliance
Prevent Level 1	89%
Prevent Level 2	88%
WRAP	12.27%

- 13.8 In view of the above low level of compliance the Associate Director for Safeguarding Adults and NHSE Regional reps organised and delivered Train the Trainer sessions. A total of 46 staff have been trained and are able to deliver WRAP training across the Trust. WRAP training is also available on OLM.

### **14.0 Intranet**

- 14.1 The Trust intranet site is updated in relation to safeguarding information and includes access to all relevant policies and guidance. Also to raise awareness around

safeguarding a campaign was develop in conjunction with the Communications Dept in March 2018. This will be repeated annually.

## **15.0 Workforce**

- 15.1 Statutory guidance requires the Trust to have robust arrangements for safe recruitment practices including identity and DBS checks. This is in place.
- 15.2 The trust Policy for allegations being made against staff is currently under review. In the meantime there are arrangements in place to ensure we are providing a safe service

## **16.0 Strategic objectives for 2018/19:**

The following strategic drivers will inform the action plan for 2018/19

- Increase the capacity within the safeguarding adults team to support Integration of new services.
- Review learning disabilities safeguarding incident reporting
- Increase Prevent and WRAP compliance and external assurance.
- Develop e- learning training package in Domestic Abuse.
- Develop the role of Domestic Abuse champions.
- Quality Improvement project to embed making safeguarding personal.
- Learning Lessons programme from safeguarding adult case reviews.
- Developing the role of the safeguarding and Prevent leads in each Directorate
- Support staff to develop the skills for undertaking high quality safeguarding adult enquiries
- Develop a corporate approach to receive, allocate, monitor timescales and outcomes of all Section 42 Enquiries across the Trust .
- Contribute to the delivery of local safeguarding partnership board priorities.
- Capture safeguarding adult service user experience to inform future service delivery.

## **17.0 Summary**

- 17.1 The Trust is committed to ensuring that high standards of safeguarding practice are followed and support vulnerable people. The trust can demonstrate that we have
  - Raised awareness of both Adults and Childrens safeguarding;
  - Improved the interface with children services and other agencies;
  - Met our compliance targets for safeguarding adults training and regulation.
  - Ensured that during the process of the acquisition of new services due diligence of safeguarding capacity is a high priority.
  - Learning lessons.
  - Workforce review.
  - Policy and procedure reviews.

## **Appendix list**

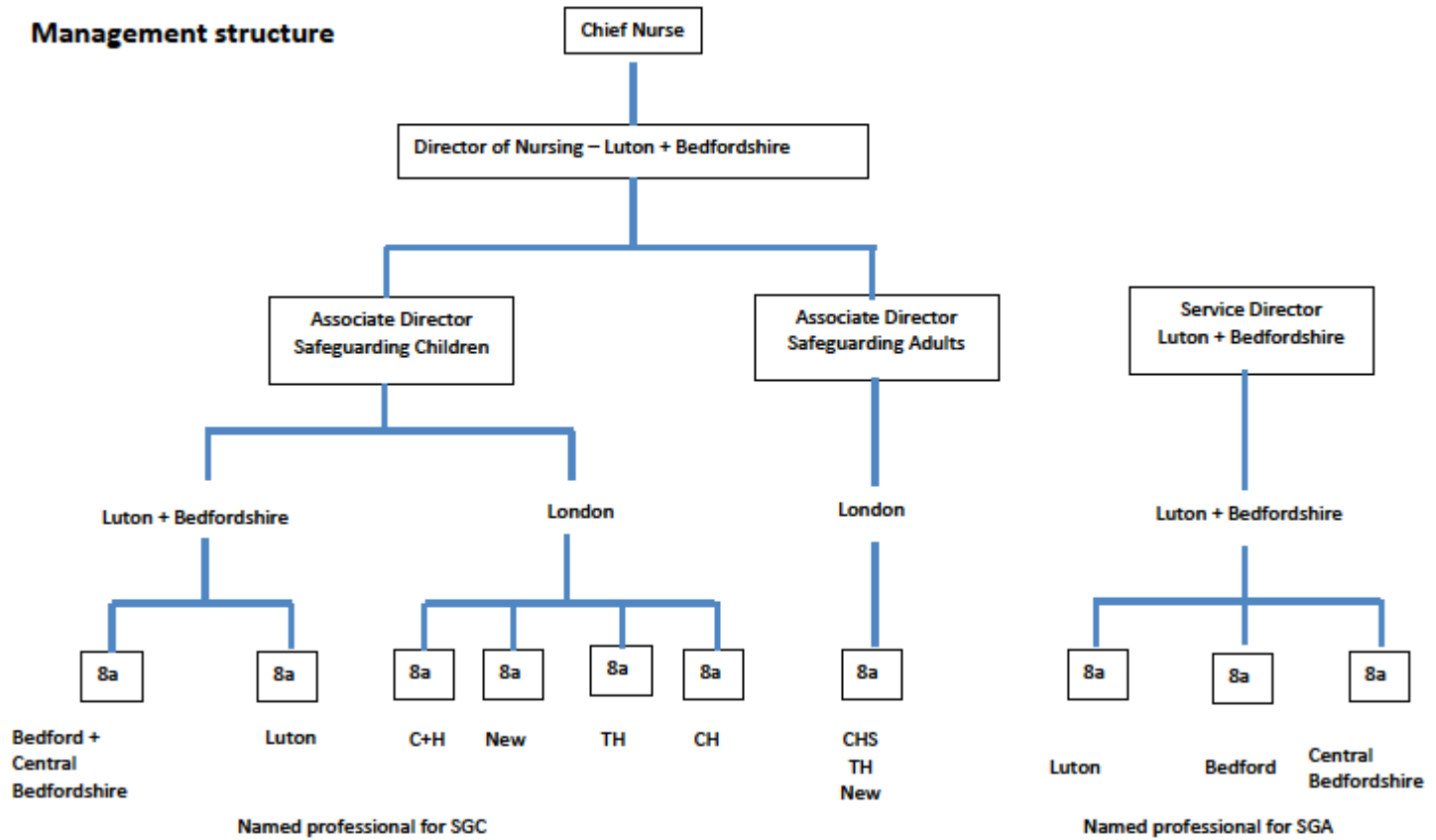
Appendix 1.....Management structure  
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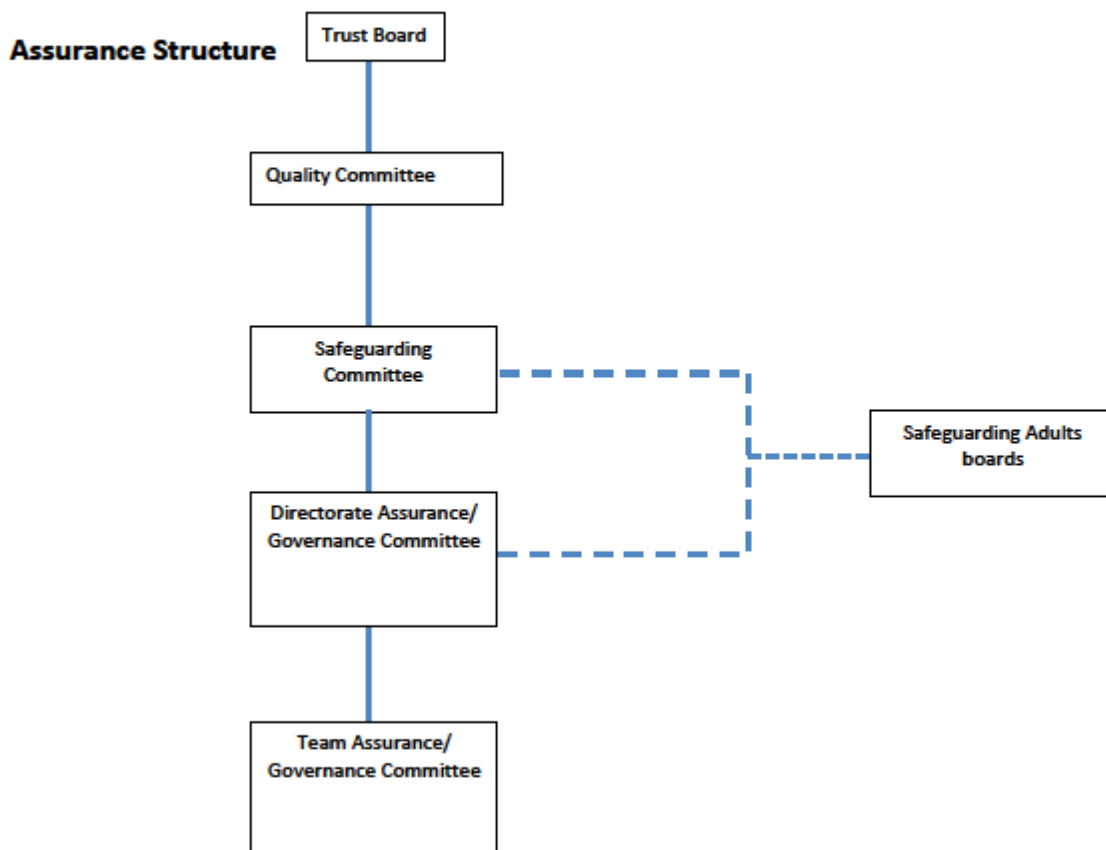
Appendix 1

**Management structure**



## Safeguarding Adults Annual Report 2017-18

### Appendix 2



Chair: Marie Gabriel

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Chief Executive: Dr Navina Evans

### Appendix 3

#### WORKPLAN 2018/19

<b>STANDARD Proposed</b>	<b>Action Required</b>	<b>By whom</b>	<b>TIMELINE Date achieved</b>
1. Ensure compliance for mandatory training	Levels 1 and 2 are minimum of 85%. New level 3 course to be developed	Service Directors and ADSA	Timeline met
2. Monitoring of recommendations/action places from all SAR,DHR, and Internal serious incidents	Each Safeguarding Committee meeting receives revised Tracker Report and oversees outcomes	Service Directors and ADSA	Implemented through Committee meetings
3. CCG, Trust and Multi-Agency SA reports / Assurance Frameworks	Monthly and Quarterly reports to be produced as required	Service Directors and ADSA	Ongoing Completed templates presented

Chair: Marie Gabriel

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Chief Executive: Dr Navina Evans

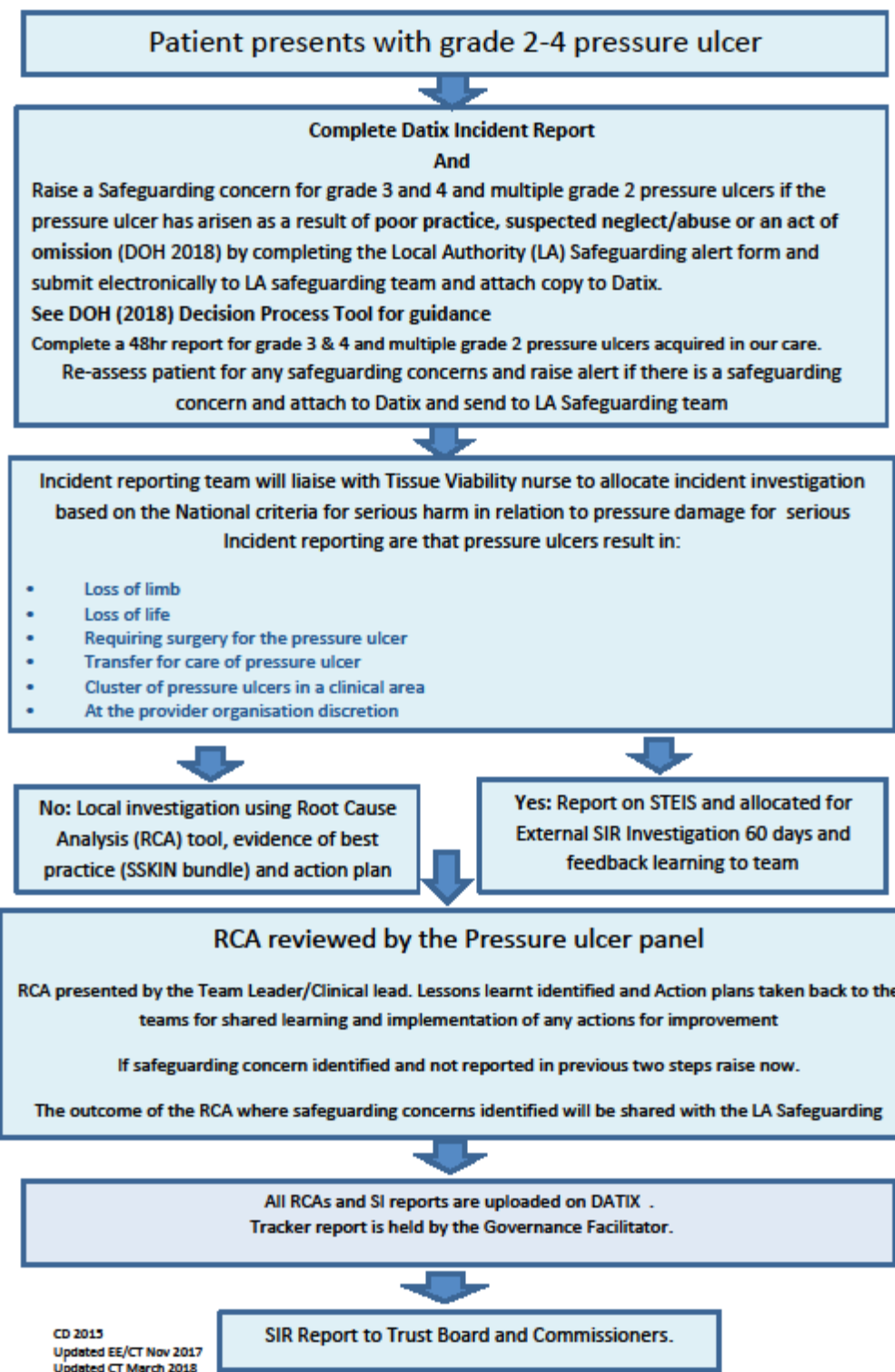
Dashboard produced on time			at Trust quarterly Committee meeting
4. Ensure that policies and procedures are up to date	a)The Trust policy for safeguarding adults is currently under review b) The Trust policy for allegations being made against staff is under review. In the meantime there are arrangements in place to ensure we are providing a safe service	ADSA	July 2018  July 2018
5. Trust attendance at SABs	Feedback and Committee meeting	Service Directors/Borough Directors	Delivered at each committee meeting.
6. Rio reporting Update to Safeguarding adults RiO forms to enable staff to add narrative around Safeguarding adults process which includes expected timeframes and outcomes	Community Health currently piloting use of safeguarding adults RiO form. Effectiveness will be reviewed for further discussion and implementation across the trust.	ADSA/Borough Directors	2018/ 2019
7. Monitoring of SA Alerts/concerns and Enquiry reports and SARs and DHRs	Directorate level /Teams reporting on safeguarding activity completed templates to each Trust Committee meeting	Service Directors and ADSA	Ongoing
8. Develop Named SA Champion roles per team	Individual staff members with their roles and training attended or needed.	Service Directors and Safeguarding Adult team	2018/ 2019
9. The organisations staff supervision policy supports effective safeguarding. The Trust has a policy that sets out the frequency that employees in contact with Adults at Risk receive regular supervision and an appraisal. (SAAF C2 Rated Amber)	ELFT supervision policy in place -Appraisal policy in place -Performance monitoring of supervision and appraisal	Service Directors ADSA Safeguarding Adult team	Additional safeguarding adult supervision sessions introduced in Community services following CQC inspection findings.
10. Service user evaluation form has	A service user is a member of the	AD Safeguarding Adults & Trust	2018/ 2019

<p>been developed and shared with partner agencies. The evaluation form is both quantitative and qualitative Tower Hamlet are pitching the form 2018/2019.</p> <p>The service director, expert by experience and ADSA will review the findings and to identify areas of good practice and areas for improvement.</p>	<p>Trust safeguarding committee and contributes to the strategic direction of the safeguarding agenda and priorities.</p> <p>Trust engagement with service users to establish lines of enquiry as part of incident investigations and feedback provided and received at individual level.</p> <p>Routine Enquiry for domestic violence and abuse to be recorded in safeguarding adults cases.</p>	<p>Communications Team</p>	
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In addition to these designated actions, the core commitments from the team continue to involve delivering training, supervision, advice and support to staff, undertaking investigations, attending Safeguarding Adults Board meetings and partnership working, updating information on the Trust intranet and contributions to the Safeguarding Committee.

#### Appendix 4

Safeguarding Adults Annual Report 2017-18



### **Summary Serious Case Review 1**

This Serious Case Review (SCR) was commissioned following sustaining a fatal injury. Multiple agencies were involved in his care

There were 10 recommendations that included the need for improved information sharing. Increase awareness of domestic violence issues and its cultural context. A review of shared policies and procedures.

East London foundation trust are working on the recommendations pertaining to us, and working with other agencies on shared recommendations

### **Summary serious case review 2**

A serious case review (SCR) was commissioned following delays in assessment for detention under the mental health act.

There were recommendations for our approved mental health practitioners (AMPH) services. A review of the services was undertaken. An action plan around these recommendations has been formulated and compliance is being monitored through the local safeguarding boards and internally via directorate management meetings.

**East London Foundation Trust (ELFT) Looked After Children &  
Young People Annual Report  
1st April 2017 to 31st March 31st 2018**

**Author:**

Deborah Clark  
Lead Nurse – Looked After Children  
East London Foundation Trust



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## 1. Introduction

This report highlights the work undertaken by the Looked After Children's & Young Peoples (LAC) Team on behalf of East London NHS Foundation Trust (ELFT) for the reporting period of April 2017 to March 2018. We are responsible for assessing and ensuring that the health needs of all the looked after children and young people from Newham, whether they still live in the Borough or they have moved out of the area, are met. In addition, the LAC Health Team is also responsible for assessing the health needs of children from other authorities who are placed in Newham and ensuring these are addressed, if requested to do so.

As the provider of Community Health Services within Newham, the LAC Health Team work in Partnership with Newham Children Social Care Teams to provide multiagency services for looked after children and young people in Newham.

The total number of children looked after by Newham at the end of March 2018 was 403. Of the children and young people that are from Newham, around 34% continue to live in Newham and 56% live outside of the Borough and so their care is provided by the host Local Authority where they live. However, the responsibility for the care and well-being of these children and young people remains with Newham Borough Council (NBC).

## 2. The Looked After Child

### 2.1 Definition

A child (0-18 years) is 'looked after' if they are in the care of the local authority for more than 24 hours. Legally, this could be when they are; living in accommodation provided by the local authority with the parents' agreement, subject to an interim or full care order, an unaccompanied asylum seeking child or a child / young person on remand. Children are taken into care for a variety of reasons, the most common being to protect a child from abuse or neglect. In other cases their parents could be absent or may be unable to cope due to disability or illness.

### 2.2 Categories of Placement into Care

- ✓ Subject to a Care Order, Interim Care Order or Emergency Protection Order
- ✓ Provided with accommodation by the local authority for a continuous period of more than 24 hours
- ✓ Under a criminal law Supervision Order, with a residence need to live in local authority accommodation
- ✓ Remanded to local authority accommodation
- ✓ Seeking asylum and is not accompanied by their parents
- ✓ In respite care for longer than 75 days per year
- ✓ Or alternatively, if a child or their parents requests that they become a 'Looked After Child'.

### 2.3 Health Needs of LAC

LAC and young people often enter care with poorer levels of health than their peers which may be due to the impact of poverty, abuse and neglect that they may have faced prior to entering care. They face greater challenges than their peers, and their long term

health, social and educational outcomes remain poor compared to the general population (DCSF, DOH 2009). Narrowing the gap in outcomes for these children and young people when compared to their peers is a public health priority for our services. ELFT is committed to developing a dynamic health service, utilising a strong interagency approach that supports early identification of need with timely access to appropriate resources.

### 3. The Policy context

Services and responsibilities for LAC are underpinned by an array of legislation, statutory guidance and good practice guidance which includes:

- Promoting the health & well-being of looked-after children (2009, 2015)
- Working Together to Safeguard Children (2010, 2015)
- The Children Act (1989, 2004)
- Children & Families Act (2014)
- The Health & Social Care Act (2012)
- The Leaving Care Act (2000)
- Adoption and Children Act (2002)
- Care Planning, Placement and Case Review (England) Regulations (2010)
- Intercollegiate Role Framework. Looked-after Children: Knowledge, skills & Competencies for Health Staff (2012, 2015)
- NICE Quality Standard (QS31) for the Health & Well-being of looked after children (April 2013)
- Safeguarding Vulnerable People in the Reformed NHS – Accountability & Assurance Framework (2015)
- National Tariff Payment System 2015/2016
- Special educational needs and disability code of practice: 0 to 25 years (2015)

### 4. National profile of LAC (data):

LAC in England (including adoption and care leavers) year ending 31 March 2017 (2017- 2018 data will be available September 2018).

#### Numbers:

- ✓ The number of LAC continues to increase; it has increased steadily over the last nine years. At 31 March 2017 there were 72,670 looked after children, an increase of 3% on 2016.
- ✓ The number of children starting to be looked after in 2016-17 has also risen in recent years and has increased by 2% compared with the previous year
- ✓ The number of children ceasing to be looked after in 2016-17 has fallen by 2% compared with the previous year.

#### Age profile:

- ✓ Over recent years the numbers of looked after children aged under 1 year have been decreasing; at 31 March 2017 they are down 11% on five years ago, however we did see a slight increase this year of 280 children (8%) between 2016 and 2017. There has been a change in the age profile with a steady rise in the number of children aged 10 years and older starting to be looked after. 63% of children looked after in 2017 were over 10 years, compared with 56% in 2012. The 1-4 year old group has stabilised around 9,200 children in 2017 and the 5-9 year old group, after increasing in recent years, has stabilised around 14,100.

### Gender:

There were 14,420 females starting to be looked after in 2017 up 4% on 2016. However there are still more males starting to be looked after than females – 56% of children starting to be looked after were male compared to 44% who were female.

### Reasons for rise:

- The increase in looked after children reflects that more children started to be looked after in 2017 than ceased. For the last two years, the changes seen in the characteristics of looked after children, those who become looked after and care leavers are influenced by the unaccompanied asylum-seeking children cohort who tend to be non-white British, older children, with a main category of need of absent parenting. The number of looked after children at 31 March 2017 who were unaccompanied asylum-seeking children increased by 6% compared to the previous year, up to 4,560 from 4,300 in 2016, and up 134% from 1,950 in 2013.

### Adoptions:

- 4,350 looked after children were adopted in 2017, down 8% on 2016 and down 19% of the peak of 5,360 in 2015.

## 5. Newham Local demographics:

- Newham has an estimated (2017) resident population of 342, 900 (Source: GLA data store)
- Children and young people under the age of 20 years make up 27.7% (2015) of the population of Newham. Of these 22.7% are 0-15 years of age.
- 94.2% (2016) of school children are from a minority ethnic group.
- The level of child poverty is worse than the England average with 27.6% (2014) of children aged under 16 years living in poverty.
- The rate of family homelessness is worse than the England average.

(Source: Newham Child Health Profile March 2017, <https://fingertips.phe.org.uk/>)

### 5.1 Newham LAC demographic information:

Newham's LAC population is reflective of the national picture in relation to the age and gender distribution. Brief summary:

- There were 403 looked after children on 31.03.2018. This is a 2.5% increase from 2016.2017.
- There were 256 children entered into care during this period.
- 249 children left care during this period.
- 53 looked after children have a disability on 31.03.2018. 36% of these children and young people are female and 54% of these children and young people are male.
- 54 looked after children who were UASC on 31.03.2018. 7% of these are Female.
- 39.7% of Children & Young People in care were within the 10 – 15 years of age band, followed by 37.72% 16 to 18 years of age band within 2017. 2018
- 11.91% of children in care in 2017.2018 were in the under 5 years of age band.

**Comparison with the national average, inner London and statistical neighbour rate per 10,000 under 18 populations for the same period, is not yet available for 2017/2018.**

## 6. Age & Gender of Newham LAC population as of 31<sup>st</sup> March 2018:

Age	Total	%
<None>	0	0.0%
Under 1	16	3.97%
1 to 4	32	7.94%
5 to 9	43	10.67%
10 to 15	160	39.7%
16 to 18	152	37.72%
18 and over	0	0.0%
Total number of Children Looked After	<b>403</b>	
Total Male	220	54.59%
Total Female	183	45.41%

(Data provided by Newham LA)

## 7. Ethnicity of Newham LAC population as of 31<sup>st</sup> March 2018:

Newham is one of the most culturally diverse boroughs in the UK with children and young people from Black, Asian and Minority Ethnic (BAME) backgrounds making up 94.2 % of the total population of children and young people in Newham (Newham Child Health Profile March 2017, <https://fingertips.phe.org.uk/>).

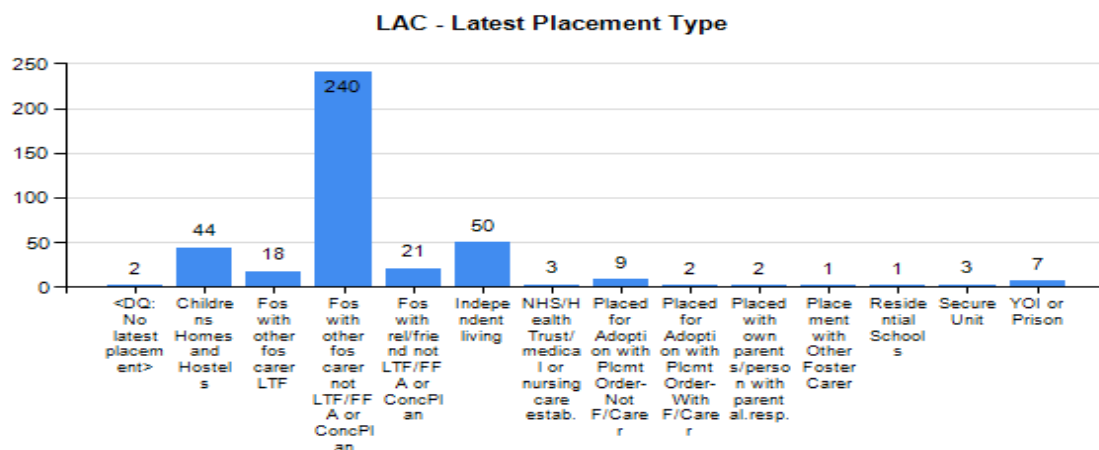
The ethnicity of Newham LAC as of 31<sup>st</sup> March 2018 was as follows:

LAC Ethnicity at 31 March 2018	Ethnicity Group (DfE specification)	Total cases	%
White	White British	79	19.6%
	White Irish	1	0.25%
	Traveller of Irish heritage	0	0.0%
	Any other White background	31	7.69%
	Gypsy/Roma	0	0.0%
	<b>Total (White)</b>	<b>111</b>	<b>27.54%</b>
Mixed	White and Black Caribbean	22	5.46%
	White and Black African	13	3.23%
	White and Asian	2	0.5%
	Any other mixed background	10	2.48%
	<b>Total (Mixed)</b>	<b>47</b>	<b>11.66%</b>
Asian or Asian British	Indian	14	3.47%
	Pakistani	26	6.45%
	Bangladeshi	27	6.7%

	Any other Asian background	23	5.71%
	<b>Total (Asian or Asian British)</b>	<b>90</b>	<b>22.33%</b>
Black or black British	Caribbean	19	4.71%
	African	71	17.62%
	Any other black background	24	5.96%
	<b>Total (Black or Black British)</b>	<b>114</b>	<b>28.29%</b>
Other ethnic groups	Chinese	0	0.0%
	Any other ethnic group	41	10.17%
	Refused	0	0.0%
	Information not yet obtained	0	0.0%
	<b>Total (Other ethnic groups)</b>	<b>41</b>	<b>10.17%</b>
Missing Ethnic Code	No Ethnicity	0	0.0%
	<b>Total (Missing Ethnic Code)</b>	<b>0</b>	<b>0.0%</b>
<b>Total</b>		<b>403</b>	

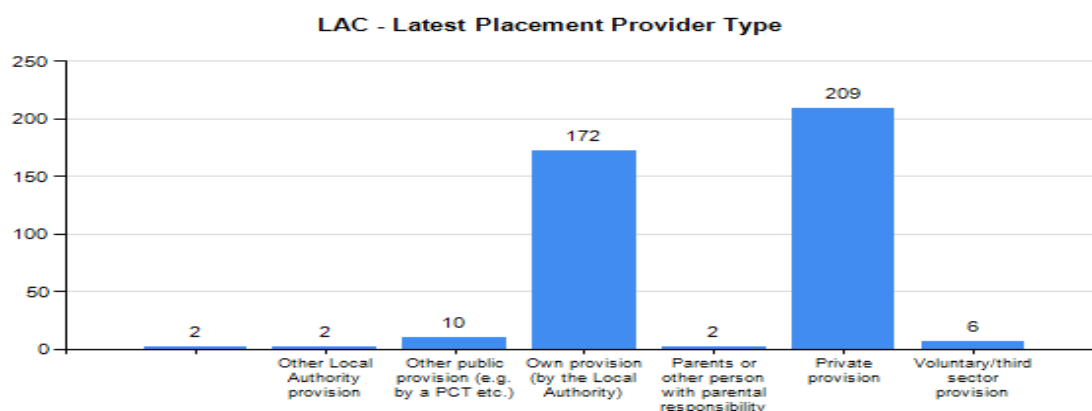
(Data provided by Newham LA)

## 8. Placement type and provider of Newham LAC as of 31<sup>st</sup> March 2018:



(Data provided by Newham LA)

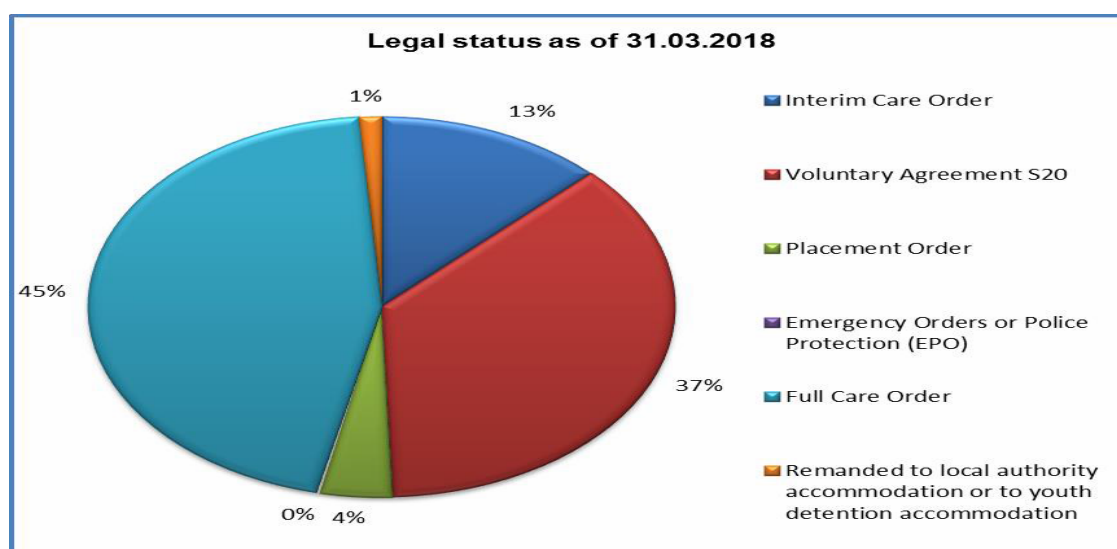




(Data provided by Newham LA)

### 9. Newham LAC Legal Status as of 31<sup>st</sup> March 2018:

The majority of Newham LAC is in care under a full care order (45%), followed by voluntary agreement (37%):



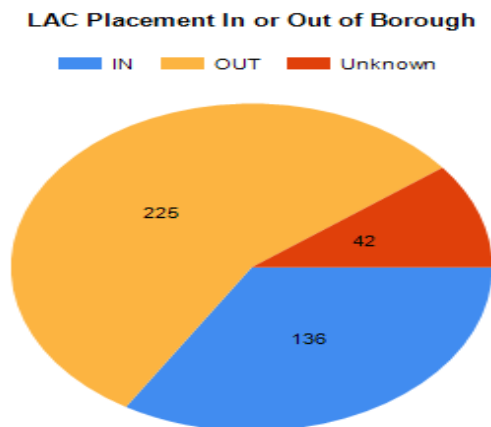
Latest legal status	Total
Interim Care Order	51
Voluntary Agreement S20	148
Placement Order	16
Emergency Orders or Police Protection (EPO)	1
Full Care Order	182
Remanded to local authority accommodation or to youth detention accommodation	5
	<b>403</b>

(Data provided by Newham LA)

## 10. Newham LAC placement in or out of borough:

A high proportion of Newham's LAC 225 (56%) of LAC resides outside of the borough of Newham. This is due to a shortage of local placements which is common finding, particularly across London. *(Accurate figures at time of writing report were not available. 10% of children & young people have unknown accommodation due to practitioners not entering residential address in a timely manner)*

The placement of LAC outside of the borough can have implications for the ELFT LAC health team in terms of resources, capacity and ensuring the continuity of high quality health care. Where possible, ELFT health team will undertake outreach to the child or young person.



*(Data provided by Newham LA)*

## 11. Duration of time in care:

LAC Duration Time band at 31 March 2018	Total cases	%
Under 6 months	89	22.08%
6 months to 1 year	66	16.38%
1 to 2 years	82	20.35%
2 to 3 years	37	9.18%
3 years and over	129	32.01%
<b>Total</b>	<b>403</b>	

*(Data provided by Newham LA)*

## 12. Reasons for entering care:

Newham data for 2017.2018 shows that the primary reason for accommodation is abuse or neglect (52.36 %). Family dysfunction, absent parenting (unaccompanied minors), parental mental health and families in acute stress are other significant factors.

<b>LAC Category of Need at 31 March 2018</b>	<b>Total cases</b>	<b>Proportion of cases</b>
Absent parenting	52	12.9%
Abuse or neglect	211	52.36%
Child's disability or illness	10	2.48%
Family dysfunction	69	17.12%
Family in acute stress	34	8.44%
Parental disability or illness	12	2.98%
Socially unacceptable behaviour	15	3.72%
<b>Total number of Children Looked After</b>	<b>403</b>	

(Data provided by Newham LA)

## 12.1 Adoption

At the end of March 2018, 28 Children and young people in Newham were either adopted or had a SGO (Special Guardianship Order). Of the 28, 11 were adopted. This is slightly lower than last year, when 14 were adopted.

<b>Number of children adopted (adoptions of children looked after) and/or Special Guardianship Order (PASo3.1)</b>			
<b>Month</b>	<b>Numerator</b>	<b>Denominator</b>	<b>% PASo3.1 Adoptions /SGOs</b>
30-Apr-2017	0	271	0.0%
31-May-2017	0	275	0.0%
30-Jun-2017	5	269	1.86%
31-Jul-2017	10	272	3.68%
31-Aug-2017	13	283	4.59%
30-Sep-2017	13	288	4.51%
31-Oct-2017	14	298	4.7%
30-Nov-2017	17	298	5.7%
31-Dec-2017	18	302	5.96%
31-Jan-2018	25	298	8.39%
28-Feb-2018	25	298	8.39%
31-Mar-2018	28	305	9.18%

(Data provided by Newham LA)

### 13. Unaccompanied Children

The number of asylum applications by unaccompanied children (UASC) nationally is shown in the tables below. This data is taken from The Refugee Council, February 2018. From 2010 to 2013 there was a downward trend in the number of applications. In recent years they rose, but still accounted for just over 8% of all asylum applications in 2017 compared with over 16% in 2008.

Asylum applications by Unaccompanied Children (excl. Dependants):

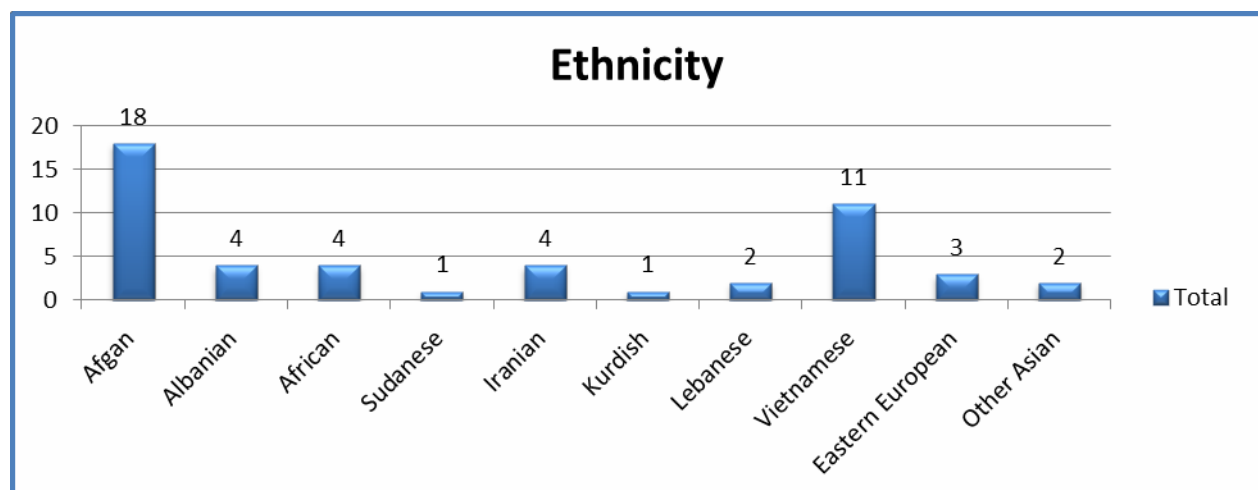
	2013	2014	2015	2016	2017
Applications	1,265	1,945	3,253	3,290	2,206
% change to previous year	12%	54%	67%	1%	-33%

(Source: Refugee Council Information, February 2018)

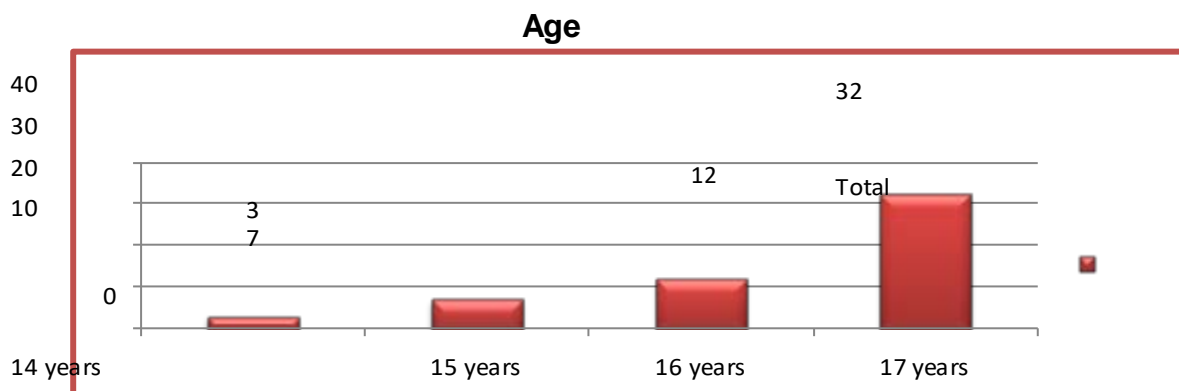
The health needs of UASC are often very complex. Many will be suffering from post-traumatic stress related to their often tragic experiences and separation from their families. They will often have undiagnosed and untreated health conditions when they arrive and details regarding immunisations and past medical history is frequently missing.

The complexity of health needs of UASC and the other contextual factors identified above will often mean that their assessments take more time and are more resource intensive than those involving LAC from within the UK. Interpreters are provided for all UASC who require this support during their health assessments.

In Newham, as of March 31<sup>st</sup> 2018, there were 56 UASC in care. Of these 30 were new into care for the year 2017.2018. 97% of these were male.



(Data provided by Newham LA)



(Data provided by Newham LA)

#### 14. The Health Team for LAC in Newham (Provider)

The LAC provider Health team is provided by the Community Paediatric Services of East London Foundation Trust in Newham. The team is based at West Ham Lane Health Centre. All members of the Provider LAC Team are experienced, suitably trained within their area of expertise and fully up to date with safeguarding training. The doctors and nurses within the team are registered with the General Medical Council / Nursing and Midwifery Council. They fulfil the requirements of the Competency Framework (RCGP/RCN/RCPCH 2013 and 2015). They undertake regular appraisals and as required, are subject to revalidation.

##### 14.1 The Provider LAC Health Team Compromises of:

###### Doctors

Named Doctor for LAC (0.2 w.t.e)

Associate Specialist / Specialty Doctor in paediatrics x 4 (2 w.t.e)

###### Nursing

Lead Nurse for LAC (Band 8a) (1.0 w.t.e) Specialist

Nurse for LAC – HV (Band 7) (1.0 w.t.e) Specialist

Nurse for LAC (Band 7) (1.0 w.t.e)

###### Administration

LAC Patient Pathway Coordinator (Band 4 x 2) (2 x1.0 w.t.e)

##### 14.2 Staff changes (recruitment):

There have been a number of staff changes within the last reporting year within the LAC Health provider service:

###### Named Doctor

A locum Community Paediatrician is employed 1 day per week which satisfies the requirements in the current intercollegiate guidance. This is an interim post. ELFT are actively recruiting in the context of a national shortage of community paediatricians. The

locum Named Doctor has been in post since December 2017.

### Lead Nurse:

The previous lead Nurse retired in November 2017 and the new lead nurse commenced in January 2018.

### 14.3 Supervision and peer support

Newham LAC Team has the following supervision and peer support in place:

- ✓ The LAC nurse specialists are managed and supervised by the lead nurse for LAC on a 1:1 basis and are seen monthly for this.
- ✓ The Lead nurse has 6 weekly supervision with the Designated Nurse for LAC
- ✓ The LAC nurse specialists receive Quarterly safeguarding supervision (since Q4).
- ✓ The Named / Lead professionals hold a monthly joint meeting with the paediatricians, nurses and PPC. The agenda of the meetings is to initially start with a training update, delivered by a member of the team, followed by operational discussions. These commenced in Q4.
- ✓ The nursing team and PPC's have weekly meetings to plan the weekly work, any concerns or other activity of the week that needs to be covered. These commenced in Q4. Previously these were monthly

### 14.4 Joint Professional Meetings and Forums:

- Legal Assessment & Placement Panel (weekly)
- CSE, Missing & Trafficking Sub Group
- Fostering & Adoption Panel (Monthly)
- Sub-Group for Corporate Parenting board (Every 6/52)
- CSA Working Group
- Corporate Parenting Board (Every 6/52)
- Placement stability (Every 2/52)
- CFCS joint case discussion meeting (Every 2/52)
- CCG – Newham Joint Health Sub Group (Quarterly)
- London LAC Forum (Quarterly)

## 15. Statutory Health Requirements

It is a statutory requirement that children and young people who are looked after are offered and ideally receive a health assessment at specified points during their time in care. The purpose of these health assessments is to identify health needs promptly so that the appropriate care and treatment can be arranged.

- An Initial Health Assessment (IHA) should be undertaken within 4 weeks of a child entering care and statutory guidance states that this assessment should be completed by a doctor.
- A review health assessment (RHA) should be completed annually for over 5 year olds and every 6 months for children under 5 years. These assessments can be completed by a suitably trained health professional.

'Promoting the health and well-being of looked-after children: Statutory guidance for local

authorities, CCG and NHS England, (2015)', outlines the notification process from the local



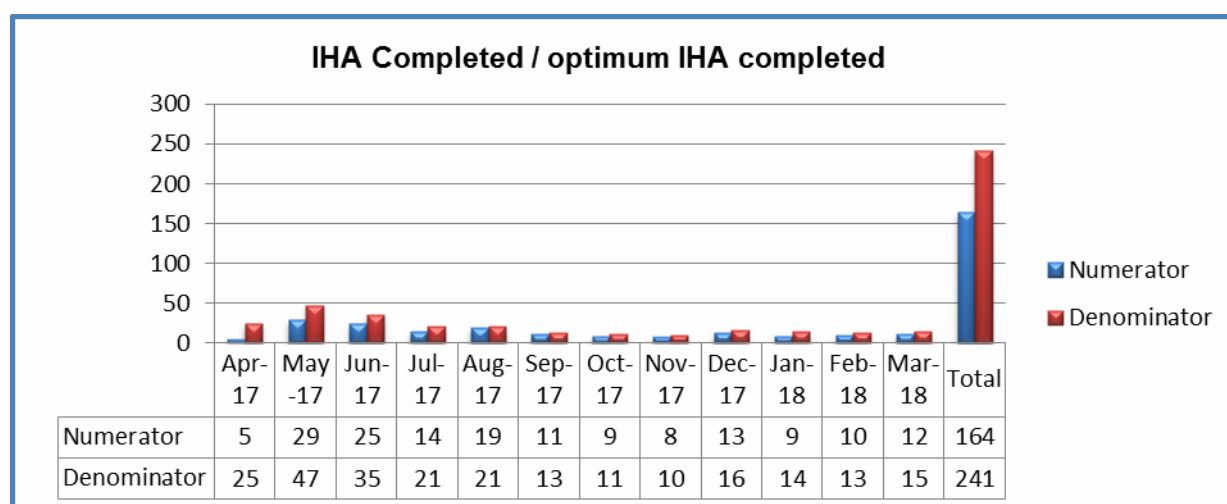
authority to health. The LA will notify the provider of the intention to accommodate a child. Following the decision to accommodate the child, within 4 working days the Local Authority will forward the demographics; placement plan; child and family/core assessment; consent documentation, named GP and SDQ (required at assessment) documents from Local Authority administrator and where relevant, education, health and care plans (EHC).

429 IHA & RHA's were undertaken in the reporting year of 2017.2018. The majority of health assessments for LAC are completed by the ELFT LAC Health Team. Unfortunately these are not always within the statutory timeframes. Currently the LAC health team is prompting the social worker once a child becomes LAC and requests the required documents and information. However, the information required is not always returned within the time frame. This delay results in increased pressure on the LAC Health Team and time lapses in achieving the standard required. Health and social care have a joint responsibility and must work together to ensure the timeliness and quality of health assessments for LAC. This is an objective for 2018.2019, to review and change the current notification process to be in line with the statutory guidance.

### 15.1 Initial Health Assessments

68% of Initial health assessments were completed in the 20 working days' time frame. These breaches were largely due to delays in Social Workers completing notifications and consents (known as Coram BAAF forms) and sending these to the ELFT LAC health team administrator in a timely manner. A total of 77 (32%) were due to delay in receiving the appropriate information. There is also difficulty in achieving timely assessments for children who are looked after out of area continues to be an issue due to reliance on external clinicians. Also during this period the local authority also changed their IT system, no health access was available for a period of 4 months.

Number of IHA completed within 20 working days	Q1	Q2	Q3	Q4	Total
	51%	81%	75%	74%	68%

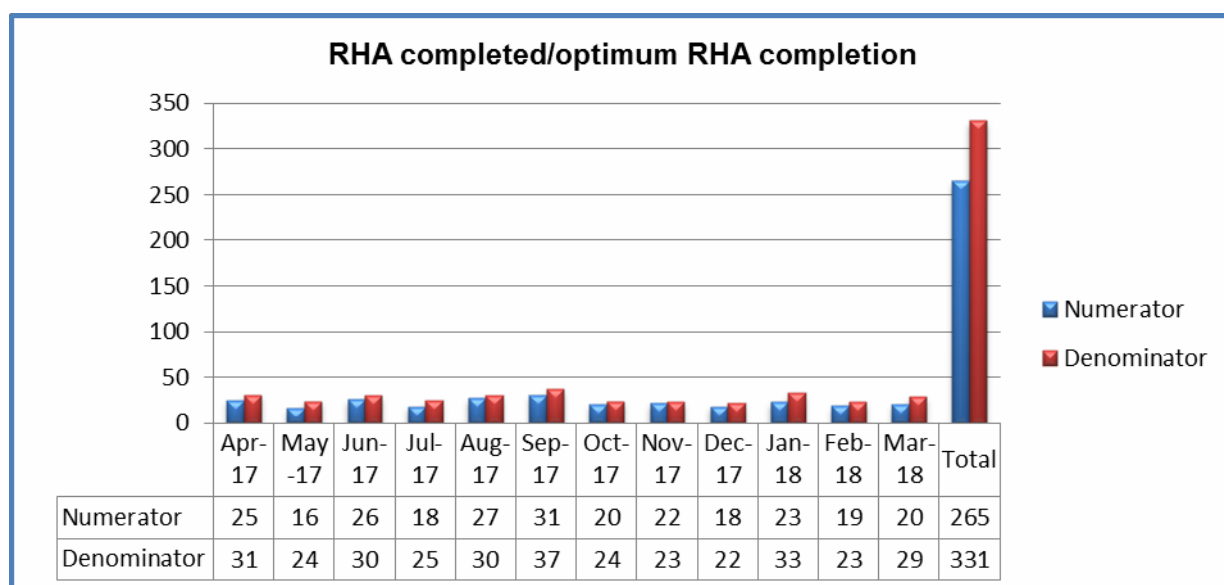


(Data provided by ELFT reporting system)

## 15.2 Review Health Assessments

94% of under 5's Review Health Assessments (RHA) were completed and 77 % of over 5's completed in the set time frame required. 88% in total was achieved in the set time frame. The overall achievement for delivery of RHA which are undertaken by the LAC nurses should be recognised as a good achievement given the transiency of this vulnerable group and the tendency of the older LAC to refuse assessment. As with initial health assessments, children looked after out of area are disadvantaged in terms of receiving a timely review health assessment.

Number of review assessment < 5 undertaken within 6 months	Q1	Q2	Q3	Q4	Total
	100%	95%	95%	89%	94%
Number of review assessments > 5 undertaken within 12 months of previous RHA	Q1	Q2	Q3	Q4	Total
	74%	78%	85%	71%	77%
Total number of RHA undertaken in 2017/2018 within set time scale	Q1	Q2	Q3	Q4	Total
	78%	82%	87%	74%	80%



(Data provided by ELFT reporting system)

## **Recommendation and areas for action during 2018.2019:**

- ✓ **Streamline the process for obtaining relevant consents from parents for health assessments and information sharing, without which the IHA cannot take place.**
- ✓ **Review and improve arrangements for IHA and RHA – The local authority should be notifying health of when a child enters care via a referral process within 48 hours. The referral and consent forms need to be completed within 4 days of entering care. This is not the current process.**
- ✓ **Health and social care have a joint responsibility and must work together to ensure the timeliness and quality of health assessments for LAC. To support this area of work in Newham a joint protocol will need to be developed to clarify processes, arrangements and accountability.**
- ✓ **Develop a user-friendly health questionnaire for young LAC who refuses to attend for health assessment, for completion with their keyworker or social worker. This will help inform the young person's health-care plan.**
- ✓ **Finalise Standard Operational Procedure (SOP) for Newham LACYP provider**
- ✓ **Review escalation process for Out of Borough CYP**
- ✓ **Review and improve appointment booking process. Review HA's should be booked 2 month prior to due date. This is currently not happening.**

### **15.3 ental Checks**

Routine dental checks may be recommended 6 monthly but some people may not need to go so often and others may need more frequent checks. The examining dentist will suggest when each check should take place based on how good a child's oral health is. The time between check-ups can vary from three months to two years, depending on how healthy the teeth and gums are and the risk of future problems. RHAs of children over 5 are completed annually which may mean some of this detail is not reported. 76% of LAC in Newham had an up to date dental check in 2017/18 compared to 92.6% in 2016/17. This is lower than the national average of 86%.

<b>Dental Checks</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
	98%	90%	97%	85%	76%

*(Data provided by ELFT reporting system)*

### **15.4 Immunisations**

Immunisation status is assessed at each health assessment. In the event of missing vaccinations it is recommended that LAC attend their GP to be immunised. Details are requested from the GP and the immunisation status of looked after children is entered onto RiO by the Specialist Nurse. The routine childhood schedule of immunisations should be updated to reflect the annual changes that have been made by Public Health England. This will be completed in collaboration with the Local Authority as part of the 2018/19 Action plan. When this has been done the system will give an accurate reflection of the current immunisation status of LAC in Newham on the Child Health Profiles.

83.4% of LAC for more than one year was reported to have up to date immunisations compared to 84.47% in 2016/17. This is lower than the national average of 88%. It is likely that Newham's data reflects the rise in UASC becoming looked after. Many of these children

and young people will have no record of their immunisation history and will therefore be recorded as having immunisations outstanding. It is proving difficult for the provider service to obtain full immunisation records that are up to date. There is also difficulty in obtaining this information from GP's wherever the LAC are placed.

Immunisation uptake for Children <5	Q1	Q2	Q3	Q4	Total
	100%	100%	100%	85%	92%
Immunisation uptake for Children >5	Q1	Q2	Q3	Q4	Total
	82%	88%	84%	63%	79%

(Data provided by ELFT reporting system)

### 15.5 registration with GP

Of children looked after as at 31.03.2018, 241 of 403 LAC have a GP surgery recorded on their social care record. All of the children and young people seen by LAC health were registered. This highlights how systems in place for collecting data may not be reflective of how many LAC are registered. All foster carers and residential units are required to ensure that children and young people in their care are registered with a GP as soon as possible and almost all are registered by the time of initial health assessment.

### 15.6 Care Leavers

Eligible children are young people aged between 16 and 17 who have been looked after by the Local Authority (LA) for at least 13 weeks, since the age of 14 and are still being looked after. The period of 13 weeks does not need to be continuous and the young person can have entered care at any time in between the ages of 14 and 18. The number of Eligible care leavers in Newham as of the 31st March 2018 was 87.

In Newham all eligible care leavers are offered an annual review health assessment up to the age of 18. Passports for care leavers are completed and distributed. The majority of these health assessments are conducted by the Lead and Specialist Nurses for LAC and will include a strong focus on preparing for independence and their on-going health needs. The Specialist Nurse has a process for the passports to be completed. This starts at age 16 and passports are distributed at age 18.

### 15.7 Out of borough LAC residing in Newham

The CCG and ELFT also have a duty to comply with requests for support from other Local Authorities (OLA's) and CCG's who have LAC placed within the Newham borough. This includes requests to undertake health assessments on behalf of the originating CCG. During the period 1st April 2017 – 31st March 2018 the ELFT LAC Health Team completed 29 health assessments for LAC placed within Newham from other LA's. There are 163 children and young people out of borough LAC residing in Newham (Data provided from LBN).

## 16. Quality Assurance of Health Assessments & Health Plans

All healthcare staff who come into contact with LAC should be working within the Royal Colleges' Intercollegiate framework. This framework identifies the competences that enable healthcare staff to promote the health and well-being of LAC effectively and safely.

### 16.1 Audits

Following on from the audit undertaken by the CCG in Q1 of 2017/18 on IHA's & RHA's using the National Quality Checklist Tool for Health Assessments for Looked After Children one of the main recommendation was that the Health Action Plans need to have SMART actions, including identified action, person responsible and time scale. The Named professionals delivered a SMART workshop to the paediatricians and nurses; the named professionals are also reviewing some Part C's with the clinicians on how to make theirs smarter. The CCG have been quality assuring 10% monthly from both IHA & RHA.

#### Recommendations and areas for action during 2017.2018:

- ✓ **Audit to be undertaken by the LAC specialist Nurses on quality of information sent by GP's.**
- ✓ **Quality of LAC Health Assessments - Internal audit on IHA & RHA's by the Doctors and Nurses.**
- ✓ **Re-audit the 'was not brought pathway'.**
- ✓ **Consider an audit to profile the health needs of Newham LAC.**

## 17. Governance and reporting arrangements

- ✓ The LAC health and safeguarding teams attend commissioner-provider meetings with Newham CCG at the Newham Joint Health Sub Group, every 2 months.
- ✓ The Lead Nurse for LAC attends Newham Corporate Parenting Board and participates in the Corporate Parenting Board Operational Group every 6 weeks. Health updates are presented when required.
- ✓ The Lead nurse for LAC attends the DMT Specialist Children's services meeting every 2 months.
- ✓ KPI data is reported monthly to the CCG.

### 17.1 Exception reporting

Exception reporting by East London Foundation Trust (ELFT) in Quarter 1(Q1), 2017 for children / young people who were not brought / did not attend for their Health Assessment appeared to show a slight increase in the number of children who missed their Health Assessment. The largest cohort of young people appeared to be aged 16-18 years.

In Quarter 2 (Q2) 2017, the Designated Nurse Looked After Children and the Lead Nurse Children in Care for ELFT both presented a paper at the Newham Joint Safeguarding Subgroup with suggested pathways to embed in practice to capture the health needs of children and young people who for various reasons are not engaging and missing Health Assessment appointments. At the end of Q2 2017, a final draft pathway was agreed and ELFT proposed implementation from October 2017 (appendix 1)

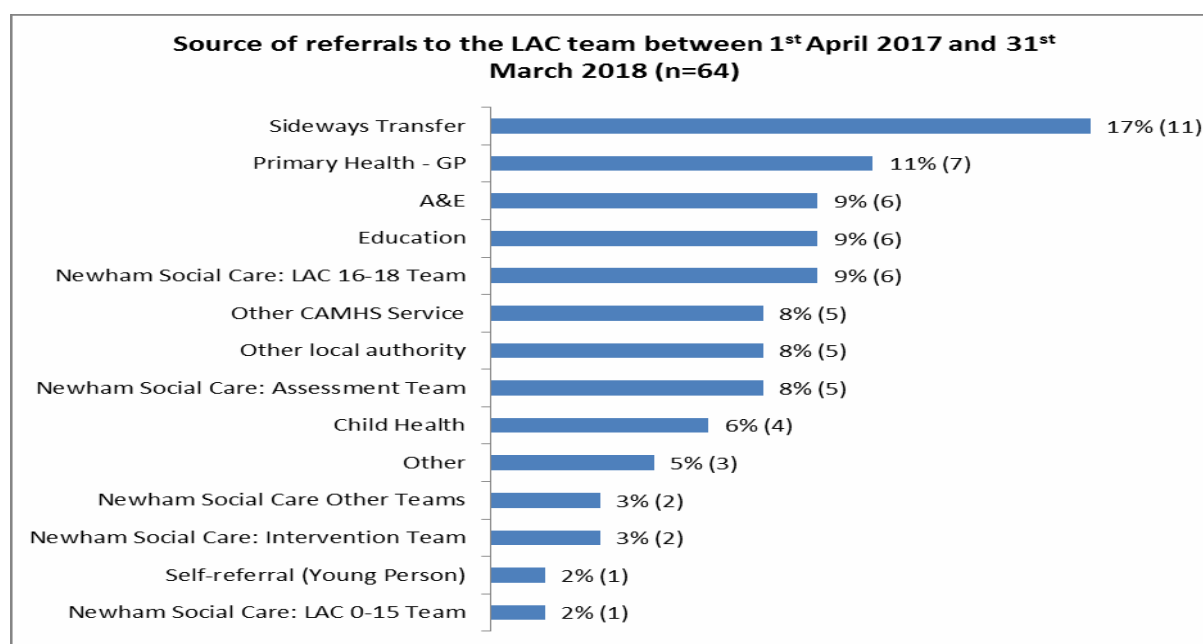
It was jointly agreed by Newham Clinical Commissioning Group (NCCG) and ELFT that the pathway would need to be audited 6 months after implementation for assurance purposes. This will be audited and the findings presented in the next reporting year.

## 18. Responding to the mental health needs of LAC in Newham

The high levels of poor mental health amongst children in the care system and care leavers are well documented with almost half having a diagnosable mental health problem. Delays in these children receiving the support and intervention they need can have far reaching and long-term harmful consequences.

Child and Family Counselling Service (CFCS) play a crucial role in assessing and meeting any needs identified as part of the Strengths and Difficulties Questionnaire (SDQ) screening process.

Between 1st April 2017 and 31st March 2018, there were 64 new referrals to the CFCS team\*, of which 54 (84%) were accepted.



(Data provided by CFCS, Newham)

Of the referrals from A&E, Primary Health and Child Health:

- Four were referred after LAC medical reviews (Newham & Central London)

*\*This figure only includes referrals that were discussed at the LAC CFCS team meeting or allocated to members of the LAC CFCS team between 1st April 2017 and 31st March 2018. A total of 67 referrals were received into the wider service (Newham CFCS) over this period.*

## 18.1 Screening the mental health of LAC via Strengths & Difficulties Questionnaire

It is important to have some means of measuring the emotional and behavioural well-being of LAC at a national level. This is currently done through the Strengths and Difficulties Questionnaire (SDQ). The SDQ assessment tool was introduced into the DfE's data collection for LAC in 2008 and has remained the outcome measure used for tracking the emotional and behavioural difficulties of LAC at a national level.

Research has found that the use of the SDQ with LAC is effective in estimating the prevalence of mental health conditions. It is recommended that the child's main carer, i.e. their foster carer, helps them to complete the questionnaire with support from their social worker. The completed SDQ should be repeated annually and be available to inform the review health assessment (RHA)

Currently Newham LA undertakes the SDQ and these are not always completed in a timely manner, in line with current guidance. These delays often result in the SDQ not being available in time to inform the first review health assessment. At time of writing this report, the data for SDQ's were not available as the data finalisation is end of June 2018.

### **Recommendation and areas for action during 2018.2019:**

- ✓ **A Joint 6 month pilot to commence in April 2018 that is being undertaken with CFCS and LAC health in relation to SDQ's. SDQ's are currently undertaken by Social Care with limited benefit. Historically in Newham they have not been helpful to young people, carers or professionals. By linking up the SDQ form to the RHA we hope that the information can be made useful to everyone involved. Both as a prompt to explore further in the assessment, but also guide when it is appropriate to seek consultation from CFCS colleagues or make a referral if needed. Fortnightly CFCS and LAC health team meetings will be undertaken to discuss vulnerable cases.**
- ✓ **Data collected from the SDQ's will support building and strengthening the profiling of LAC health needs in Newham.**
- ✓ **Work to be undertaken with Virtual schools to work in partnership with LAC health and CFCS collecting SDQ data from teachers to support a holistic**

## 19. Voice of the Child

The team regularly consult with children and young people via the Children in Care Council and seek their views on service provision. This enables young people to influence and improve the way we provide our services. Young people are involved in developing and monitoring their health care plans where appropriate. Patient Report Experience Measure Survey (PREMs) is completed at every face to face contact and responses are reported monthly. However, a number of children & young people refuse to complete these. Feedback received is they do not like certain questions, such as 'Would you recommend this service to a friend'. They have chosen to be LAC.

The voice of the child is assessed as part of the holistic health assessment, and when suitable the child or young person is seen alone. The BAAF (British Association for Adoption & Fostering) assessment form has a section on the presentation and wishes and feelings of the child or young person.



## **Recommendation and areas for action during 2018.2019:**

### **User-engagement survey:**

- ✓ Consider arranging focus groups with looked after young people for their feedback on the service and support offered by the LAC health team. Ideally this would include feedback from both UK-born young people and recently arrived unaccompanied minors.
- ✓ If possible, obtain feedback and ideas for improvement from care-leavers.

## **20. Other service work / information:**

### **20.1 Child Sexual Exploitation (CSE), Missing & Trafficking**

All LAC health staff has had training on Child Sexual Exploitation (CSE). The Lead Nurse for LAC sits on the NSCB sub group Missing, CSE and Child Trafficking Sub group. CSE data was not available at time of writing report. 90 LAC were reported missing in the year 2017.2018. These young people equated to 352 separate episodes of missing.

### **20.2 substance misuse**

Screening is undertaken by the LAC nurse using the DUST (Drug Use Screening Tool) if substance use is indicated. Substance use is discussed routinely as part of a looked after young person's health assessment and individual advice given. Where substance use is identified and there is no intervention already in place, the social worker is informed and advised to make the referral to local services.

## **Recommendation and areas for action during 2018.2019:**

- ✓ LAC nurse specialist to undertake a champion role and work in partnership with the drugs & alcohol provider.

### **20.3 exual Health**

The LAC nurses can identify children in care who may be at risk of CSE, engaging in early sexual activity, at risk of sexually transmitted infections or early pregnancy. These young people are referred to the SHINE service in Newham or are signposted to local sexual health services if they are placed outside Newham. Work with this client group includes risk minimisation, personal and e-safety, advice re long term and emergency contraception and referral for pregnancy testing and screening of sexually transmitted infections.

- *Teenage Pregnancy – data not available at time of reporting to be provided by the Provider Service*

## **Recommendation and areas for action during 2018.209:**

- ✓ LAC nurse specialist to undertake a champion role and work in partnership with the SHINE provider. To look at c-card scheme and distribution.
- ✓ To source and develop a screening tool for young people identified at risk of CSE to use in IHA & RHA's.
- ✓ To have clearer pathways for notification of CSE established with social workers in relation to this.



## 21. Training

Training is provided for Foster Carers during their induction and as part of their ongoing training programme.

### **Recommendation and areas for action during 2018.2019:**

- ✓ **To develop and provide a training session for social workers on the process and timeframes for arranging IHA's. These will need to be repeated at regular intervals due to high turnover of staff at LBN.**

## 22. Adoption & Fostering Panel

The Lead nurse for LAC is a panel member on the Fostering panel once a month. The Named Doctor is a member of the Adoption panel and undertakes adoption medicals. The number of panels for adoption varies.

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