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HEALTH & WELLBEING BOARD

AGENDA

Wednesday 9 October 2013

1.30 pm – 3.30 pm

Committee Room 1

Members: 12, Quorum: 3

BOARD MEMBERS:

Elected Members: Cllr Steven Kelly, (Chairman) Deputy Leader of the Council and Cabinet Member for Individuals
Cllr Andrew Curtin, Cabinet Member for Towns & Communities
Cllr Lesley Kelly, Cabinet Member for Housing & Public Protection
Cllr Paul Rochford, Cabinet Member for Children Learning

Officers of the Council: Cheryl Coppell, Chief Executive Officer, Havering
Dr Mary Black, Director of Public Health, Havering
Joy Hollister, Group Director, Children, Adults, Housing, Havering
Louise Dibsdall, Senior Public Health Strategist, Havering
Lorraine Hunter-Brown, Committee Officer, Havering

Havering Clinical Commissioning Group: Dr Atul Aggarwal, Chair, Havering CCG
Conor Burke, Accountable Officer, Havering CCG
Dr Gurdev Saini, Board Member, Havering CCG
Alan Steward, (non-voting) Chief Operating Officer, Havering CCG

NHS England: John Atherton, Head of Assurance, North Central and East London

Healthwatch: Anne-Marie Dean, Chairman, Havering Healthwatch

For information about the meeting please contact:
Lorraine Hunter-Brown (01708) 432436
Lorraine.Hunter-Brown@havering.gov.uk

1. CHAIRMAN'S ANNOUNCEMENTS

The Chairman will announce details of the arrangements in case of fire or other events that might require the meeting room or building's evacuation.

2. APOLOGIES FOR ABSENCE & SUBSTITUTE MEMBERS

(If any) – receive

3. DISCLOSURE OF PECUNIARY INTERESTS

Members are invited to disclose any pecuniary interest in any of the items on the agenda at this point of the meeting. Members may still disclose any pecuniary interest in any item at any time prior to the consideration of the matter.

4. MINUTES (Pages 1 - 10)

To approve as a correct record the minutes of the Committee held on 11 September 2013 and to authorise the Chairman to sign them.

5. MATTERS ARISING/REVIEW OF ACTION LOG (Pages 11 - 12)

6. BHRUT UPDATE ON:

- i. Urgent Care Centre
- ii. Queens/King Georges A&E
- iii. Planned closure of King Georges A&E
- iv. Progress on joint projects with Urgent Care Board and Integrated Care Board

Verbal Update by BHRUT

7. HEALTH AND WELLBEING STRATEGY PROGRESS UPDATE - To Follow

Priority 5: Better integrated care for the 'frail elderly' population

Presentation by Alan Steward

8. REFRESHING THE HAVERING HEALTH AND WELLBEING STRATEGY AND HAVERING CCG COMMISSIONING STRATEGY

Discussion item.

9. JSNA UPDATE

Verbal Update by Dr Mary Black

10. QUARTERLY UPDATE ON SAFEGUARDING (Pages 13 - 64)

Written report presented by Kathy Bundred

11. ANY OTHER BUSINESS

(a) St Georges Hospital site

12. DATE OF NEXT MEETING

Members of the Board are asked to note the date of the next Health and Wellbeing Board meeting is on 13 November 2013.

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MINUTES OF A MEETING OF THE HAVERING HEALTH & WELLBEING BOARD

11 September 2013
1:30 pm – 3.30pm
Havering Town Hall, Romford

Present

Cllr Steven Kelly (Chairman) Cabinet Member, Individuals, LBH
Dr Mary Black, Director of Public Health, LBH
Conor Burke, Accountable Officer, Havering CCG
Cllr Andrew Curtin, Cabinet Member, Culture, Town and Communities, LBH
Anne-Marie Dean, Chair, Health Watch
Joy Hollister, Group Director, Social Care and Learning, LBH
Cllr Lesley Kelly, Cabinet Member, Housing & Public Protection, LBH
Alan Steward, Chief Operating Officer (non- voting) Havering CCG
Dr Gurdev Saini, Board Member, Havering CCG

In Attendance

Debbie Mayor, Dementia Programme Manager, LBH
Louise Dibsdall, Senior Public Health Strategist, Public Health, LBH
Lorraine Hunter, Committee Officer, LBH (Minutes)

Observers from Public Health

Apologies

Dr Atul Aggarwal, Chair, Havering CCG
John Atherton, NHS England
Cheryl Coppell, Chief Executive, LBH
Cllr Paul Rochford, Cabinet Member, Children & Learning, LBH

30. CHAIRMAN'S ANNOUNCEMENTS

The Chairman announced details of the arrangements in the event of a fire or other event that would require evacuation of the meeting room.

31. APOLOGIES FOR ABSENCE & SUBSTITUTE MEMBERS

Apologies were noted and no substitute members were received.

32. DISCLOSURE OF PECUNIARY INTERESTS

None disclosed.

33. MINUTES OF THE MEETING 14 AUGUST 2013

The Board considered and agreed the minutes of the meeting held on 14 August 2013 which were signed by the Chairman.

34. MATTERS ARISING/REVIEW OF ACTION LOG

Health and Wellbeing Board Meeting 14 August 2013

Members of the Board briefly discussed the concerns and issues raised during the last Board meeting following the presentation from the Queens Hospital Trust representatives. It was agreed that a further meeting would be arranged where Trust representatives would be invited back for the Board to conduct a strategic review.

Proposed Closure of King Georges Hospital Night Time A&E

The representative from BHRUT announced to the Board the findings of the Clinical Review into the A & E departments at Queens Hospital and King George's Hospital. The review had found that both A and E departments would continue to remain open during the day and night, however, the eventual phased closure of King Georges A & E would proceed as planned.

It was announced that Dr Mary E Black, as Director of Public Health, had been invited to attend the BHRUT planning meeting for the CQC Review in October. The Board were advised that it would be an open process and that feedback would be provided. It was noted that Dr Black would attend as Director of Public Health and not on behalf of the Health and Wellbeing Board.

Review of Action Log

A further meeting with Queens Hospital representatives would be organised.

The Chairman would discuss further the formation of an Operations/Working Group linked to the Health and Wellbeing Board.

The Chairman confirmed that the Four Seasons Garden Project had been completed.

The Well Man Scans project had not been progressed.

The Chairman, Director of Public Health and the Chair of Health Watch would meet to discuss the Sexual Health Contract.

The HWB strategy for 2014 would be discussed at the next meeting and the Chairman recommended that the current 8 key priorities

should remain the same, however, members of the Board were invited to forward any suggestions or changes.

35. HEALTH AND WELLBEING STRATEGY PROGRESS UPDATE

Priority2: Improved identification and support for people with Dementia

Members of the Board received a tabled report that provided an overview on progress of delivery of the National and local Dementia Strategy.

Dementia remained a key national and local priority, as set out in the Havering Health and Wellbeing Strategy 2012-14 (Theme A: Prevention, keeping people healthy, early identification, early intervention and improving wellbeing). The National Dementia Strategy published by the Government in 2009 contained seventeen objectives, fourteen being relevant at local level which were:

Objective One: Improving public and professional awareness and understanding of dementia

Objective Two: Good quality early diagnosis and intervention for all

Objective Three: Good quality information for those diagnosed with dementia and their carers

Objective Four: Enabling early access to care, support and advice following diagnosis

Objective Five: Development of structured peer support and learning networks

Objective Six: Improved community personal support services

Objective Seven: Implementing the Carers Strategy

Objective Eight: Improving quality of care for people with dementia in general hospitals

Objective Nine: Improved intermediate care for people with dementia

Objective Ten: Considering the potential for housing support, housing-related services and telecare to support people with dementia and their carers

Objective Eleven: Living well with dementia in care homes

Objective Twelve: Improved end of life care for people with dementia

Objective Thirteen: An informed and effective workforce for people with dementia

Objective Fourteen: A joint commissioning strategy for dementia

The fourteen objectives were mapped to locally agreed pathways as agreed by the Dementia Partnership Board. It was the intention of the Board to undertake a detailed self- assessment against progress in delivering and implementing the National Dementia Strategy. In

further developing the work of the Board, two sub-groups were in the process of being established:

- Training and Education Sub-group: this group would be charged with achieving Objective 13 of the National Dementia Strategy, which was to have an informed and effective workforce for people with dementia.
- User Engagement Sub-group: this group would ensure that the voices and views of people with dementia and their carers were heard and used to inform the on-going development of a range of quality services and initiatives

The key purpose of the Training and Education sub-group would be to develop and oversee the delivery of the Havering Dementia and Training Programme, and to ensure that all staff working with older people in the health, social care and voluntary sectors have access to dementia care training.

The User Engagement sub-group would ensure that service users and their carers are fully engaged in the development, implementation and progress to delivery of the local Strategy. Finally, in order to enhance capacity, and drive progress, LBH and Havering CCG have recently appointed a Dementia Programme Manager to support the work of the Board and its Sub-groups.

There had been a number of local public awareness campaigns about dementia and priority was currently being placed on establishing the true level of prevalence of dementia, and to understand the 'gap' in people receiving a diagnosis.

Concern has been expressed at national level about the under-diagnosis of people with dementia, and emphasis has been placed on the importance of individuals receiving a diagnosis, following assessment, in order that they and their carers can plan for their on-going care and support needs.

NHS England, had set a target for every area of achieving a diagnosis and appropriate follow up support for two thirds or 66% of the local relevant population. Local areas were being asked to set their own ambition target and the Board were therefore asked to consider setting the local 'ambition target' for Havering.

The number of cases for Havering in 2011/12 was 3,419. The GP Dementia register recorded 1,332 people, giving a diagnosis rate of 39%. Since then, a detailed audit has been undertaken by Public Health, and on the basis of the audit, those practises with lower than average anticipated numbers were in the process of being visited by the Dementia Programme Manager, in order to:

- Raise the overall importance of dementia and outline the national and local picture
- Develop an understanding of the GP practice issues
- Support the individual practises with any potential recording issues, in order to ensure that records are accurate

The vast majority of GP practises in Havering had also signed up to a specific and enhanced service specification for facilitating timely diagnosis and support for people with dementia. Constant and detailed liaison with GP practices and Public Health would continue over the coming months, with regular updates on diagnosis rates reported to the Dementia Partnership Board.

The Havering Memory Service, provided by NELFT, was another critical part of the local Dementia pathway, providing formal assessment and follow-up care and support once a diagnosis of dementia is made.

Other Key Services were listed as follows:

- Dementia Adviser Role: This role supports the delivery of Objectives 1,11,12 and 13 of the National Dementia Strategy.
- A Dementia Forum, which is an open group, has been established and in place since March, 2013, providing information, updates and peer support for all attendees. The post holder has engaged with Havering Museum, who is now providing reminiscence and life story work, both at the museum and in a small number of care homes.
- Training about dementia, including such topic areas as dealing with behaviours which challenge, End of Life Care, and Mental Capacity Act has been provided to a range of care homes. The Dementia Advisor has also provided support to four local care homes to submit a successful bid to Department of Health for funding to create 'dementia friendly' environments in their establishments.
- In respect of Objectives 3 and 4 of the National Strategy, Age Concern is commissioned by Havering CCG to provide the Dementia Advisory Service. The service works across organisations to provide information, advice, on-going support and signposting for people who have concerns about their memory, those with a diagnosis of dementia, and their carers. The service had contact with 1435 cases in 2012/13, and has collated positive outcome data re: impact of support for carers over time. Havering CCG intends to review this contract over the coming months, as part of its overall review of contracts with voluntary sector organisations.

- Peer Support, as set out in Objective 5 of the National Dementia Strategy, is provided by Alzheimer's Society, via three support sessions per month. The Alzheimer's Society also provides a rolling programme of Singing for the Brain, in locations across the Borough.
- Access to improved community personal support services and support for carers is crucial to living well with dementia (Objectives 6 and 7 of the National Strategy). Locally, respite services are available to individuals following an assessment of need, and the service can be provided in a range of settings, including the person's own home, utilising a personal budget. A total of 59 people over 65 with a diagnosis of dementia have accessed a personal budget to purchase care and support.
- Further specific support for carers of people with dementia is provided by Crossroads, offering home based respite support for up to 80 carers.
- Objective 8 of the National Strategy sets out the requirements for improving the quality of care for people with dementia in general hospitals. Barking, Havering and Redbridge University Hospitals (BHRUT) have a named Clinical Lead for dementia, and an internal dementia care pathway is being implemented in all general inpatient areas. The Trust has appointed two dementia specialist nurses and there is extensive education and training programme in place for all staff, devised by NHS London.
- There is currently limited access to intermediate care for people with dementia, as set out in the National Strategy under Objective 9. Eight of the flats available in the Extra Care Housing facility at Paines Brook can accommodate the provision of either intermediate or respite care.
- With regard to Objective 10 of the National Strategy, and as referenced above, the joint development of an Extra Care Housing Scheme has been undertaken, and within that facility, five of the flats can accommodate tenants with more complex needs, including dementia.
- With reference to Objective 12 of the national Strategy (End of Life Care), strategic implementation for this area is overseen by the BHR End of Life Steering Group. The group consists of key stakeholders from health and social care, both providers and commissioners.

The Board noted the report and made a number of comments as follows:

There should be earlier diagnosis which would make a difference to people's lives, however, there should also be a focus on improving services and support within Havering.

Population changes should also be taken into account so as to ensure needs are met. It was important to look at the framework and Dementia outcomes as there should be a measure of how local services are helping patients.

It was important to focus on people who attend their GP with memory loss – not all will have Dementia and some, if diagnosed, will not want to go further or others may be waiting for a specialist appointment. It was suggested that a survey of the 55 plus population be carried out so as to analyse the data. Population changes should also be taken into account so as to ensure needs are met.

The CCG had requested detailed performance data around services which would help in formulating a service specification.

Members of the Board thanked the author for an excellent report and the good work done thus far.

36 EXCLUSION OF THE PUBLIC

The Chairman requested that all visitors leave the meeting room prior to the following item on the Agenda.

37. JOINT ASSESSMENT AND DISCHARGE TEAM

The Group Director of Children's, Adults and Housing introduced the exempt draft report (previously circulated to all Board members) for consideration and comment.

The Integrated Care Commission, which is committed to improving the services offered to the local population, had proposed the concept of a Joint Assessment and Discharge Service which would be responsible for the safe and timely discharge of patients from acute settings, (primarily Queens Hospital and King George's Hospital), and would serve all three boroughs. It was hoped that the service would be implemented by April 2014.

Teams would be placed in wards and they would be able to discharge to any borough thus improving the patient experience as well as increasing hospital efficiency and effectiveness. Barking and Dagenham had led on the project with the engagement of NELFT and BHRUT.

Coalition members agreed the Design Principles at the workshop in April 2013 which were clarified by the Project Steering Group and translated into the following aims:

- To facilitate safe return home through collaborative working;
- To provide the integrated health and social care support required to discharge patients with social and/or complex medical needs;
- To identify end of life patients who wish to be looked after at home and ensure that they receive expedited discharge with the right health and social care support;
- To minimise delays arising from problems with inter-agency liaison;
- To focus decision making with the service user at the centre of processes;
- To analyse trends e.g. frequent attenders, borough trends, reduction in bed use, increase in community care packages.

The potential benefits identified:

- Improved patient experience - supporting patients to be discharged to the most appropriate location first time;
- Increase in numbers of people returning home and reducing the number of people going into residential and nursing home placements;
- Single patient centred screening and assessment process;
- Decline in complaints
- Reducing length of stay and delays in discharge;
- Potential release of capacity based on cross cover and shared resources across health and social care;
- Reduction in number of voided section 2s and increase in the section 2 to section 5 conversion rate;
- System talking with one voice;
- Change in culture and reduction in organisational boundaries;
- Cross service cohesion and joint decision making;

It was noted that the draft report would also be considered by Barking & Dagenham and Redbridge Health and Wellbeing Boards before being presented to the appropriate decision makers.

The Board Members noted the report and commented as follows:

- a. There was no mention of enablement within the “Discharge and Returning home”.
- b. It was noted that a manual information system would operate before the move to a shared electronic system, and Board

members requested that a Risk Assessment and Audit should be carried out on the whole procedure.

- c. There were currently five other authorities/organisations involved in the proposed JAD and there was a need to build trust between the organisations.
- d. The Board requested further reassurance around costing and suggested that more work was required in this area, and also on population structures as these varied from borough to borough.
- e. Concerns were raised about patients that may be forgotten in outlying wards and that there would need to be a tracking system built into procedures.

In summary, the Board were supportive of the proposals although it was a significant investment and would cost more. The key to success in the project was likely to be in assembling the right teams and good benchmarking.

The Director thanked the Board for their feedback which would be reported back to the Steering Group.

38. CHILDREN AND FAMILIES BILL

The Board agreed to defer this item to a later meeting.

39. ST GEORGES SITE CONSULTATION UPDATE

The Board were advised that there was now a focus on the business case which had been forwarded to the Clinical Director. There were to be further discussions around ambulatory care/primary care and the possibility of moving four or five GP practices onto the site.

The original service model was to have included diagnostic clinics on site but there was a need to avoid duplication. PropCo were now the developers and would be looking at the business case as it was now a commercial model. NHS England had agreed funding on the basis of the business case, however, the risk would be transferred to Clinical Commissioning Group and therefore the plans must be viable.

Members of the Board were concerned that the business model would not include 24/7 care and that this would be a retrograde step. The Board requested that the Clinical Commissioning Group look at the placement of additional urgent care facilities on the site in order to support A & E.

The CCG stated they were looking at opening some GP practices at weekends so as to provide access to urgent care however there were issues to resolve with NHS England. A member of the Board

suggested that it would be a useful exercise to question users as to why they chose Queens Hospital for their primary care rather than GPs, and also cited a shortage of GPs in Havering.

The CCG confirmed that the business case for the redevelopment of St Georges would be finalised in January 2014 and that the current model offered enhanced and extended services during the day and, where possible, at night.

The CCG were also currently carrying out detailed reviews with regards to 2014 on services, hospitals and primary care.

39. DATE OF NEXT MEETING

Members of the Board were asked to note that the next meeting would be held on 9 October 2013 at 1.30 pm.

Signed.....
Chairman

Health & Wellbeing Board

Action Log

Minute Ref	HWB Meeting Date	Agenda Item	Actions	Estimated Completion by	HWB Lead / Actioning Officer	on future agenda?	Date Complete
5b (i)	Dec-13	Teenage Pregnancy	Scoping report to be produced. 11.09.13 Chair & Director of Public Health to discuss the Sexual Health Contract	TBA	Chairman & Dr M Black	Dec-13	
5b (iii)	Mar-13	Havering Cancer Urology Services	Chair of Havering CCG to write to Chief Executive of NHS England to request public consultation in retaining Cancer Urology Services within the locality	Jul-13	Chairman & Dr M Black	Oct-13	
5b (v)	Apr-13	Integrated Care Strategy	ICM Review to undertaken in October 13 and outcome to be reported to HWB. Total Place Cost Modelling to be undertaken for one theme under ICS	Nov-13	A Steward & J Hollister	Nov-13	
6	Jun-13	Health & Wellbeing Strategy	Progress update	Oct-13	A Steward	Oct-13	
7	Jul-13	Joint Strategic Needs Assessment	JSNA Stakeholder Workshop to be convened Members to advise further suggestions for themed chapters to Chairman	Oct-13	Dr M Black	Oct-13	
9	Sep-13	Children & Families Bill	Children's Services to provide further update	Deferred to a later meeting	J Hollister	TBA	
34	Sep-13	Strategic Review of Queens Hospital	Invite Chair and CEO to address Committee on progress and answer questions	Oct-13	Chairman & Dr M Black	Oct-13	
34	Sep-13	Operations/Working Group	Chairman and Director of Public Health to discuss formation of Operations/Working Group linked to Health and Wellbeing Board	Sep-13	Chairman & Dr M Black	TBA	

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Havering Local Safeguarding Children Board Annual Report 2012-2013



Havering
LONDON BOROUGH



Dear Colleagues

It is a great pleasure to write this, my final foreword to the Havering Local Safeguarding Children Board Annual Report 2012-2013.

This year the Board has focused on a number of key areas, including the development and implementation of a multi-agency early offer of help to children and families. We understand that effective early help will improve outcomes and reduce the need for more serious child protection processes, and a crucial element of this has been the successful introduction of some important service improvements including the implementation of the Havering Multi Agency Safeguarding Hub (MASH).

MASH is designed to improve safeguarding for children by co-locating key partners and their data into a secure assessment, research and referral unit to receive notifications of possible risk, ensure relevant information is shared securely and utilised to enable a targeted and proportionate response to identified need.

In addition, the introduction of the *Signs of Safety* model has provided a sound platform for improved child protection processes, and has been well received by families and professionals alike. The development of this work and much more is outlined in the report.

I will not outline all the work of our sub-groups here, suffice to say that I am satisfied the structure has worked well and has proved to be both efficient and effective. Evidence of this is provided in some detail throughout the report.

During the forthcoming year the Board will continue to address our priorities including: the provision of effective child protection services for all children; developing and improving the important monitoring function of the Board; continuing to coordinate an approach to domestic violence, mental health and drug and alcohol abuse across the children and adults' partnership, and an important element of this will be the alignment of the children's and adult safeguarding boards under the leadership of a single independent chairperson from October 2013.

It has been a great privilege to serve the children and families of Havering, and to work with so many talented and committed professionals. As Independent Chair I am consistently impressed by their hard work and commitment. Their work is outlined in this report, which I commend to you.

Susan Dunstall, Independent Chairperson

Introduction

The purpose of this report is to fulfil the statutory requirement set out in Working Together to Safeguard Children 2013, which states that all Local Safeguarding Children Boards must publish an annual report on the effectiveness of safeguarding in their local area.

The report will therefore focus on an effectiveness of policies, processes and procedures to keep children safe, including:

- ✚ progress on locally identified priority issues
- ✚ single and inter-agency training on safeguarding and promoting the welfare of children to meet the local needs;
- ✚ lessons learnt about the prevention of future child deaths which have been identified by the Child Death Overview Panel; and

The report will also consider the progress made in implementing actions from individual Serious Case Reviews (SCRs) published during the year, and data concerning looked-after-children and children in need of protection.

Our Vision

The safety of children is Havering Local Safeguarding Children Board's (HLSCB's) overarching priority. All agencies are committed to raising safeguarding standards and improving outcomes for all the children of Havering.

In discharging our duty we will:

- ✚ Act to protect children from harm.
- ✚ Make Havering a safer place to live.

- ✚ Identify and act upon priority areas for improvement so that every child is given the opportunity to achieve potential.
- ✚ Involve children and young people in decisions made about them.

Priorities 2012-2013

Havering Local Safeguarding Children Board (HLSCB) identified the five key priorities for the Board in May 2012:

Priority 1: Ensure that the partnership provides an effective child protection service to all children ensuring that all statutory functions are completed to the highest standards.

Priority 2: Monitor the development and implementation of a multi agency early offer of help to children and families living in Havering.

Priority 3: Monitor the alignment and effectiveness of the partnership when working across the child's journey between universal, targeted and specialist safeguarding.

Priority 4: Coordinate an approach to domestic violence, mental health and drug and alcohol abuse across the children and adults' partnership to ensure that families affected receive the right support at the right time.

Priority 5: Ensure that Havering Safeguarding Children Board communicates effectively with partners, children, young people and their families, communities and residents.

The HLSCB annual report 2011-2012 set out the following work to be progressed within 2012-2013 and these are embedded into the five priorities:

- ✚ Receive, scrutinise and analyse child protection data and the outcome of audits both single and

multi-agency both to provide assurance to HLSCB partners and to identify any shortcomings in practice so that children are effectively protected.

✚ Ensure that the safeguarding of children at locality level is a priority across Havering's workforce through

- provision of multi- agency training to staff on the effective application and competent use of the threshold document
- provision of single agency training on agency expectations of threshold application, support and competence in application
- embedding early intervention assessment processes to address early identified need using a multi-agency team around the child approach
- Monitoring the quality of referrals made to statutory services and reporting to the board bi-monthly.

✚ To develop and implement a robust multi-agency training programme. Havering LSCB will build on the success of previous multi-agency training commissioned by the partnership. This will include an annual training programme, cross borough briefings, LSCB frontline practitioner conferences and a voluntary sector conference.

✚ To ensure that the voice of Havering's children and young people is evident within the work and decisions of the Board.

✚ Raise awareness and profile of the LSCB ensuring it's visibility within the community and across the workforce. This will be achieved through:

- The LSCB website
- the provision of quarterly newsletters
- ensuring that the work of the LSCB is a regular agenda items at all team meetings undertaken throughout LSCB partner agencies

- holding conferences to raise awareness of key issues identified as priority for the HLSCB.

In October 2012 the HLSCB reviewed the progress of priorities at its annual development day, facilitated by an external consultant. This assisted the HLSCB partnership to identify strengths and the areas that required further development.

Ofsted inspectors undertook an unannounced inspection of local authority arrangements for the protection of children between 25th February and 6th March 2013. Ofsted judged Havering's overall response to child protection as adequate with some good features. The LSCB was identified to be adequate with Ofsted noting:

'While the Board is active in its wider safeguarding responsibilities and developments, there has been insufficient focus on all areas of child protection. As a result the Board is not sufficiently knowledgeable about the effectiveness of child protection in the borough. The Board has challenged the quality of the information provided by children's services but this challenge has not been sufficiently robust to provide a comprehensive evaluative overview of the effectiveness of safeguarding arrangements in the borough'

Ofsted Inspection March 2013

The work of the board in 2013 to 2014 will be to have in place a strong performance management framework that focuses on key priorities to allow the partnership to robustly scrutinise the impact of services on improved outcomes and to identify and challenge areas that are weak and require improvement.

'While LSCBs do not have the power to direct other organisations they do have a role in making clear in where improvement is needed'

Working Together 2013

HLSCB partnerships made significant changes to the way in which services were delivered during 2012 to 2013. Emerging early findings suggest

that organisational changes have improved the response to child protection and facilitated better working relationships across the HLSCB partnership:

'most multi-agency conferences, core groups and child in need meetings are well attended and are effective, not least because of the rigour in tracking progress against decisions taken and action agreed previously'

Ofsted inspection March 2013

What difference has the Havering LSCB made to safeguarding children locally in 2012/2013?

Priority 1: Ensure that the partnership provides an effective child protection service to all children ensuring that all statutory functions are completed to the highest standards.

Some important service improvements have commenced this year most importantly the implementation of the Havering Multi Agency Safeguarding Hub (MASH).

MASH is designed to improve safeguarding for children by co-locating key partners and their data into a secure assessment, research and referral unit to receive notifications of possible risk. The idea is to ensure relevant information is shared securely and utilised to enable a targeted and proportionate response to identified need. HLSCB partners were commended for progress by the London MASH Project Board earlier this year:

Although this appeared in the list of wave two boroughs, it is scheduled to go live in spring 2012. They have made great strides and could serve as a beacon borough as they are willing to share best practice. Good evidence of how much progress can be made in a short time.

London MASH project board March 2012

MASH processes continued to be progressed in Havering during 2012 culminating in police co-located within Children Services Duty team in August 2012 and MASH going live in September 2012. MASH currently encompasses police, MASH Health Professional Leads, probation and a virtual youth services practitioner.

In October 2012 The Local Government Association (LGA) were invited to Havering to undertake a safeguarding practice challenge, the following comment was made regarding early impact of MASH

There are early positive indications of the impact of improvements such as the Multi-Agency Safeguarding Hub (MASH). This is also in its early stages of implementation and greater clarity is needed about how its effectiveness will be evaluated and evidenced over the short to medium term. The team encourages Havering to give immediate consideration starting now to how it will approach this process of evaluation and evidence.

LGA 24 October 2012

The Ofsted inspection report stated:

'The new MASH is having a significant impact on the way in which contacts and referrals are managed. Children at risk of significant harm are identified quickly and social workers based in the assessment team are able to carry out section 47 enquiries without the distraction of having to deal with contacts and referrals where the level of risk or need is less acute'

Ofsted inspection March 2013

Risks identified within the safeguarding practice challenge and the Ofsted inspection were the lack of

capacity around early support and the potential of this to undermine the effectiveness of the MASH. The inspections also identified the requirement to develop and implement an evaluation framework to evidence MASH impact on improved outcomes.

In order to address the concerns the following actions were identified:

- ✚ Police and Children Services to develop and implement a system to evaluate the impact of MASH.
- ✚ Children’s Services to lead in the development of an early offer of help strategy with support and buy in from multi agency partnership.

The impact of MASH on the multi agency partnership was seen to be positive with practitioners expressing more confidence in the response received from children social care.

There was an increase in the number of child protection referrals following the implementation of MASH processes, which in part was due to improved information sharing and risk assessment processes.

The number of children with a child protection plan stands at 121, which is higher than previous trend and includes those children moving into Havering subject to a child protection plan from another local authority. Nationally, the number of child protection plans has been increasing.

Children currently the subject of Child Protection Plan by Duration and Category abuse

Category of Abuse	Unborn	0-6 months	7-12 months	13-18 months	19-21 months	over 21 months	Total
Emotional abuse	0	27	28	5	3	1	64
Neglect	0	22	14	4	4	1	45
Physical abuse	1	4	3	2	0	0	10
Sexual abuse	0	0	2	0	0	0	2
Total children	2	53	47	11	7	2	121
% of children by duration	1.7%	43.8%	38.8%	9.1%	5.8%	1.7%	100%

The average number of new child protection plans each month is 12, up from 10 in the previous two years.

The breakdown of categories of new Child Protection Plans has changed, with a higher proportion of

emotional abuse. There have been only four new Child Protection Plans in 2012-13 with category of sexual abuse.

Category	2011-12	2012-13
Emotional abuse	28%	42%
Neglect	48%	40%
Physical abuse	15%	16%
Sexual abuse	9%	3%

Generally performance indicators and audit have demonstrated relatively effective performance, there were some areas of concern including agency attendance at core groups and conferences and some evidence of protection plans being complex and over reliant on the use of legal planning meetings (this latter issue was identified in a recent Safeguarding Practice Challenge – see below).

The HLSCB Quality and Effectiveness working group has looked in more detail at the whole area of child protection planning, moving beyond reporting on the indicators to include regular reports on trends and audit findings. This work has provided information on strengths and areas that require further scrutiny in order to improve the response to child protection.

Strengthening families (Signs of Safety)

Following Havering’s Safeguarding & Looked After Children Inspection in September 2011, Ofsted judged the borough’s overall effectiveness towards safeguarding as adequate. A number of areas for improvement were identified, in particular aspects of the child protection planning process. Ofsted recognised that although children subject to Child Protection Plans received timely interventions with needs adequately addressed and risks adequately identified, there was nevertheless, slow progress in





tackling concerns and it was unclear how the activities of professionals effectively reduced risk, particularly with hard to engage families. The Inspection also highlighted that it was not clear from records how the progress of Child Protection Plans led to improved outcomes for children and young people. The Inspection confirmed that further work on these and other areas was needed to strengthen its child protection processes.

In order to address areas identified the strengthening families agenda was considered as an appropriate way to improve the system whilst reducing bureaucracy and facilitating an environment that would encourage families to become involved and feel empowered within what can be an emotional and difficult journey for them.







Havering LSCB received a paper regarding the implementation of Strengthening Families in May 2012. The process required multi agency understanding and buy in and the pilot programme was formally agreed.

There has been significant support for this way of working from partnership agencies and training has been well attended. Training feedback has helped to develop and hone the implementation process to ensure staff are well informed and confident when participating in conferences using the signs of safety model.

The pilot phase was successful and since November 2012 all initial and review child protection conferences use the model. Feedback from those participating in this model has been positive:

-  *Clear and concise*
-  *Model supported conference participants to maintain a focus on the child and the perceived risks*
-  *Facilitated an environment that encouraged all to participate in the conference*
-  *Language is jargon free*

Recent audit and observation findings have supported this and comments include:

-  *The Chair demonstrated a good understanding of the SOS approach, the chairs language was jargon free and the Chair asked two professionals to explain jargon used.*
-  *Good use was made of the genogram diagram to identify support available to the family.*
-  *The family were encouraged to contribute during the conference.*
-  *The risk and safety statements clearly set out the issues of concern, the information was presented analytically.*
-  *The outline plan addressed risks and immediate safety measures.*
-  *The professional fed back that the conference was a very positive experience.*

The Ofsted inspection identified that the 'strengthening families' methodology:

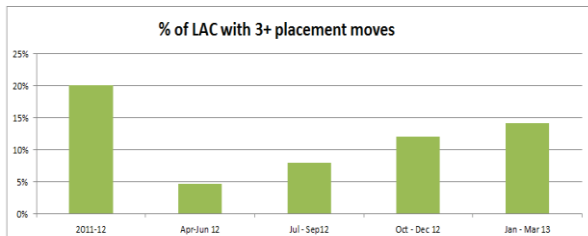
'promotes robust risk analysis, shared understanding of aims and objectives, and a firm focus on outcomes for children and families'... It is demonstrably starting to have a very positive impact on the way in which social workers and other professionals think, engage, plan and work with children and families'.

Ofsted inspection findings March 2013

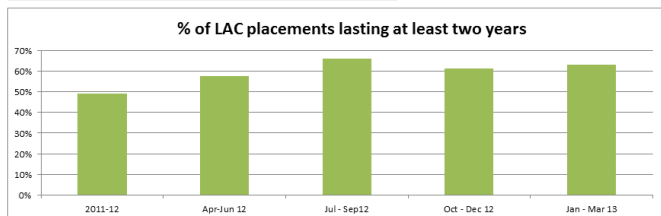
Looked-after-Children

The Board has been concerned with a high rate of placement moves for Havering's Looked After children and has considered reported from Children's Services on the actions taken to improve practice, which included the development of a Looked After Children improvement plan. Stability including long term stability has improved this year.

Indicator	GOOD	2011-12	Target	RAG	Direction	Apr-Jun 12	Jul-Sep12	Oct-Dec 12	Jan-Mar 13
% of Looked After Children with 3 or more placement moves	Lower is better	SN Average 11.6%	13%	RED	Better	4.7%	7.9%	12.0%	14.1%
		Nat Average 11%							
		LBH 20%							



Indicator	GOOD	2011-12	Target	RAG	Direction	Apr-Jun 12	Jul-Sep12	Oct-Dec 12	Jan-Mar 13
% of Looked After Children placements lasting 2 or more years	Higher is better	SN Average 70.6%	75%	RED	Better	57.4%	66.0%	61.4%	63.0%
		Nat Average 68.6%							
		LBH 49.1%							

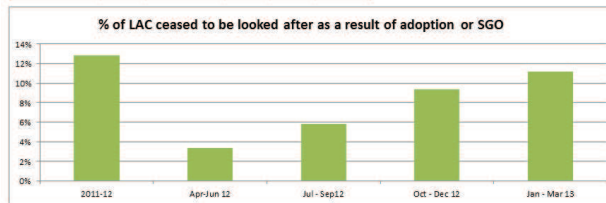


The Board will continue to monitor the Looked After Children’s Improvement plan which focuses on placement stability along with improving outcomes and increasing the numbers of looked after children placed in family placements within the borough.

Performance data will be reported to the Quality and Effectiveness group for scrutiny and challenge to ensure that work undertaken is impacting positively on outcomes for this group of children.

There have been 8 adoption order granted so far in 2012-13, with a further 12 looked after children currently placed with their prospective adopters awaiting orders to be granted, and a further 8 looked after children currently placed with foster carers on placement orders. These figures are not static and the borough continues to make good progress in moving LAC towards permanent adoption.

Indicator	GOOD	2011-12	Target	RAG	Direction	Apr-Jun 12	Jul-Sep12	Oct-Dec 12	Jan-Mar 13
% of Looked After Children who ceased to be looked after as a result of adoption or Special Guardianship Order	Higher is better	SN Average 10.2%	11%	GREEN	Better	3.4%	5.8%	9.4%	11.2%
		Nat Average 11%							
		LBH 12.8%							



Early Help

Priority 2: Monitor the development and implementation of a multi agency early offer of help to children and families living in Havering.

Priority 4: Coordinate an approach to domestic violence, mental health and drug and alcohol abuse across the children and adults' partnership to ensure that families affected receive the right support at the right time.

Early help is the bedrock to improving outcomes for children and young people. Effective early help will improve outcomes and reduce the need for more serious child protection processes.

It is also crucial in the ‘step down’ from child protection to child in need and child in need to CAF. Thresholds that set out the criteria for accessing services across the child’s journey between universal, targeted and specialist safeguarding must fully understood and embedded if step down or step up transitions are to smooth and supportive of families.

‘Early help is better for children: it minimises the period of adverse experience and improves outcomes for children’

Eileen Munro March 2011

Children social care services reviewed and revised the threshold for access to services in consultation with HLSCB partnership agencies and formally launched the threshold document in April 2012 at a conference attended by multi-agency partners. Partners are

supported by social workers when deciding what action to take to address identified need:

'Thresholds for access to services are clear and the local authority is active in trying to increase awareness and understanding of them. Partners are encouraged to explore their concerns before making a referral and are able to access advice and guidance in the MASH.'

Ofsted Inspection March 2013

HLSCB partnership agencies are committed to implementing processes that will improve the accessibility and availability of early help services for children. The priority is to ensure that the processes agreed at a strategic level are delivered consistently at practitioner level in order to establish a consistent and effective process for assessing and managing early identified need.

Arrangements for the delivery of early help are being progressed within the restructure of local authority children services and in consultation with HLSCB partners, embedding an agreed early assessment tool (Common Assessment Framework - CAF), is fundamental to the effectiveness of this offer. Havering LSCB partners have historically been slow to embed CAF processes and this was again a feature in the inspection:

'Progress in this area has been slow and an initial improvement in the number and quality of CAFs being completed by partners, partly as a result of the delivery of training, has not been sustained'

Ofsted Inspection March 2013

Despite this Ofsted identified some well coordinated and effective work below the threshold for children social care services:

'There is some effective direct work with children, young people and their families leading to positive outcomes for children. Team around the child (TAC) reviews show that lead practitioners enlist support from a wide range of partners to prevent risk escalating'.

Ofsted inspection March 2013

During 2012-13 one hundred and eighty one CAFs were completed, although still lower than desired, this is an improvement on previous years. This represents an average of twelve CAFs completed per month, which is extremely low when matched to the average number of referrals made to children services per month that do not meet threshold for social care services.

CAF is most embedded in children's centres (54% of 2012-13 total, followed by schools 39%), with all newly-referred families receiving at least a pre-CAF assessment.

Evaluation shows that % of CAFs where needs were met as a result of actions arising has increased, with 68% in 2012-13 up 4% from the previous three-year average of 64%. Behavioural development is the most common need identified.

Early assessment processes, when embedded, will provide the partnership with an accurate source of rich data to assist in understanding the current and emerging themes and trends. This is important on two levels, firstly to provide assurances that the early offer of help is meeting the needs of families in Havering and secondly to ensure that commissioning services understand the emerging needs of Havering residents so that the correct services are commissioned and available to Havering residents when they need them.

The HLSCB has promoted the need for agencies to be cognisant of the implications of the 'toxic trio' of domestic violence, mental health and substance abuse and the Troubled Families programme is affording opportunities to develop more genuinely multi-agency approaches to these problems.

The HLSCB has taken reports this year on the role of children's centres in supporting CAF, working with partners and developing more integrated earlier help for families. The council's youth service restructure will ensure that a targeted youth offer is provided, working with children's centres to develop a 0-19

service and health partners are leading on a new programme of targeted health visiting support to vulnerable families with young children (MESCH). LSCB agencies have been in discussion within the LSCB and the Troubled Families programme about the best way to take this work forward.

The children's centres have continued to develop a good range of early help services and relationships with schools and health partners are good and continuing to improve. Ofsted inspections during the period have confirmed the positive work taking place and the value that families place upon the services offered. A consultation was undertaken regarding the restructure of the service and changes are now being implemented to ensure services continue to be provided to families in need of early help, while achieving some savings.

The interim manager for the children's centres and the Family Intervention Project is working with children's services and partner agencies and the Troubled Families programme to draft an early help strategy. This will be developed to include 'step down' arrangements from statutory services and some agreed PIs for measuring the effectiveness of early help across the partnership.

Meanwhile, partners have agreed through the Troubled Families programme to support implementation of MESCH and to ensure preventative services have increased access to specialist domestic violence and adult mental health expertise.

CAF training is under revision and a new training programme will begin in June 2013, led by children's centre managers with an expectation that practitioners will readily initiate early help assessment processes whenever circumstances require it.

A dataset to track and monitor the uptake, quality and impact of CAF processes has been developed within children services and findings from performance indicators will be included in performance data reported to the HLSCB Quality and Effectiveness working group. The dataset will include identification

of where CAFs are being completed and more importantly where they are not and the impact the uptake of CAF is having on improved outcomes.

The arrangements for the delivery of early help were evaluated by Ofsted during their inspection:

'...although it is too soon to evaluate the impact [of early help services], inspectors have seen emerging examples of help and protection that is both proportionate and well-coordinated for teenagers as well as young children. This help is readily accessible through schools, children centres and universal youth provision'.

Ofsted inspection March 2013

Priority 3: Monitor the alignment and effectiveness of the partnership when working across the child's journey between universal, targeted and specialist safeguarding

The recent Ofsted inspection identified a weakness in the effectiveness of the HLSCB partnership to provide scrutiny and challenge to child protection and early help processes:

'Governance and scrutiny of child protection arrangements and the provision of early help is not facilitating robust challenge. While good progress has been made in strengthening families' engagement in child protection processes, the impact of HSCB and scrutiny is less well developed. The HSCB is not providing full evaluation of the effectiveness of safeguarding...'

Ofsted inspection March 2013

This was identified despite the work undertaken by the HLSCB performance Management working group to develop an HLSCB quality assurance framework that captured both qualitative and quantitative data to assist the group to understand the effectiveness of the partnership in delivering services to children and families.

The recent Safeguarding Practice Challenge identified:

'The LSCB performance framework is beginning to address qualitative aspects of business but there is a need to accelerate the pace of this work...'

Safeguarding practice challenge October 2012

The way in which priorities were progressed was reviewed at the HLSCB development day in October 2012. The working groups were revised and performance management was replaced by the Quality and Effectiveness group, supported by Children Services, chaired by the Head of Service for Children and Young People Services, with the responsibility for performance management and audit. The group will scrutinise the robustness of the performance management framework from across the partnership, oversee the development of an HLSCB performance framework, undertake multi-agency audits and report quarterly to the HLSCB providing an analysis of the partnerships work on implementing priorities and the impact this has on improved and sustainable outcomes for children and their families. The group will also receive reports from the all other working groups to ensure priorities and emerging themes are fully understood and incorporated into the performance management framework.

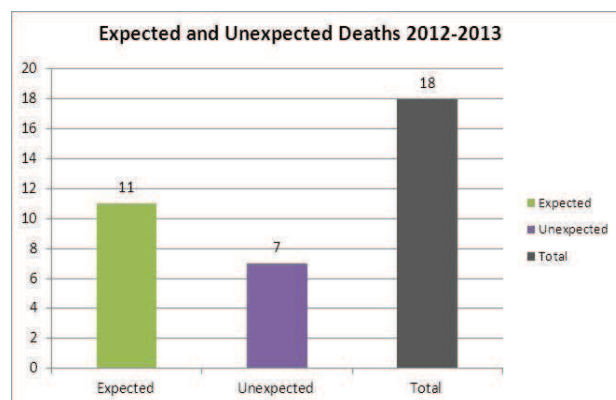
Priority 5: Ensure that Havering Safeguarding Children Board communicates effectively with partners, children, young people and their families, communities and residents

Child Deaths: The Child Death Overview Panel (CDOP) and Serious Case Reviews

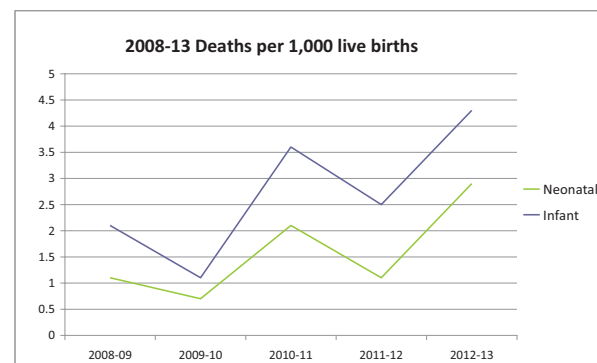
HLSCB was required to establish a **Child Death Overview Panel (CDOP)** in 2008. It is responsible for reviewing the circumstances of all child deaths within the borough.

Havering CDOP reviewed a total of eighteen child deaths during this year, eleven were expected and seven unexpected. Three CDOP meetings were held during the year and two serious untoward incidents were initiated at Queens Hospital relating to child death. As with previous trends, there have been more

expected than unexpected deaths. The current information does not suggest any specific trends.



On reviewing statistical data, there appears to have been an increase in neonatal deaths since CDOP was established in 2008. The Havering CDOP will review the anti natal records information of mothers in this category specifically scrutinising birth weight and gestation during the coming year.



There were no deaths reported to be as a result of co-sleeping during the year, which may be in part a result of the CDOP My Sleep, My Space campaign initiated during 2011 to 2012. Havering CDOP has joined with seven other CDOPs within the North East London area in order to provide support and statistical analysis between the CDOPs. The expectation will be for them to meet two times per year to review statistics and develop and implement a dataset to be used to gather statistics across the seven boroughs.

Information to parents' leaflets were ratified by the HLSCB during this year. Information is now routinely sent to parents within a week of the child's death.

This provides information to parent regarding the CDOP process and providing contact details should the parent wish to engage in the process.

Havering CDOP has developed strong links with Havering and Brentwood Bereavement Services to offer support to any family member or school child affected by a child death. This will continue during the next year.

The CDOP Annual Report 2012 to 2013 is held on Havering LSCB's website www.havering-lscb.org.uk

Private fostering

If a child under the age of 16 (18 if a child with a disability), is being cared for an adult who is not the parent or 'close relative' for a period of 28 days or more the arrangement is known to be a private fostering arrangement. The child is not looked-after by the local authority (LA). The arrangement is solely between the parent or guardian and the private foster carer. However any person caring for a child under these circumstances has a statutory duty to report the arrangement to Children Social Care.

Havering LSCB receives an annual update of work undertaken by Havering's fostering and adoption service regarding the actions taken to raise awareness of private fostering amongst professionals and the local community and the impact of this work. The recent safeguarding practice challenge identified:

(The Fostering Annual Report) does not provide sufficient assurance in terms of the impact of this (awareness raising) work and that once private fostering arrangements have been identified, safeguarding arrangements are robust and effective.

Ofsted undertook an inspection of Private fostering arrangements in Havering at the end of November and concluded that the service offer in this area was inadequate and offering a poor response to children. An action plan was developed and is being implemented. The recent unannounced Ofsted inspection of safeguarding activities found:

'The authority has since taken prompt action to ensure that arrangements are improved by introducing a more robust assessment process and a strengthening of management arrangements. However, numbers of children who are known to be privately fostered remain low and the authority is aware of the continued need to raise awareness of the service amongst the public and professionals.'

Ofsted Inspection March 2013

The action plan is being implemented by the Fostering and adoption service with oversight and scrutiny on effectiveness of implementation being provided by the HLSCB where regular reports will be provided by children services for scrutiny and challenge until agencies are assured that good practice is embedded into usual service delivery processes.

Policy and Procedures

The revised Working Together statutory guidance was published in March 2013. This was following a formal consultation process undertaken during the year. Working Together 2013 strengthens the role of LSCBs and a key priority for the next financial year will be to ensure that Havering LSCB is fully compliant with all statutory requirements.

HLSCB Working Group activity and progress

Child Sexual Exploitation (CSE)






1. Summary of Work Group Purpose

Meeting bi-monthly, the CSE Working Group is a multi-agency group that's responsible for improving the response to CSE in Havering. In order to achieve this, the CSE Working Group has the following key functions:

- a) Meet the aims and objectives of the working group as outlined in the LSCB Business Plan
- b) To coordinate and monitor the delivery of the CSE Strategy and annual action plan
- c) Scope the scale of the problem within Havering by collecting and monitoring local data
- d) Report to the LSCB on progress, highlighting any specific barriers or areas of risk with in implementing action plan
- e) Raise awareness of sexual exploitation within agencies and communities
- f) Encourage the reporting of concerns about sexual exploitation
- g) Support the identification of training and awareness needs
- h) Disseminate guidance and examples of good practice across all professions and sectors

2. Key Areas of Progress and Achievement

In February 2013, the chair and membership of the CSE Working Group was reviewed in order to renew and re-focus the work of the Group. As a result, the CSE Working Group has made progress in a number of key areas:

-  New Chair has been appointed and new members added to the group.
-  The Working Group's Terms of Reference have been renewed.
-  For the first time, a local CSE strategy and annual action plan for 2013-14 has been introduced to focus the work of the Group.
-  CSE Working Group is now a paid member of the national sexual exploitation network enabling access to CSE resources across the UK.
-  A new CSE webpage for professionals has been set up on the LSCB website.

3. Current Activities

The CSE action plan for 2013-14 is divided into four themes to reflect the key strategic objectives; its focus is on promotion, prevention, protection and partnership. At the heart of the plan is the drive to safeguard and protect local children and young people who are at risk of or currently experiencing sexual exploitation. The key priorities the CSE Working Group is currently delivering on:

- a) Strengthen local identification and assessment by introducing an on-line CSE risk assessment tool and, following a review, roll out the CSE risk assessment tool across all sectors in Havering.
- b) To put in place a data collection system to monitor on-going risk, prevalence and responses to CSE ensuring that the LSCB and CSE Working Group has access to the data that raises awareness and improves the local response when CSE is suspected or confirmed.
- c) Implement the pan-London Metropolitan Police CSE Operating Protocol that seeks to support victims and improves disruption and prosecution activity in Havering.
- d) Design and implement on-line Professional's Survey to identify gaps and needs to identify areas of improvement in responding to CSE ensuring that findings are shared and acted upon to progress the local CSE action plan.
- e) Include CSE awareness and support information into the revised third edition of the local young people's sexual health and relationships mini booklet guide.

4. Future Priorities and Aspirations

There are a number of priorities that feature in the CSE action plan for 2013-14 that will be delivered during the year ahead:

- a) Analyse CSE data to identify and assess prevalence and local CSE hot spots.

- b) Develop and implement a CSE multi-agency operating protocol to guide coordinated responses to assess, reduce risk and protect those who are being abused.
- c) Consult on and agree CSE practice guidance for frontline practitioners including DfE guidance, legislation, outlining CSE case management best practices and local intelligence submission arrangements.
- d) Develop and promote a CSE page for parents on the Havering Council's website
- e) Use existing Council's Sex and Relationships Facebook to raise awareness of CSE with young people.

5. Views of children, young people, parents and carers

The CSE Working Group has agreed to collect, analyse and respond to the view of young people in a number of ways:

- a) Introduce CSE specific questions to the local annual on-line young people's relationships survey to identify risk and prevalence in Havering.
- b) Consult young people regarding local CSE marketing and communications by using the Youth Consultancy project.
- c) Working Group members, who hold responsibilities with services working directly with young people and parents/carers, will regularly hold consultation exercises to collect views and report back to the CSE Working Group.

6. Impact and Outcomes

It is too early to evaluate the impact and outcomes of the first CSE action plan. An evaluation of the action plan will be conducted in the Spring of 2014.

7. Evidence that Learning is being embedded

The local CSE Strategy and annual action plan is based on sound and robust evidence on how to improve local responses to identifying and responding to cases of CSE drawing on findings and recommendations from a number of key government policy and non-governmental research including:

- ✚ DCSF, Safeguarding Children and Young People from Sexual exploitation (DCSF, 2009)
- ✚ University of Bedfordshire, What's Going On? (2011)
- ✚ Barnardos, Puppet on a String: The Urgent Need for Tackling CSE (2011)
- ✚ DfE, Child Sexual Exploitation Action Plan (2011)
- ✚ The Office of the Children's Commissioner, Inquiry into Child Sexual Exploitation In Gangs and Groups, Interim Report (2012)
- ✚ Barnardos, Cutting Them Free: How is the UK progressing? (2012)
- ✚ Barnardos, Helping local authorities to develop effective responses, Briefing (2012)

Quality and Effectiveness

1. Summary of Work Group Purpose

The Quality and Effectiveness group is a multi-agency group that meets at six weekly intervals to review the impact of services on improved and sustainable outcomes for children and families.

The work of the group has been set out throughout the body of the annual report. The group core responsibility is to ensure that the HLSCB has in place a robust performance framework to enable the board to analyse and critically evaluate the impact of services on improved outcomes.

2. Key Areas of Progress and Achievement

The Performance Management Working Group took a leading role in several important aspects of the LSCB's activities during the year.

The Group revised the performance framework, to allow a more informed analysis and oversight of wide range of safeguarding and wellbeing indicators. The improved reporting has allowed the group to identify areas of risk and explore these in more detail through deeper analysis. Focal areas for discussion have included attendance at key safeguarding and child protection meetings by partners, and young people's admissions to hospital due to alcohol- or drug-related issues.

The Group has reviewed compliance by Council and partners with standards of Safer Recruitment and Managing Allegations, identifying areas for improvement and ensuring these are shared with partners concerned. Members of the Group have helped to refine the process for reporting compliance and the robustness of the assessment.

Performance Management working group was replaced by the Quality and Effectiveness Group in November 2012 with the responsibility for performance management and audit.

3. Current Activities

The group has undertaken a number of case audits initially to focus on the child protection process and the effectiveness of the partnership when working together to reduce risk to children and young people.

The group has received reports setting out the progress of the partnership in developing an early offer of help and will continue to provide overview, scrutiny and challenge across the partnership on the effectiveness of implementation of early help processes.

An HLSCB dataset was developed to assist the partnership in understanding both qualitative and quantitative data. This dataset was used in conjunction with children social care data to assist the board to understand emerging themes and priorities.

4. Future Priorities and Aspirations

- ✚ To have in place a multi agency performance management framework that is regularly reported on and provides relevant data in a manner that can be easily understood across the partnership.
- ✚ Receive and analyse data from key LSCB partnership agencies including data arising from the MASH.
- ✚ Providing scrutiny and challenge on behalf of the LSCB to all safeguarding activities across the spectrum of need and report to HLSCB on emerging themes and priority areas for action.
- ✚ Facilitate an environment that will encourage and support mature partnership with challenge to enable sound mechanisms for partners to challenge practice across the partnership

5. Views of children, young people, parents and carers

There are a number of consultation activities that are becoming well established. This will be further developed in the next year.

6. Impact and Outcomes

- ✚ Inspection findings were positive regarding interagency cooperation in respect of child protection processes.
- ✚ Parents spoken to through inspection processes and audit understood the reason that children were seen to be at risk and what needed to change.
- ✚ Early indications from view point on LAC are positive regarding help received.

Case Review

1. Summary of Work Group Purpose

The case review working group for this period was ensure that the statutory requirements set out in the Children Act 2004 and the LSCB regulations in 2006 and Chapter 7 and Chapter 8 of Working Together to

Safeguard Children 2010 were discussed effectively to partner agencies.

These functions require LSCB partner agencies to carry out serious case reviews when the criteria is met, monitor the progress of such reviews and ensure that effective learning is implemented and the likelihood of harm or death is reduced.

In 2011 Professor Eileen Munro was commissioned by the government to conduct a review of child protection. This resulted in the Working Together to Safeguard Children being re-written and published in March 2013.

Working Together 2013 places a requirement on LSCB's to develop a local framework for learning and improvement.

All agencies should be clear about:

- ✚ Their responsibility for contributing to the learning and improvement processes
- ✚ Effective dissemination of learning
- ✚ Making sustainable changes and improvement to services

The local framework should cover the full range of audits and reviews using a systems methodology approach including:

- ✚ Serious Case Reviews
- ✚ Child Death Reviews
- ✚ Management review of a child protection incident which falls below the threshold of a SCR to provide useful insights about the way organisations work to safeguard and promote the welfare of children
- ✚ Review or audit of practice in one or more agencies

The local framework should cover the full range of reviews and audits to:

- ✚ Identify and drive improvements to safeguard and promote the welfare of children

- ✚ Translate the findings from reviews into programmes of action to bring about sustainable improvement and prevention of future deaths/harm

- ✚ The systems methodology approach using suitably qualified independent reviewer requires LSCB's to look at what professionals did and why. How they were influenced by the organisation and systems within which they are working and what may need to change in how local services operate.

2. Key Areas of Progress and Achievement

Serious Case Reviews

No new child deaths reached a threshold to conduct a serious case review in 2012- 2013.

The focus of the work on serious case reviews was to monitor the implementation of the recommendations and action plans from two complex serious case reviews, Child E and Child F.

Each agency provided written updates on the progress of actions at the working group meetings.

A written report and presentation was provided by the chair to each LSCB.

Agencies were held to account for the implementation and continuous learning from the reviews by LSCB leads.

Dissemination of learning events were held in relation to the two cases and the key aspects of learning have been embedded.

A process of review

One serious case review was published in full

One SCR remained open in 2013.

At the LSCB's development day in October 2012 a proposal was made to the LSCB to prepare for the publication of Working Together to Safeguard Children and the requirements for a Learning and Improvement Framework.

Between October 2012 and March 2013

Working Group membership was reviewed and agreed.

A revised operational business plan was developed.

The working group attended training and development opportunities to understand the systems methodology approach to case reviews. This included:

- ✚ A one day conference looking at a range of methodology approaches;
- ✚ A three day foundation course in the SCIE methodology;
- ✚ Giving consideration to how evidence sustained service improvements

3. Current Activities

The case review working group has identified a case to be reviewed using the systems methodology.

The Principle Social Worker is an accredited reviewer and is going to mentor the LSCB working group members to become reviewers.

Progress will be monitored about how this case has been used to understand the systems partner agencies work in, what needs to change and how this will happen. This will involve front line staff and managers.

The review will provide a range of questions for the LSCB to consider and develop a plan to sustain service improvements.

4. Future Priorities and Aspirations

To further understand the systems methodology.

Identify the full range of case reviews.

Ensure families practitioners, managers and LSCB agencies are involved in reviews.

Hold dissemination of learning events to embed and sustain learning.

Use the learning from case reviews in other areas to embed change locally.

6. Impact and Outcomes and

7. Evidence that Learning is being embedded

The LSCB and the working group will consider and monitor how the learning identified is embedded into practice and whether the learning is having an impact on outcomes for children. The working group will need to develop an outcomes framework and work with the board members to evidence the difference the learning has made across the partnership.

Safeguarding in Employment

1. Summary of Work Group Purpose

The purpose of the Safeguarding in Employment Working Group is to ensure partner agencies implement and embed the statutory requirements set out in:

- ✚ Working Together 2013
- ✚ London Child Protection Procedures
- ✚ Other statutory guidance such as Safer Recruitment in Education 2007 and 2009 as they relate to the safer recruitment of staff and the management of allegations about professionals.

2. Key Areas of Progress and Achievement

As part of our vision to protect children from harm the Board is committed to embedding safer workforce statutory responsibilities across LSCB partnerships. This was monitored through the LSCB Performance Management working group during the first part of the year. The working group received reporting templates on safer recruitment and managing allegations practices and analysis of progress was reported to the LSCB. This process was time consuming and impacted on the progression of other work responsibilities of the group. In October 2012 the HLSCB agreed to reinstate a working group with the sole responsibility to progress safer workforce practices. The group is chaired by Havering LADO has

responsibility of monitoring and reporting on compliance of partnership agencies with statutory responsibilities.

Statutory processes for managing allegations against staff were further developed following the Ofsted inspection in September 2011. Letters were sent to the partnership to set out agencies responsibilities when responding to an allegation against a professional. During 2012 2013 the Havering LADO received one-hundred-and-two referral, a significant increase from the previous financial year, the majority of which were from educational settings.

Awareness raising regarding this important area of work remains a priority for the LSCB. The Havering LADO has ensured that training for the multi agency partnership is available and included within the LSCB training programme and advertised widely. Posters and flyers were designed and disseminated across LSCB agencies.

The focus of the work this year has been to:

- ✚ Hold agencies to account for their performance in recruiting a safer and competent workforce by adherence to Safer Recruitment standards adopted by the LSCB
- ✚ Ensure that robust checks are updated in accordance with requirements
- ✚ Consider and implement changes in the Criminal Records Bureaus and Independent Safeguarding Authority and their amalgamation into the Disclosure and Barring Service.
- ✚ All allegations of abuse made about professionals are investigated in accordance with requirements, consistent with a fair and thorough process.
- ✚ Reporting to the LSCB on allegations and the implementation of the allegations action plan set out in the annual report.
- ✚ Audit and monitoring of the group work.

A leaflet on private tutoring has also been produced and distributed to schools, libraries and children centres in the borough.

3. Current Activities

All recommendations made by Ofsted in September 2011 have been implemented.

See page 21 of report and see the management of allegations action plan as presented throughout the year has been implemented.

In October 2012 a proposal was made to the LSCB

The Safeguarding In Employment Working Group be re-established providing a new focus for the group to place a closer emphasis on safer recruitment and managing allegations performance.

- ✚ Implement the new requirements of:
 - Working Together to Safeguard Children
 - Protection of Freedoms Act 2012
- ✚ Co-ordinate the reporting by LSCB partner agencies on safer recruitment in employment and managing allegations, against LSCB standards
- ✚ Understand, analyse and report on the individual and collective performance of LSCB partner agencies in the safer recruitment of a competent workforce and in the referral and management of allegations made about staff and volunteers
- ✚ Continue to raise awareness about the role, function and responsibility of LSCB partners in safer employment matters
- ✚ Develop an improvement plan to:
 - Implement the findings from agency returns
 - Implement the recommendations from audit of work and reports to the LSCB

The proposal was accepted and a revised operational business plan was developed.

Posters and fact sheets were developed and circulated widely to raise awareness of statutory

responsibilities when dealing with allegations made against professionals. The information was distributed widely during the year 2012 to 2013.

A leaflet on private tutoring was produced and distributed to schools, libraries and children centres in the borough.

The Working Group has worked well to implement the Operational Plan.

4. Future Priorities and Aspirations

The priorities for 2013-2014 are:

- ✚ Implementation of the operational plan of the group
- ✚ Monitor the performance of the agencies in relation to safer recruitment in accordance with the LSCB standards and report to the LSCB.
- ✚ Develop an action plan based on the annual report on managing allegations and report regularly in accordance with the LSCB reporting schedule so that
- ✚ Ensure the requirements of Disclosure and Barring Service are implemented across the LSCB partnership
- ✚ Continue to raise awareness about the role of all partner agencies in developing a safer workforce by a variety of means including events for the voluntary sector and in key areas arising from the annual report.
- ✚ Continue to monitor the quality of work via a series of audits.

6. Impact and Outcomes

The working group reports to the Board on outcome most specifically regarding LADO processes. The Report to the Board on the impact and outcome of work and revise the operational plan to take findings providing evidence that findings have been implemented and that learning has been evidenced.

Training and Communication

1. Summary of Work Group Purpose

Working Together 2013 sets out the responsibility placed on HLSCB in relation to training:

Local Safeguarding Children Boards (LSCBs) should monitor and evaluate the effectiveness of training, including multi-agency training, for all professionals in the area. Training should cover how to identify and respond early to the needs of all vulnerable children, including: unborn children; babies; older children; young carers; disabled children; and those who are in secure settings.

Working Together 2013

This service is covered under the 4 main headings:

1. Provide multi-agency training and development at appropriate levels for all partner agencies.
2. Evaluate multi agency training delivery and impact and collect data from key partner agencies on the single agency safeguarding training offered by individual organisations within the borough.
3. Support, monitor and evaluate training within the borough for staff that come into contact with children and young people but do not have safeguarding responsibilities.
4. Communicate with professionals, parents and carers, and children and young people on safeguarding matters.

2. Key Areas of Progress and Achievement

The LSCB training and development officer formally took up position in May 2012. An analysis of training offered to the partnership was presented to the Board in November along with a training schedule for 2013 to 2014. The focus now is to develop processes that will result in better understanding of the impact of training on practice.

'A comprehensive multi-agency training programme is underway. However the impact of this is yet to be evaluated.'

Ofsted inspection March 2013

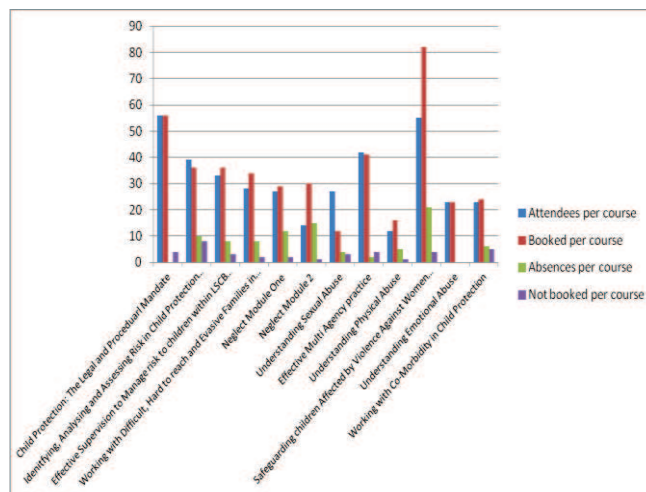
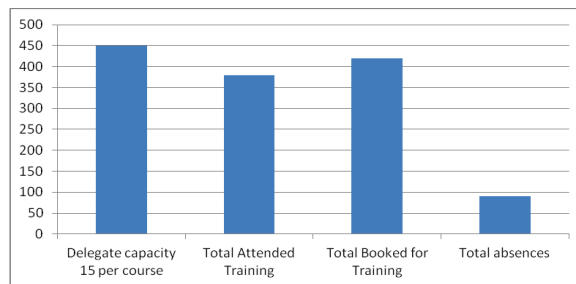
Processes to evaluate impact on outcomes were piloted this year and will be fully implemented in the next financial year.

There will be a direct link from the Quality and Effectiveness group to the training and development working group to ensure staff are provided with relevant and timely briefings and training on priority issues and emerging themes.

The training and development officer has led in the development and delivery of the LSCB frontline practitioner conference that focussed on moral dilemmas, which was well received by all participants from the multi agency partnership. Two cross borough briefings have been held this year with Waltham Forest, Redbridge and Barking and Dagenham LSCBs. Cross borough events are presented to address hot topics that impact on participating LSCBs. In June the focus was safeguarding children who have been trafficked, which included a briefing to raise awareness of private fostering. In October the focus was on the impact of working together or not and looked at the new systems methodology that will be used when a child has died or has been injured and the case meets threshold for a serious case review. Both briefings were well attended and well received.

A training needs analysis was completed for 2012-13 and an overview of delegate attendance behaviour and evaluations was used to develop the HLSCB training offer for 2013-14.

LSCB Training Summary Analysis 2012-13



Key conclusions drawn from the training analysis:

- ✚ The absent rate at 21% is still considerably high
- ✚ The basic awareness courses have been offered consistently since LSCB training was implemented. Although well regarded, the courses did not receive the interest anticipated by the training sub group. The courses will continue to be offered during the next financial year but will be set out in a manner to allow prospective delegates to better understand the level of training and target audience.
- ✚ The previous training offer did not specify levels of training. This will be amended in the next financial year to assist professionals to identify the appropriate training for their specific level of knowledge safeguarding responsibilities.
- ✚ Training delivery will have a stronger focus on application and not just knowledge in the next year.

- ✚ The training booking system required further development in order to capture relevant data to assist in training analysis processes.

The 2013-14 multi-agency training programme was developed taking account of:

- ✚ Training needs analysis and evaluations from 2012-13
- ✚ Lessons learnt from serious case reviews and audit findings
- ✚ Key emerging and existing areas for development.

The Havering LSCB 2013-14 training brochure includes guidance on levels, roles and responsibilities and suggested training for multi-agency partners based on the WT 2010 Learning & Development Guidance.

A semi-automated booking system has been developed and been implemented to streamline the administration process and systems and provide appropriate data for analysis.

Collect data from key partner agencies on their single agency training safeguarding training offered by individual organisations within the borough.

Key partner agencies were approached to supply the LSCB with data on single agency training for staff with safeguarding responsibilities

Data provided to the LSCB suggested adequate single agency training is taking place within partner agencies which is appropriate to the level of responsibility of staff. The reporting template for next year will be further developed to ensure it captures the training offer to staff that do not have core safeguarding responsibilities within their job specification.

Support, monitor and evaluate training within the borough for staff that come into contact with children and young people but do not have safeguarding responsibilities.

The HLSCB and Havering Adult Safeguarding Board have worked together to develop and implement a training offer for staff that come into contact with

children but do not have direct safeguarding responsibilities. The training programme will be rolled out across the Council during 2013.

Safeguarding information was developed and is given to all new employees within the council as part of the induction process.

The working group will support the development of an e-learning package suitable for staff across the partnership requiring level one training.

Communicate with professionals, parents and carers, and children and young people on safeguarding matters.

In September 2012 Havering LSCB published its first newsletter, which was widely distributed and well received. The newsletter is held within the LSCB website. Further newsletters have not been published, this will be addressed by the training and development officer in the next year to ensure regular information regarding the HLSCB priorities and achievements is published.

The HLSCB website went live in April 2011 and has continued to be built on throughout this year. The website holds information on new and emerging themes linking to policies including Tri-X policy briefs and statutory guidance.

3. Current Activities

The implementation of early assessment processes will be supported by the working group to include train the trainer sessions. This will allow agencies to embed a consistent high quality approach to assessment across services at reduced cost.

HLSCB will continue to work with Barking and Dagenham, Waltham Forest and Redbridge to provide two cross borough briefings to raise awareness of emerging priority issues.

The improved booking system will provide data to assist with multi-agency breakdown analysis and ultimately allow for the production of a training

programme more tailored to the needs of our partners.

Single Agency Training: The LSCB will continue to gather data regarding the delivery of single agency training. It expects to gather more detailed data and extend the collection of data to all the key agency partners.

The LSCB has committed to on-line learning using the University of Kent's Rosie 1 and 2 programmes. This will be launched and made available to partner agencies in the borough during 2013.

4. Future Priorities and Aspirations

A full training needs analysis will be completed to include impact of training on outcomes.

Training will be a fluid tool and respond to emerging issues as they present themselves. Staff need to be fully aware of priority areas and the actions being implemented to address them.

E-learning and on-line training will inform our training offer in the future. In particular the development of level one e-learning for staff who have contact with children but do not have direct safeguarding responsibilities.

The training programme and training delivery will move towards the development of skills and knowledge, giving the delegate the best opportunity to improve their working practices.

The utilisation of multi-agency expertise in our training offer must be considered and employed as appropriate.

The delivery of training by external consultants is a valued approach to the development of Havering's multi agency partnership, however other methods of learning will be considered to complement the core training offer and will be further developed in the future.

5. Views of children, young people, parents and carers

The training group takes account of data reported into the Havering LSCB as it relates to training and development. This area is being strengthened by the partnership agencies and is a priority for the LSCB.

6. Impact and Outcomes

This is an area that will be embedded throughout to enable us to understand the impact of training on outcomes.

7. Evidence that Learning is being embedded

The LSCB training group will focus on developing processes to ensure information is available to demonstrate the impact that training has had on improved outcomes during the next financial year.

Single agency successes and areas for further improvement

LBH Children's Services

1. Brief summary of service as it relates to safeguarding children-to include how the organisation is meeting section 11 responsibilities

The Director of Children's Services, under section 18 of the Children Act 2004 has responsibility for ensuring that a local authority meets their specific duties to organise and plan services and to safeguard and promote the welfare of children.

Each local authority is responsible for establishing a Local Safeguarding Children Board (LSCB) in their area and ensuring it is run effectively.

Social workers take a lead role in:

- ✚ responding to children and families in need of support and help
- ✚ undertaking enquiries following allegations or suspicion of abuse
- ✚ undertaking initial assessments and core assessments as part of the Assessment Framework
- ✚ convening strategy meetings and initial and subsequent child-protection conferences
- ✚ court action to safeguard and protect children
- ✚ coordinating the implementation of the child protection plan for children on the child protection register
- ✚ looking after and planning for children in the care of the council
- ✚ ensuring that looked-after children are safeguarded in a foster family, children's home or other placement.

2. Review of Safeguarding Activity 2012-2013

Children's Services have undergone significant and necessary changes during the last year in order to streamline and target services to ensure that services are accessible and responses proportionate to identified need across the spectrum of need throughout the child's journey.

This has included:

- ✚ Bringing social work and leaving care teams under single management and making changes to the way we work
- ✚ Holding discussions with Barking and Dagenham about a joint Youth Offending Service and merging services to strengthen and improve safeguarding processes within this service area.
- ✚ Working with Culture and Leisure to deliver a restructured youth service
- ✚ Children's Centres and Family Intervention Project (now tier three services), continuing development aligned with Troubled Families

- ✚ Implementing Multi Agency Safeguarding Hub and triage processes
- ✚ Increased focus on social work with teenagers through the development of an adolescent pod and changes across Looked After Children and Leaving Care and improving co-ordination with Youth Offending Services and Youth Service
- ✚ Improving the service response when managing looked after children processes through the implementation of Havering Access to Resources Panel (HARP) arrangements and improved case tracking, Case clinics, adoption and permanency tracking
- ✚ Leading on the development and delivery of an early offer of help strategy including early assessment processes (CAF). In undertaking this work changes were made to the manner in which children centres delivered services to families, which included extending the reach of children centres to include 0 – 19 year olds.
- ✚ The implementation of MASH has been discussed within the main body of this report. Havering Council intervention services led in this work with the support of key HLSCB partnership agencies.
- ✚ Troubled Families processes has assisted the council to understand families better whilst also exploring new ways of working to better engage with families. This process has identified gaps in the service offer and identified action to address specific areas including domestic violence, substance abuse and parental mental ill health and the impact of co-morbidity.
- ✚ The Strengthening Families' model of working within Child protection processes was introduced in September 2012 and is now fully embedded within child protection processes. Early findings have identified a positive impact on outcomes within this area of work. Train the trainer sessions have been rolled out to support multi agency practitioners to embed these processes across the partnership.

- ✚ An LGA Safeguarding Practice Challenge was commissioned to assist in understanding the effectiveness of the services in delivering statutory safeguarding responsibilities. The actions identified from this have been embedded within the improvement plan for the service.
- ✚ The audit officer post was recruited to in January 2012. Since taking up post the audit officer has assisted the department to develop and hone performance processes including the development of a performance framework, which includes regular audit activity based on performance data.
- ✚ Local Area Designated Officer (LADO) responsibilities continue to be a strong focus of work. There was an increase in referrals over the last year – this is discussed within safer workforce information
- ✚ The Council is responsible to ensure that Private Fostering arrangements are robust. The council received an inadequate judgement for these processes in November 2012. Children Services responded to this and implemented an improvement plan, which was seen to have made a positive impact during the Ofsted inspection held between February and March 2013.
- ✚ Concerns were raised regarding the level of placement moves made for looked after children. This was addressed through the implementation of a Looked After Children Improvement Plan, which has resulted in improvements for children and young people looked after by the local authority.

4. Current Activities and on-going Work

Children Services will continue to embed processes and utilise performance data to ensure that the significant changes being made to the service in order to improve the service offer to children and young people and families is accessible and improving outcomes.

5. Future Priorities and Aspirations

Service wide the main overarching priorities for the next year are:

- ✚ Communicating effectively so that all staff are aware of the values, priorities and plans for the service
- ✚ Making sure the child is at the centre of everything we do
- ✚ Working with parents and carers and building on strengths
- ✚ Targeting services well and being clear about risk (performance management, supervision, becoming data driven)
- ✚ Getting best value for money – using our resources well
- ✚ Challenging each other to be the best we can be

More service specific priorities are:

- ✚ Further development of MASH including front door for Early help
- ✚ Implementing a coherent multi-disciplinary early help structure across 3 localities
- ✚ Continuing to meet national requirements for Troubled Families at the same time as meeting local priorities
- ✚ Further developing early help services for adolescents at risk of serious harm
- ✚ YOS restructure to ensure Havering service delivered to a high standard within the available budget
- ✚ Implementing our improvement plan for adoption
- ✚ Implementing our private fostering improvement plan
- ✚ Developing our fostering service with our foster carers to improve placement choice, place more children locally and where possible rehabilitate children to their families or ensure alternative stable family placements including long term fostering and adoption.

- ✚ Improving CAMHS services for looked after children especially those placed out of borough

6. Impact and Outcomes

Performance data, inspection findings and service user feedback has confirmed that the service offer is improving outcome to children, young people and families. The service will further improve mechanisms to capture data to assist in understanding the impact of services on improved outcome throughout the next financial year.

7. Example of Effective/Emerging Practice

This is embedded and threaded throughout the body of this report.

LBH Adult Social Care

Brief Summary of service as it relates to safeguarding children – to include how the organisation is meeting Section 11 responsibilities.

Adult Social Care Services work closely in partnership with Children's Services across a number of strategic forums and ensure from these that safeguarding issues are addressed both at a local and strategic level within the service.

Safeguarding Training is an integral element within the Workforce Development Business Plan, and all practitioners are assessed on a regular basis through individual supervision and PDR's to ensure that they are up to date on safeguarding practises.

2. Review of Safeguarding Activity 2012 – 13

A comprehensive review of the safeguarding process commenced in March which addressed a number of key safeguarding areas to determine compliance with best practise and effectiveness of processes and protocols within and in relation to, partnership agencies.

The key areas covered are:

- ✚ Policy, Procedures and Practise awareness and understanding
- ✚ IT systems supporting effective working practice and the sharing of information with other partners
- ✚ Safeguarding competency development
- ✚ Performance Information, Measurement quality and Management

5. Future Priorities and Aspirations

Consideration is being given to the relocation of the safeguarding team to be co-located with community teams to facilitate closer working practises and sharing of information and further imbed the work being undertaken with Health partners towards an Integrated Care Management model of working.

6. Impact and Outcomes

Adult Social care will be compiling a 'Toolkit' glossary of Terms, Guidance, Templates and Checklists which is in keeping with up to date practise with access on intranet and hard copy to ensure a consistent approach in dealing with interagency matters and protocols.

A Safeguarding Performance and Quality Framework will be developed and implemented within 2013 to measure and evaluate actions, quality of practise and recording of activity within and in relation to, partner organisations.

A revised IT interface will be developed between the SWIFT and FACE systems to facilitate easier and more intuitive navigation for safeguarding casework and the production of readily attainable and meaningful management information to assist the service and its partner agencies in making strategic decisions.

Housing

Brief Summary of service as it relates to safeguarding children – to include how the organisation is meeting Section 11 responsibilities.

The last year has seen a number of major changes in the Council's Housing service:

- ✚ Following consultation with residents, the Council took the decision to bring the housing management service back in house, and to bring to an end the agreement with the Arms Length Management Organisation, Homes in Havering. The change took effect on 1/10/12
- ✚ The new service is now known as Homes and Housing
- ✚ Following an internal Council reorganisation, Homes and Housing is now part of the Council's new Children, Adults and Housing Department

Priorities of the service

Homes and Housing manages and maintains the Council's stock of some 9,900 tenanted and 2,200 leasehold homes. It also provides services for people in housing need and co-ordinates housing strategy across the Borough.

The priorities of the service include:

- ✚ Responding to the changes in the welfare system to give advice to residents and to minimise the impact on them, and to reduce Financial Exclusion
- ✚ Continuing with our programme of home improvement and modernisation to bring all our homes up the Decent Homes Standard
- ✚ Working with our partners to tackle anti-social behaviour on our estates.
- ✚ Reviewing and updating the way we deliver our services to make it easier and more convenient for residents to use them.

Serious Case Reviews

Homes and Housing has contributed to two recent SCRs and has completed all the actions arising from the reviews.

Troubled Families

Homes and Housing is a key player in the Troubled Families project. Staff have worked closely with the project leaders to develop proposals for families who live in the Council's housing stock. Housing have agreed to fund a specialist housing worker within the Troubled Families team, to ensure that housing problems are resolved early

Probation

1. Brief summary of service as it relates to safeguarding children-to include how the organisation is meeting section 11 responsibilities

London Probation Trust's Local Delivery Unit (LDU) covering Barking, Dagenham and Havering supervises approximately 2000 offenders at any one time, about 800 of these will be from Havering. Offenders supervised are 18yrs old or over.

All staff attend mandatory internal safeguarding training, and also engage with external borough training. There are named practitioner and manager staff for safeguarding children, who assist in developing the quality of practice. The LDU managers undertake a monthly audit of cases (LEARN), which considers how safeguarding children issues are identified and addressed within cases. We also have large-scale bi-yearly audits of risk assessments, which include assessment of risk to children.

LPT's recently revised Safeguarding Policy and Procedures are accessible to all staff, and provide further clarity on issues such as thresholds for referrals to Children's Services. Further, as part of their clinical supervision with Managers, Probation Officers will be held to account for their safeguarding practice. There are clear case recording requirements in place, including 'flagging' of safeguarding issues.

The Trust has an effective and accessible process in place for staff and adult service-users to make a complaint. LPT also has a clear policy in relation to allegations against staff. LPT's recruitment

department complies with the requirements of Safer Recruitment.

The current London and local LDU Business Plans identify safeguarding priorities, e.g. MASH; improved engagement with offenders and families; work with Women Offenders. Inter-agency work is core to managing Offenders, and the LDU has good working relationships with local Police, YOS, and Children's Services. Key agencies also work closely together within Integrated Offender Management (IOM), a multi-agency approach to managing Offenders. There are information sharing protocols in place, which will need further development in line with an ongoing emphasis on the importance of IOM.

2. Review of Safeguarding Activity 2012-2013

- ✚ Audit of Pre-Sentence Reports prepared for Courts, on cases involving domestic abuse, to ensure that risk assessments were sufficient, and that impact on families and children was identified. The audit results will underpin further workshops for staff on report-writing and working with domestic abuse. T
- ✚ Throughout 12/13, the quality of risk assessment was a focus, with ongoing audits of risk assessments being undertaken. The range of audits looks for a high level of competence in identifying risk to children and families, and putting in place sentence plans to reduce the risk.
- ✚ Improving the quality of work with Women Service Users: the LDU has, proportionately, the highest number of women offenders across all LDUs in London. We have therefore started to develop services that will deliver a more holistic approach to helping women change their behaviour within the context of complex need: We piloted a Women's Empowerment group which was open to women service users across Barking, Dagenham and Havering, which we will develop further in 13/14 via IOM.

- ✚ As part of IOM, a Fathers project was also delivered, focussing on male offenders' parenting skills.
- ✚ The LDU continued to take a lead role in effective MAPPA work in the borough: Havering has a highly functioning multi-agency MAPPA level 2 group, who take account of safeguarding issues in advising on case management for the relevant offenders.

3. How has the organisation contributed to the Havering LSCB strategic priorities?

Priority 1: As outlined in the summary of service, above. We have also been working hard to ensure that we achieve improved communications with other agencies across the partnership. Our involvement in MASH has been a particularly positive step in this regard, alongside our existing involvement in MAPPA.

Priority 2 and 3: This is an area most appropriately addressed by the Local Authority.

Priority 4: As outlined in the summary of service, above. In addition, LPT as a lead agency in IOM, ensures that substance misuse agencies participate in IOM and engage in joint monitoring of assessments and services to offenders we supervise. LPT is represented at Havering MARAC, and towards the end of the performance year, a women's mentoring service was commissioned for women service users. There have not been clear pathways into mental health assessments and treatment specifically for offenders, during 12/13: this will be improved in 13/14.

Priority 5: As outlined in the summary of service, above. Whilst LPT works directly with adults, Probation Staff will, from time to time, have contact with families and children. This is particularly highlighted as a positive aspect of Home Visits. When having such contact, staff are aware of, and comply with all internal policies, including Safeguarding, and are mindful of the need to be able to communicate effectively with families and children in order to accurately assess risk.

4. Current Activities and on-going Work

Current activities continue a focus on improving the quality of risk assessments, including risk to children and the wider family. The Women's Empowerment project continues to run, in order to assist women to develop a sense of ownership and agency within their lives. Aligned to the focus on Women within the LDU, we are also prioritising ensuring maximum referrals to our newly commissioned mentoring service. It has been agreed that effective working with Women Offenders will be a priority for IOM in the borough for 13/14.

We have a Probation Officer at the MASH, and a Manager attending the borough MASH working group, and we look forward to working with MASH partners to improve joint processes and information sharing.

Our Senior Practitioners continue to coach and develop staff in a number of areas, including safeguarding, and every member of staff will very shortly be trained in SEEDS. SEEDS is an approach that encourages staff to build on existing offender engagement skills to form the most effective possible relationship with the offender. SEEDS aligns with the need to improve our holistic knowledge and understanding of the offender, including their social history and family relationships.

5. Future Priorities and Aspirations

The LDU Business Plan for 13/14 includes the following priorities relevant to Safeguarding:

- ✚ Full deployment of the SEEDS approach, including live observations of practice.
- ✚ Deployment of LPT's Women's Strategy to ensure that every female offender has access to women only provision.
- ✚ Develop Women's Services through IOM
- ✚ Strengthen LPT's involvement in Troubled Families work.

- ✚ In collaboration with Health Partners, deploy the LPT Personality Disordered Offender initiative: those with Personality Disorders can be hard to reach, and their offending behaviour will have a considerable impact on their families. This initiative will improve assessment and pathways into interventions

In addition, some work will be done to assess and improve the engagement of Probation Staff with multi-agency case conference meetings. There are currently insufficient joint processes in place to monitor this, and this needs to be rectified.

6. Impact and Outcomes

- ✚ Staff to have improved awareness of, and engagement with, safeguarding issue in all aspects of casework.
- ✚ Improvements in offender compliance, with resultant improved outcomes for children
- ✚ Improved offending reducing pathways for women, with resultant improved outcomes for children and families.
- ✚ Clearer statements of safeguarding issues in Court Reports.
- ✚ Improved information sharing with Safeguarding partners

7. Example of Effective/Emerging Practice

- ✚ Observed improvement in staff ability to 'Think Family': evidenced in reports to prison, case audits, case discussions with staff.

North East London Foundation Trust

1. Brief summary of service as it relates to safeguarding children-to include how the organisation is meeting section 11 responsibilities

North East London NHS Foundation Trust (NELFT) provides mental health and community services for people living in the London Boroughs of Waltham Forest, Redbridge, Barking & Dagenham and Havering

and also manages community health services within South West Essex.

North East London Foundation Trust is committed to ensure that all patients receive care in a safe, secure and caring environment supported by a number of safeguarding children arrangements. There is senior management commitment to the importance of safeguarding within the Trust; the Chief Nurse undertakes this Executive lead role.

NELFT has Named Doctors and Named Nurses working in Havering as part of the corporate Safeguarding team. These professionals provide advice, guidance and support to our staff who work within Havering on safeguarding children issues. Roles and responsibilities for these posts are clearly outlined in the job descriptions.

Integral to NELFTs governance arrangements is our strategic safeguarding group which meets on a quarterly basis. Its function is to ensure that the Trust executes its statutory safeguarding responsibilities and to ensure that national policy and guidance is interpreted and applied at a local level.

A safeguarding report is presented to both the Trust Board of Directors annually and to the Quality & Safety Committee (QSC) on a bi-annual basis; this report covers all areas of safeguarding children including changes in national and local policy, audit results, key developments and staff training.

All of NELFTs individual employee's responsibility for safeguarding vulnerable children is stated in the "Safeguarding the welfare of children policy" and outlined in all job descriptions, at appraisals and in all safeguarding training.

In accordance with the obligations of the Children Act 2004, North East London Foundation Trust (NELFT), as an organisation providing services to children and their families, is required to undertake an annual Section 11 audit. The strategic safeguarding group monitors progress against The NELFT Section 11 Audit and Action Plan 2011/2013

The Strategic lead for Safeguarding, the Associate Director and Nurse Consultant for Safeguarding and Looked After Children (LAC) are required to provide strategic leadership, training, support and guidance, raising the profile of Safeguarding and Looked After Children across the organisation,

Havering safeguarding issues are reported on within the North East London Community Services and the Mental Health Services Business Units monthly meetings which report to the NELFT Strategic Safeguarding Group. This group meets on a quarterly basis and is represented by all Business Units and key internal stakeholders. The group's function is to ensure that the Trust executes its statutory responsibilities and to ensure that national policy and guidance is interpreted and applied at a local level. The group provides expert advice to the Trust in aspects of safeguarding and promoting the welfare of children and adults at risk.

The trust has developed a safeguarding children training strategy to inform all staff of the training required commensurate to their role and the expectations of the Trust. Compliance with these training requirements is monitored by the trust's community and mental health business units safeguarding groups and strategic safeguarding group.

The trust has updated its safeguarding children supervision policy and this has been re-launched. An NSPCC Safeguarding Supervision skills training has been delivered to three cohorts of practitioners within NELFT increasing the supervisor capacity within community and mental health services. The supervisor capacity will be further strengthened through the commissioning of a rolling programme of safeguarding supervision training going forward.

2. Review of Safeguarding Activity 2012-2013

Safeguarding children priorities are highlighted in the NELFT safeguarding children annual report.

The LSCB's annual audit programme forms part of NELFT's systematic programme of quality assurance.

The Child Safeguarding team and members of operational services, from our Mental Health services and Community Health Services have participated in the LSCB Multi-agency audit programme. Outcomes from these audits are communicated back into the organisation through the safeguarding governance arrangements and integrated into training delivered by the safeguarding Children's team. The active engagement of practitioners as part of this process, has also ensured the dissemination and embedding of best practice

The Voice of the Child is already developed through the CAMHS user group and child-friendly information. The inclusion of the views of children all clinical records including safeguarding and LAC, initial and review Health assessments is being embedded in practice for all practitioners.

The trust has participated in Serious Case Reviews, and has completed a chronology for potential SCIE systems approach case review. NELFT has worked in partnership with the LSCB to look at lessons learned from the cases and implement actions arising from these reviews. There has been trust representation at the dissemination of learning events as members of the panel and participants.

NELFT is actively contributing to the delivery of MASH within Havering and two practitioners were successfully recruited and are supporting the initiative.

3. How has the organisation contributed to the Havering LSCB strategic priorities?

The Trust continues to be an active member of all Local Safeguarding Children Boards. Evidence of strong partnership work is demonstrated through consistent NELFT participation in all MAPPA, MARAC LSCB working groups, multi-agency audit programmes' and policy development

The trust has developed "A Think family Strategy" which works along a continuum of need for children and adults services to determine how the needs of

other family members impact on the health of the patient/client. This strategic approach directly links Adult and Children's Safeguarding and Domestic Abuse processes across all the operational sites within NELFT as a care provider.

The Trust is committed to the vision that all adults, children and families within the health economy have access to services and protection against domestic and sexual violence. In recognition of this priority, we have a Domestic Violence Strategic Lead who has developed a Domestic Violence Policy and Strategy including a bespoke comprehensive training package for all our services to increase awareness of sexual exploitation and Domestic Violence.

4. Current Activities and on-going Work

Work has continued in all the key areas outlined in NELFT's Safeguarding Strategy namely ; mainstreaming safeguarding , effective safeguarding structures , learning through experience and the development of knowledge and skills. Progress has been achieved against the priorities identified for 2012-2013.

The Child Safeguarding Team supports the work of Mental Health (MHS) and Community Health Services (CHS) with regards to safeguarding children. This work is embedded in practice in terms of proactively meeting and thinking about children & their carers' needs within a safeguarding framework.

The Havering Access to Resources Panel is a multi-agency panel that scrutinises the services that are commissioned for children and young people who require individual packages of care. This panel presently meets on a weekly basis. It is a priority for NELFT that a consistent representative attends. This will initially be a representative from CAMHS and the specialist Nurse LAC

NELFT continues to prioritise training requirements for staff and our training matrix and strategy has been updated to include a stretch target to ensure on-going compliance as part of our regulatory requirements.

Performance against training targets is monitored on a monthly basis ensuring that safeguarding remains high profile and going forward data will be produced on a borough basis.

5. Future Priorities and Aspirations

We will continue to review and challenge our arrangements in order to support safe and consistent practice, adhere to our statutory duties and will respond positively and assertively to the changing guidance and national reviews including the updated Working Together 2013 and the OFSTED Report: What about the children? (March 2013)

The key objectives for 2013-2014 are set out in our 3 year Safeguarding Strategy 2011-14. This strategy sets out how we will continue to improve in the four key areas next year.

Mainstream Safeguarding: In 2013/14, NELFT will review the implementation of directorate plans and structures for safeguarding children and adults at risk.

Effective Safeguarding Structures In 2013/14, NELFT will review the number and distribution of NSPCC accredited child protection supervisors to ensure frontline staff have timely and high quality access to the level of child protection supervision they require to have professional capability and confidence and there will be a review of the supervision data base to ensure and assure that the organisation provides a safe working environment to protect children and staff

Learning through Experience: In 2013/14 NELFT will investigate how practice has changed and what lessons have been learned using a range of different methods such as Audit, Patient Surveys, etc

Development of Knowledge and Skills: In 2013/14 the levels of work force competence will be reviewed, including supervision of safeguarding children practice, IMR/SCR report writing, rolling out of WRAP training, supporting and adherence to legal requirements including court appearances and the Impact on service delivery to be evaluated

6. Impact and Outcomes

NELFT will have a highly skilled and competent workforce equipped to detect, appropriately refer and manage work to progress the care plans of vulnerable children and young people to ensure that they have improved outcomes and optimum life chances.

7. Example of Effective/Emerging Practice

NELFT is currently embedding a system to closely monitor the origins of safeguarding referrals, quality and outcomes to enable increased oversight of the impact of training and to identify further training requirements.

Havering Clinical Commissioning Group

1. Brief summary of service as it relates to safeguarding children-to include how the organisation is meeting section 11 responsibilities

From 1 April 2012 NHS Outer North East London Primary Care Trust (PCT) merged with East London and the City PCT the cluster was called North East London and the City (NELC) and was made up of staff from local NHS organisations. In its closing year as a commissioning organisation, NHS North East London and the City (NELCS) continued and maintained progress in supporting providers in meeting their safeguarding responsibilities within clear service specifications and quality review monitoring.

The Havering Clinical Commissioning Group (CCG) worked in shadow form receiving authorisation and became fully operational from April 2013. Safeguarding services continued to be provided effectively through the transition and the PCT handed over legacy documents to ensure continuity of service. The CCG will continue to apply standards as set out in the revised Working Together to Safeguard Children 2013 document and the new Safeguarding Vulnerable People in the Reformed NHS Accountability and Assurance Framework (2013). Evidence provided for the authorisation process of the CCG included:

- ✚ establishing systems for safeguarding children
- ✚ securing the expertise of safeguarding lead professionals
- ✚ clear lines of accountability and governance arrangements

The CCG Accountable Officer has overall responsibility for safeguarding within the CCG. The Board Nurse Designate has the executive lead for safeguarding, supported by the newly appointed Deputy Director for Nursing and Safeguarding. The designated nurse and doctor function has transferred to the CCG. Following the closure of the PCT 31 March, the management of GP function transferred to NHS England. Ultimate accountability for ensuring that all quality and safeguarding duties are discharged is the responsibility of the Havering CCG Board.

The Board will receive assurance that all responsibilities are discharged; that systems and process are in place to monitor quality issues including safety in an on-going way, that arrangements are in place to proactively identify early warnings of a failing service, arrangements are in place to deal with and learn from serious untoward incidents and never events and has established appropriate systems for safeguarding from a committee of the Board, the Quality and Safety Committee (QSC). The Nurse Director is a member of this committee and will present safeguarding assurance reports to the committee at every meeting, exception reports as required and escalate any risks with mitigating action plans.

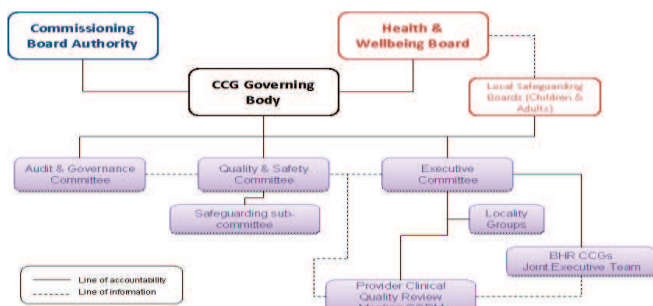


Figure 1 – Barking, Havering & Redbridge CCGs Quality delivery and safeguarding organisational structure

2. Review of Safeguarding Activity 2012-2013

Governance and Accountability Arrangements

NHS NELC during 2012 held a monthly Clinical Quality Review Meeting (CQRM) with Barking Havering, Redbridge University Trust (BHRUT) and NELFT to review and obtain quality assurance of the services that are commissioned. The Board Nurse Designate for Barking and Dagenham, Havering and Redbridge CCG has chaired the forum since January 2013 and reports to the Clinical Quality Risk Meeting (CQRM) to the Havering CCG Board thus ensuring the clinical directors are informed of the quality of service provision. The CCG will continue to chair and manage the CQRM.

Havering Clinical Commissioning Group (CCG) is fully committed to promoting the safety and wellbeing of children and young people, pre-birth to 18 years in Havering. This includes all CCG commissioned services across the health economy in Havering and is in accordance with their statutory duty under s11 of the Children Act 2004. Implementation of action plans from Serious Case Reviews, relevant Serious Incidents, Inspection and quarterly monitoring tools will be reviewed at this forum (Appendix 1).

3. How has the organisation contributed to the Havering LSCB strategic priorities?

Priority 1 Havering CCG will require assurance and evidence from providers regarding safeguarding services and practice for children including LAC provision and community services including Health Visitors, School nursing and therapies and midwifery services. The safeguarding children dashboard is reviewed as part of the assurance process ensuring the provider organisations are compliant with Section 11. The CCG contribution to the Havering JSNA will continue to ensure that early help is identified across health organisations

Priority 2 NHS Havering CCG will achieve this by providing support to all its commissioned services

regarding their safeguarding responsibilities. Monitoring safeguarding arrangements across provider organisations will be undertaken by the members of the Barking, Havering and Redbridge CCG Safeguarding Children Group. Integration between London Borough Havering and the CCG on providing short breaks for carers by pooling NHS monies for short breaks will contribute to increased alignment between universal, targeted and specialist services.

Priority 3 Service Level Agreements and contracts with provider organisations will be checked on a yearly basis to ensure that they take account of:-

- ✚ The need to safeguard and promote the welfare of children at all times.
- ✚ Cultural diversity
- ✚ The right to family life
- ✚ Due regard to confidentiality (need to know principle)
- ✚ To ensure that staff interests are catered for when dealing with complex risk or dangerous families, including risk assessment, de-briefing and counselling where appropriate.

The designated nurse participates on the Child Death Overview Panel and contributes to decisions and is an active member of the LSCB working groups.

Priority 4 The Named professionals across the Havering health economy are supervised by the designated nurse and attends meetings with all Providers safeguarding leads to address any gaps or issues. The CCG will contribute to section 11 audits as determined by the LSCB.

Priority 5 The CCG will continue to involve service users and their families in the review and development of its services. Multiple methods will be used dependent on the service under review – including one-off consultations, ongoing user groups, gaining feedback through different digital media.

4. Current Activities and on-going Work

The CCG will ensure that robust safeguarding systems, training, policies, procedures and guidance are in place across the health economy in Havering and that these will facilitate effective multi- agency working. It also recognises the importance of all health practitioners in health services being able to recognise signs of abuse and neglect. NHS Havering CCG is working with the LBH to keep promotion of breastfeeding on the agenda when commissioning, especially through hospitals and maternity wards. Havering CCG will continue support for MASH and troubled families agenda as evidenced in the Commissioning Strategic plan.

5. Future Priorities and Aspirations

- ✚ NHS Havering CCG priorities for 2013/14 include focusing on assuring the commissioning of child health services in co-ordination with NHS England and the Local Authority. An area identified as requiring specific work is a review of Speech and Language Therapy (SALT) and Child and Adolescence Mental Health Services (CAMHS) in Havering.
- ✚ A Designated nurse for Looked after Children LAC services across NHS BHR CCGs is required and will be recruited and how best to continue health contribution to the Multiagency Assessment Hub (MASH) and troubled families agenda. The CCG has responsibility for therapies from 1st April and are looking into the current arrangements to identify areas for improvements and actions.
- ✚
- ✚ Providers and the CCG will ensure that children and their families' opinions and views are being sought and implemented in service provision.

6. Impact and Outcomes

The impact of addressing safeguarding issues across the multi-agency partnership by NHS Havering CCG will provide earlier opportunities to identify children in need and at risk and enable more effective service provision.

7. Example of Effective/Emerging Practice

A Children's Clinical Lead post is being recruited by Havering CCG who will have a specific remit for the portfolio of Children's Commissioning and a programme of projects and work areas including safeguarding of Havering children.






NHS Havering CCG will commit to adopting a systems methodology in the event of a serious case review.

The quality of health services provision to children and the safeguarding agenda will be monitored across Havering by the CCG and actions identified will be progressed through the quality governance agenda.

Barking, Havering & Redbridge University Hospitals NHS Trust

1. Brief summary of service as it relates to safeguarding children-to include how the organisation is meeting section 11 responsibilities

The Trust's Safeguarding Children's Team is fully staffed and comprises of:

-  Full time Named Nurse
-  Full time Named Midwife
-  Full time Named Doctor, Safeguarding Children
-  Full time Paediatric Liaison Nurse and Child Death Coordinator
-  Full time Team Secretary

The Line Manager for the Safeguarding Children's Team is the Deputy Director of Nursing. The Trust's Executive Director of Nursing is the Executive Lead for Safeguarding Children and chairs the Trust's quarterly Safeguarding Children's Committee, which meets quarterly. The Committee has clearly defined Terms of Reference, which are reviewed yearly and the group membership is made up of both internal and external stakeholders.

The Trust's Safeguarding Children's Policy and Procedure is reviewed regularly and is available on the Trust's website.

All safeguarding training information and updates are posted on the intranet and are easily accessible to all staff. All Safeguarding Children training attendance at Levels 1, 2 and 3 are above 90%. The Trust has a detailed Safeguarding Children Training Needs Analysis and Strategy, which has been approved by the Trust's Safeguarding Children's Committee. The Trust has a two year refresher for all mandatory training including safeguarding children training.

The Safeguarding Children's Annual Work Plan and progress is monitored by the Safeguarding Children's Committee.

The Safeguarding Children's Committee has approved an Audit Framework involving departments that have contact with children and families in the Trust. The audit results and action plans are considered at the Safeguarding Children's Committee.

An annual Safeguarding Children's report is produced, and considered by the Trust's Safeguarding Children's, Quality & Safety Committees and Trust Board. The report is circulated widely internally and externally, and is considered at the Local Safeguarding Children's Boards.

2. Review of Safeguarding Activity 2012/13

The Safeguarding Children's Policy is on the intranet and can be easily accessed by all members of staff. All other Safeguarding information is also accessible on the Child Protection section of the Trust Intranet.

The PICKER Institute has given their consent for the Trust to use their questionnaire in obtaining the views of children and young people. The questionnaire will be implemented in summer 2013.

Practice issues are addressed during training in relation to safeguarding and direct contact with leads from different departments. Outcomes are evidenced from feedback on evaluations.

Safeguarding Children Supervision training for staff has been completed and a mentoring and documentation workshop will be held in May 2013.

Supervision will be embedded in the Trust in June 2013.

Members of the Safeguarding Children's Team continue to provide formal Safeguarding Children Supervision in the paediatric, midwifery and sexual health departments. Advice and support are available to all Trust staff and this provision is used regularly with outcomes that have led to referrals to social care.

The Trust ensures that DBS checks are carried out on all relevant staff and the Human Resource Department presents quarterly audits to the Safeguarding Children's Committee for assurance.

3. How has the Organisation Contributed to the Havering LSCB Strategic priorities?

The Trust attends all Havering subgroup meetings. There is representation on LSCBs by the Executive Safeguarding Lead or a Delegated Officer.

The Trust is committed to the establishment of the MASH in Havering.

The Safeguarding Children's Team holds a weekly Psychosocial Forum with social care colleagues, staff from A&E and the wards with a doctor present at both sites. This provides the opportunity to discuss cases and referrals. Also a member of the team attends any professional meetings.

Havering Children's services has a social worker who attends the forum weekly and supports the process.

A senior worker from interact (CAMHS), child and young persons drug and alcohol worker from SUBWIZE, attends the Safeguarding Psychosocial Forum. The SUBWIZE worker is based with the safeguarding team

Monthly Maternity Partnership meetings with Barking & Dagenham, Havering and Redbridge continue to be well attended, with good multi agency representation. Through this forum a system has been agreed to ensure there is a consistent approach to informing

LAC nurses in the three boroughs about pregnant young mothers and to ensuring that health visitors are invited to pre-discharge meetings in maternity.

The maternity electronic discharge process (E3) project is in progress. In the interim, safeguards in the form of revised transfer and discharge documentation have been put in place to improve information sharing between hospital and community maternity staff and with health visitors and GPs.

There are Domestic Violence Advocates (IDVA) based in the Trust and they provide support to victims and advice to staff.

The collaborative work with Domestic Violence Service and the Trust maternity department has been commended and nominated for the British Journal of Midwifery Team of the Year award.

4 Current Activities and Ongoing Work

Safeguarding Children Training at all levels will continue.

A rolling programme of Safeguarding Children Audits will continue.

The PICKER Institute has given their consent for the Trust to use their questionnaire in obtaining the views of children and young people. The questionnaire will be implemented in summer 2013 and surveys will be undertaken bi-annually.

Continued use of Home, Education, Activities, Drugs, Sex and Suicide (HEADSS) assessment tool for young people 12- 18yrs

5. Future Priorities and Aspirations

Embed robust psychosocial process.

Deliver objectives outlined in the Safeguarding Children's Strategy.

Embed Safeguarding Supervision across the Trust.

Continue auditing Safeguarding Children practices and attendance at Case Conferences

6. Impact and Outcomes

The Safeguarding Children's Team continues to make significant progress in ensuring that the Trust effectively executes its duties and safeguarding responsibilities and maintain focus on the welfare of all children. This has been achieved through training, advise, support and supervision to staff and working closely with partner agencies within the local areas and across the health economy.

7. Example of Effective/Emerging Practice

Increased referrals from staff with regards to children in their family, friends or colleagues where they have had concern.

In addition, the analysis of a recent local CSE case study highlighted the need to improve the local response in Havering. The study recommended:

- ✚ Raising awareness of what Sexual Exploitation is and its many forms
- ✚ Initial stages of CSE do not always meet thresholds for social care and police. This is where early intervention helps avoid further exploitation.
- ✚ Clear definitions of consent, capacity and choice
- ✚ Clear practice guidance on what to do if you suspect someone is being exploited
- ✚ Identify key professionals working with the YP
- ✚ Know where to go if you don't feel your concerns are being heard
- ✚ Understanding that YP don't always know they are being exploited
- ✚ Training for professionals; Training around the law and how not to hinder any future police investigation
- ✚ Support for parents

This learning has been crucial in shaping the objectives of the CSE Strategy and informing the priorities of the Action Plan for 2013-14.

Police Child Abuse Investigation Team

1. Brief summary of service as it relates to safeguarding children-to include how the organisation is meeting section 11 responsibilities

The Metropolitan Police have a dedicated Child Abuse Command - the CAIT team for Barking & Dagenham and Havering boroughs consists of one DI, five DSs, twelve DCs and seven police staff. Their remit covers:

Intra-familial abuse (as opposed to a stranger attack); Intra-familial means: within the family and extended family defined as aunts; uncles; cousins; siblings including step, fostered, half brother and sister, grandparents, step grandparents, step mothers or fathers and can include long term partners but must be an established relationship;

Professional abuse - working in a child focused environment who abuses their paid position e.g. teachers; sports coaches; youth workers; ministers; caretaker of a school; school cleaner; prison staff;

Other carers - who act as a carer with some responsibility for the child at the time of the offence - e.g. babysitters; voluntary groups like scouting, unpaid sports coaches, close personal family friends. This list is not exhaustive and consideration should be given to new forms of abuse such as those who facilitate child trafficking, exploit children sexually or use children in organised criminal activity (cannabis farms or street theft);

Where the victim is an adult and the abuse occurred whilst he or she was a child under the circumstances as described in (a - c);

Which are connected matters (offences against other children) coming to notice during enquiries by officers into (a) to (d) (e.g. where an abuser within a family has also committed similar offences against an unrelated child);

Allegations categorised as parental abduction, outlined in the Child Abduction Act 1984 S1.

To investigate intelligence led investigations in relating to Internet crimes.

To investigate sudden and unexpected death in infancy of children under the age of 2 within the family

Children at risk of significant harm are identified by police officers through robust risk assessments and reported to children's social care. Risks for children living within domestic violence households are reduced and minimised as police have a good awareness of the impact this has on the emotional well being of children.

Joint investigations undertaken by the CAIT and children's social care are underpinned by strong working relationships between both agencies. Strategy discussions are timely and actions match the risk accordingly.

CAIT attendance and contribution to ICPC's and RCC's is extremely high and ensures risks are identified and responded to immediately.

A recent joint Ofsted inspection highlighted that the MPS have a good provision for leadership and governance re child protection through the Child Abuse Command. It commented that services delivered through CAIT ensure the MPS response to safeguarding is consistently good and that learning leads to continuous development. It continues 'senior leadership within the Child Abuse Command provides strong leadership, governance and quality assurance for all child abuse investigation staff. Daily management meetings ensure oversight is provided for critical child protection issues and ongoing performance monitoring addresses gaps in service and delivers proportionate resourcing for child protection enquiries.'

All CAIT staff are required to complete the Specialist Child Abuse Investigators Development Programme (SCAIDP) and Achieving Best Evidence training. All non

detectives are required to pass a national detective exam and complete the Nationally Accredited Initial Crime Investigator Development Programme (ICIDP) to develop their skills and confidence.

2. Review of Safeguarding Activity 2012-2013

The CAIT are continually monitored through a Central HQ Daily Grip and Pace meetings which scrutinise performance and challenge decisions where appropriate. The command have regular bi-monthly command meetings where performance is reviewed and good practice identified and disseminated between teams.

Our partnership team and training unit are developing a victim questionnaire whereby we can seek their views in order to help frame a better response. This will initially be targeted towards adult victims but a second phase aims to include scoping the views of children, the results of which will continually feed into our internal training.

3. How has the organisation contributed to the Havering LSCB strategic priorities?

The CAIT team regularly attend all LSCBs and all sub-groups, along with ICC and RCC where it is appropriate. Data is reviewed on a regular basis to make sure we are providing an effective response to child issues with support of our partner agencies.

The Metropolitan police provide Child Abuse Investigation teams with specialist officers that have enhanced training and skills. Officers and staff have an extra level of vetting to work with children and are continually monitored by psychologists while working in the command. The Investigation team work in tandem with borough colleagues to assist and engage with Safer Neighbourhood teams with children who are on child protection plans (Operation Pan Pan).

The CAIT regularly engage with the Community Safety Unit and MARAC to ensure there is a full information sharing picture for children exposed to domestic violence.

The CAIT command's bi-monthly meetings audit, review and inspect all CAIT teams to ensure consistent provision to all partnership agencies and local borough police.

4. Current Activities and on-going Work

Work is currently being carried out to provide a better response to Child Sexual Exploitation (CSE). The CAIT command is in the process of major restructuring to provide an extra 170 staff to form the CSE teams. A member of staff will be provided to every CAIT to ensure that all boroughs are complying with new structure and ensuring partner agencies are being informed of new cases coming to light. Four teams will be formed on each Region of the Command to have a response to level 2 crimes and a central team to deal with level 3 crimes. These regional teams will come under the command of a Detective Inspector to support Operation Command units on borough and our partner agencies.

At present the Child Abuse Command and Sapphire (Rape Command) are in process of merging into one command. CAIT and Sapphire teams will continue to function separately but there will be a merging of senior managers and support units such as partnership, intelligence and proactively.

5. Future Priorities and Aspirations

MPS CAITs are in the process of considering alternative performance indicators for positive outcomes for children. This work is in progress but will ultimately be decided by the MPS Commissioner.

A priority for the MPS is to reduce the number of victims who are affected by violence with Injury (VWI) - this is a target for the Child Abuse Command as is detecting these crimes through judicial disposals.

A long term priority is to develop a victim focussed tool to allow our victims a voice to feedback their experiences and enhance our investigative methods.

6. Impact and Outcomes

The whole of the Metropolitan police are under a major reorganisation to improve the way we deal with victims, families and communities.

This comes under the MetChange programme and for the Local Policing Model (LPM). It is not known at this stage the impact that it will have on the Metropolitan police staff and communities we serve.

Staff are regularly updated with changes and have a forum where views and good ideas are exchanged.

7. Example of Effective/Emerging Practice

Child Sexual Exploitation is a new and emerging practice that will be integrated into the Child Abuse command. This will have a big impact on how we deal with children and families including how we are measured. There is a three month pilot that is taking place and the results of this will feed into overall priorities.

All serious case reviews of internal management reviews across the entire MPS region are collated centrally and the issues and recommendations disseminated MPS wide where necessary. These are tracked and monitored by Child Abuse SMT.

Community Safety

1. Brief summary of service as it relates to safeguarding children-to include how the organisation is meeting section 11 responsibilities

The Community Safety Service coordinates the development, implementation and monitoring of the Havering Community Safety Plan on behalf of the Havering Community Safety Partnership (HCSP).

The Key areas which impact on the Safeguarding of Children are the Domestic Violence (DV) Forum, Domestic Violence Multi Agency Risk assessment Conference [DV MARAC], the Anti-Social Behaviour Panel and the Reducing Re-offending Panel.

2. Review of Safeguarding Activity 2012-2013

All staff working within the Community Safety Service are CRB checked and Safeguarding is a standing agenda item on all Team meetings and relevant groups. The CS Team Leader is the Lead for Safeguarding and staff have received appropriate training. Community Safety is represented on all LSCB sub groups and disseminate information out to partners through the HCSP action group

DV Forum and MARAC

Havering experienced a 2.9% increase in DV incidents with 2939 in 2012 and a 4.3% increase in DV offences with 1283.

	2011-2012	2012-2013	% change
DV offences	1239	1283	4.3 increase
DV incidents	2856	2939	2.9 increase

Havering ranked twelfth for the most number of offences of the thirty two London Boroughs and had a sanctioned detection rate of 49.6% the fourth best in London.

3. How has the organisation contributed to the Havering LSCB strategic priorities?

4. Current Activities and on-going Work

The MARAC meets monthly to discuss high risk cases. In 2012, 153 cases were presented to the MARAC, this involved 209 children and 4 unborn children. Children’s Services advise on appropriate referral routes for all families.

Havering Domestic Violence Forum is well established within the borough and continued to meet on a quarterly basis throughout 2012 with representatives from the council, police probation and voluntary sector.

Developed and implemented the Violence against Women and Girls action plan. At the heart of the action plan was the ethos that support for victims is embedded in the work of the council, police and

voluntary sector. The action plan focussed on prevention, protection & safeguarding and provision of services to support victims of domestic violence

5. Future Priorities and Aspirations

- ✚ Production of a Partnership domestic violence strategy for the borough which is aligned to the Mayors Violence Against Women and Girls Strategy which will include Harmful practises, Forced Marriage , Honour Based Violence and Female Genital Mutilation.
- ✚ Development of a corporate domestic violence policy for Havering Council to further strengthen referral procedures and prevention of DV
- ✚ Development and implementation of a DV action plan for 2013-14, focussing on the themes of prevention, intervention and dealing effectively with perpetrators to stop violence.
- ✚ Further embedding the MARAC process across the council and partners.
- ✚ Development of an annual communications plan to increase victim confidence in reporting.
- ✚ Continue and expand the domestic violence advocacy service
- ✚ Continue to provide an Independent Domestic Violence Advocate to support high risk victims of DV
- ✚ Working with the Troubled Families project to support families affected by domestic violence

6. Impact and Outcomes

- ✚ The Multi Agency Risk Assessment Conference (MARAC) remains an effective process to support high risk victims of domestic violence.
- ✚ The borough secured white ribbon status following submission of an action plan detailing the work of Domestic Violence Forum and its commitment to never commit, condone or remain silent about violence against women.

- ✚ The Forum held a successful Domestic Violence conference during the sixteen days of White Ribbon activity in November and focussed on the theme of safeguarding which was attended by a hundred council and partner staff.
- ✚ A DV communication plan was established – with the updating and distribution of domestic violence literature.
- ✚ Havering Women’s Aid provided two hundred and four Domestic violence advocacy sessions. The aim of the sessions is to increase reporting of domestic violence and reduce repeat victimisation by empowering the victim.
- ✚ Twenty domestic violence support groups were run in 2012 for women who have or still are experiencing domestic violence. Victim Support Independent Domestic Violence Advocate provides support to high risk victims of domestic abuse.
- ✚ Explore the potential for the development of a perpetrator programme

Anti-Social Behaviour:

1. Brief summary of service as it relates to safeguarding children-to include how the organisation is meeting section 11 responsibilities

The ASB panel is a multi-agency group which meets on a monthly basis to discuss ASB issues within Havering

2. Review of Safeguarding Activity 2012-2013

The partnership achieved a 4% reduction in ASB in 2012-13 – a fantastic achievement. The partnership utilised a wide range of enforcement action against perpetrators of ASB. The following enforcement action was taken by the Partnership in 2012/13:

- ✚ 44 Yellow Cards (Intervention)
- ✚ 34 Red Cards (Intervention)
- ✚ 15 Acceptable Behaviour Contracts (Intervention)
- ✚ Anti-Social Behaviour Contracts (Enforcement)

Work has taken place with both victims and perpetrators of ASB to reduce opportunities for repeat victimisation. This has involved mediation, diversionary activity for young people and support for victims. Safeguarding is considered for both the victim and perpetrators of ASB and appropriate referrals are made to support young people and their families to both address inappropriate behaviour and safeguard children and adults.

In Havering there are currently:

- ✚ 13 Live Yellow Cards
- ✚ 20 Live Red Cards
- ✚ 15 Live Acceptable Behaviour Contracts
- ✚ 7 Anti-Social Behaviour Orders.

5. Future Priorities and Aspirations

- ✚ Review of ASB policies across the council to ensure a consistent response for residents
- ✚ Implementation of the revised referral processes for the ASB panel to ensure early detection and intervention for ASB cases. This will ensure that the right agencies are involved from the beginning of the process and actions can be agreed accordingly with action plans opened and reviewed until the issue has been resolved. This will ensure that any vulnerable victims, adults and young people are identified and appropriately supported
- ✚ New Legislation suggested by Government has been drafted but yet to be agreed and anticipation is 2014/2015 before this made law.

Integrated Offender Management (IOM)

1. Brief summary of service as it relates to safeguarding children-to include how the organisation is meeting section 11 responsibilities

Integrated Offender Management (IOM) is a partnership approach to reducing re-offending and helping ex-offenders re-integrate into the community by ensuring that local and partner agencies come

together to ensure that offenders, are managed in a coordinated way.

The IOM Panel is a Council led multi agency initiative. Statutory and non-statutory agencies within the Borough come together to discuss Havering's Prolific and Priority Offenders and other key offenders on a monthly basis in a confidential environment. The panel works together to reduce re-offending and aid individuals' re-integration back into the community. The panel currently has a cohort of 53 offenders. Safeguarding is a key factor for each individual offender.

IOM Havering has put together a number of projects in the last few months to try and assist re-integration.

4. Current Activities and on-going Work

✚ IOM Fathers Project: this is an Initiative between Havering Council, Havering Children's Centres and the London Probation Services. It's a parenting course targeting fathers who are offenders. It is aimed at combating/ reducing the offending cycle within the home and promoting a violence free and healthy lifestyle for children. Pilot 1 has been successfully completed and evaluated by both the Race Equality Foundation and by Ofsted. Pilot 2 will start in May 2013 and will include fathers who have fallen victim to substance misuse.

✚ IOM Rent Deposit Scheme: The main aim of the project is to reduce re-offending by providing clients with a stable home in order to allow them to re-integrate into society. This will in turn reduce the strain on local resources and will financially benefit the local community. Through the offenders helped through this project we have:

- Successfully re-housed 10 offenders.
- 9 /10 offenders have not re-offended
- Aim to increase funding next year in order to increase these numbers.

✚ IOM Food Project: A project designed to help those offenders/ ex-offending who are struggling to make ends meet and feed themselves on a weekly basis.

✚ IOM Women's Empowerment Programme: The Women's Empowerment Programme (WEP) is a new Pilot initiative set up between London Probation Services, the London Borough of Havering and the Salvation Army under the umbrella of IOM. The aim of it is to help empower and develop independence within vulnerable women. Designed to be a six week taster course that should raise awareness of some of the key issues facing many women in the Borough on a daily basis. Relationships and Domestic Violence, Self Esteem, Sexual Health, Finance, Cooking on a budget, Drugs and Alcohol

5. Future Priorities and Aspirations

Work in 2013-14 will include the development of a work programme to address Serious Youth Violence

Finance

LSCB Financial Contributions

HLSCB is funded under arrangements arising from Section 15 of Children Act 2004. The contribution made by each member organisation is agreed locally. The member organisations' shared responsibilities for the discharge of the HLSCB's functions include determining how the resources are provided to support it.

During the financial year 2012-2013 the largest proportion of the budget was spent on staffing £99,758 and consultancy £25,488, which included the cost of the Independent Chair and dissemination of learning events / consultancy for serious case reviews. The training programme included classroom based learning, cross borough events and a conference and

cost £20,121. The Munro grant was used to raise awareness of serious case review findings and to access specialist training to develop the skill of professionals participating in serious case reviews in using SCIE systems methodology recommended by Eileen Munro.

Although Havering did not initiate any serious case reviews during the year there were costs from previous reviews, which included the redrafting of Overview reports to allow publication, and focussed dissemination of learning events and workshops.

The budget agreed for 2012/13 was composed of contributions from the key partner agencies represented on the Board and is the same as the previous two years.

Name of Agency	Contribution 12/13
Havering Council	£117,475.70
Police	£5,000.00
NHS ONEL	£28,706.49
BHRUT	£4,778.33
NELFT	£4,778.33
Probation	£1,000.00
CAFCASS	£562.15
Totals	£162,301.00

The projected contributions from partner agencies total £162,301.00. This budget excludes the additional contribution required to finance CDOP statutory requirements. CDOP was jointly funded by Children’s Social Care and Havering Health services as previously agreed by Havering LSCB.

The Child Death Overview Panel is funded by contributions from Health and Children Social Care and covers all CDOP processes. CDOP costs for the year were £35,890

The HLSCB received a grant to assist in implementing Munro recommendations of £17,798 and had a carry forward from the previous year of £4,437

Staffing and support

Board staffing has remained stable over the year. A business manager, training and development officer and an administrator are in place to assist the board in achieving agreed priorities. The Board is chaired by an independent person.

Moving forward: Priorities 2013 - 2014

In the forthcoming year, the Board will:

Priority 1: Ensure that the partnership provides an effective child protection service to all children ensuring that all statutory functions are completed to the highest standards.

Priority 2: Monitor the development and implementation of a multi agency early offer of help to children and families living in Havering.

Priority 3: Monitor the alignment and effectiveness of the partnership when working across the child’s journey between universal, targeted and specialist safeguarding

Priority 4: Coordinate an approach to domestic violence, mental health and drug and alcohol abuse across the children and adults' partnership to ensure that families affected receive the right support at the right time.

Priority 5: Ensure that Havering Safeguarding Children Board communicates effectively with partners, children, young people and their families, communities and residents

In addition to the above priorities HLSCB will ensure that all statutory requirements set out within Working Together 2013 are fully implemented.

Actions identified during the Ofsted inspection March 2013 for the HLSCB will be progressed to ensure that HLSCB is fully compliant with all statutory responsibilities.

The LSCB will work with the Adult Safeguarding Board (ASB) in order to streamline services and processes that impact on both boards. The first step to this will be to recruit an Independent Chair with responsibility

to chair both ASB and HLSCB. The aim of HLSCB and Havering ASB will be to have joint independent chair in place by October 2013.

Appendix 1: CCG Responsibilities and arrangements for Safeguarding Children

	Requirement	Local Arrangements	Lead
1.	There is a clear line of accountability and governance within the organisation for the commissioning of services designed to safeguard and promote the welfare of children and senior management commitment to the importance of safeguarding		
1.1	It is clear who has overall responsibility/accountability for ensuring that the health contribution to safeguarding children is discharged effectively through the CCGs commissioning arrangements	The accountable officer will through delegated responsibility discharge his duties through the Nurse Director. The Nurse Director will have overall accountability and responsibility for Children's Safeguarding. Service specifications with all providers will include clear standards for safeguarding and that by monitoring against these standards the CCG will assure itself that the required standards are being met	Nurse Director
1.2	There are clear lines of accountability up through the organisation to the person with ultimate accountability for children's welfare (including staff training and development).	The accountable officer will ensure their responsibilities for safeguarding are delivered via delegation of key functions to the Nurse Director as a CCG board member. All staff directly employed or contracted to deliver CCG functions will account for children's safeguarding via their direct line management and ultimately to the Nurse Director. Chief Operating Officers will be responsible for operational implementation of safeguarding training policies and procedures at an individual CCG level. Safeguarding will be included in staff induction describing how staff should exercise vigilance to help mitigate against the risk that children using CCG services might be suffering from abuse. Safeguarding roles and responsibilities will be included in all job descriptions	
1.3	The CCG should employ, or have in place a contractual agreement to secure the expertise of, designated professionals, i.e. designated doctors and nurses for safeguarding children and for looked after children (and designated paediatricians for unexpected deaths in childhood)	Each CCG has 1 WTE designated nurse in post who although reporting to the Deputy Director Safeguarding, will be based with the CCG borough team and work closely on a day to day basis with the Chief Operating Officer to ensure that all operational responsibilities are implemented within the CCG. Plans are in place to secure the expertise of designated doctors and paediatricians.	
	Barking & Dagenham, Havering & Redbridge CCG's has in place robust systems and processes that provide assurance and can assure those accountable for the services it commissions	Robust performance monitoring systems are in place with all providers through a formal performance management framework administered by the CSU to ensure they are making appropriate arrangements to safeguard children, including early warning systems that identify all risks.	

	Requirement	Local Arrangements	Lead
2.	Service development		
2.1	Ensure a culture of listening to and engaging in dialogue with children and taking account of their wishes and feelings both in individual decisions and the establishment or development and improvement of services	The CCG will continue to involve service users and their families in the review and development of its services. Multiple methods will be used dependent on the service under review – including one-off consultations, ongoing user groups, gaining feedback through different digital media.	Chief Operating Officer
3.	Staff training and continued professional development		
3.1	Ensuring that their staff and those in services contracted by the CCG are trained and competent to be alert to potential indicators of abuse and neglect in children, know how to act on their concerns and fulfil their responsibilities in line with LSCB procedures.	Staff will be trained in line with the Intercollegiate Document. All staff will have refresher training every three years Staff requiring level 1 and 2 training will access this via the LSCB e-learning module. Specialist training can be commissioned via the designated safeguarding network	
4.	Safer recruitment practices		
4.1	To have in place safe recruitment practices for all staff in line with LSCB guidance. Where a criminal record review on employment is mandatory, these are undertaken routinely	The CCG will adhere to best recruitment practice as outlined in its policy (insert recruitment policy name here once known). The CCG will have a clear process for managing any allegations made against its staff and will assure itself that all contractors and providers have allegation management arrangements in place.	Nurse Director
5.	Effective and inter-agency working		
5.1	The CCG is linked into the three local Safeguarding Children Board (LSCB)	The CCG will ensure representation at the LSCB and appropriate representation at all working groups requiring health input.	
5.2	The CCG works with partners to safeguard and promote the welfare of children and participates in reviews as set out in statutory, national and local guidance	The CCG will work collaboratively with key partners, especially the local authority and LSCB to improve the health and wellbeing of children and adults at risk e.g. through joint commissioning arrangements; integrated working and partnership work; CCG will ensure it reviews and applies the learning arising from Serious Case Reviews/Domestic Homicide Reviews and Critical Incident Reviews. The safeguarding sub-committee will be responsible for monitoring implementation of action plans and dissemination of learning	Nurse Director
5.3	Ensure that all health agencies with whom they have commissioning arrangements are linked into the relevant Local Safeguarding Children Board, and that there is appropriate representation at an appropriate level of seniority.	The CCG will, through its contracts and provider relationship management arrangements, assure itself that local providers of NHS care are fulfilling their duties with regards to safeguarding and promoting children's' welfare. This requirement will be further reviewed on publication of the safeguarding assurance framework and clarity of the name GP for safeguarding.	

	Requirement	Local Arrangements	Lead
6.	Information sharing		
	Arrangements are in place to share relevant information	The CCG will collaborate in the development of information sharing agreements between local organisations that promote safeguarding or children's welfare. The absence of a shared information agreement will not constitute a barrier to sharing if, via local arrangements and professional judgment, sharing would help a practitioner deliver services to a child.	



HEALTH & WELLBEING BOARD

Subject Heading:

LCSB Highlight Report

Board Lead:

Report Author and contact details:

Kathy Bundred, 01708 433002

The subject matter of this report deals with the following priorities of the Health and Wellbeing Strategy

- Priority 1: Early help for vulnerable people
-
-
-
-
- Priority 6: Better integrated care for vulnerable children
-
-

SUMMARY

The LSCB is required to have established links with the Health and Well Being Board and to report on a regular basis and raise issues as appropriate in respect of matters relating to the safeguarding of children in Havering. The annual report of the LSCB and the summary update is therefore presented for information and for discussion.

RECOMMENDATIONS

That the report is noted by the Board and that consideration is given to future reporting requirements.

REPORT DETAIL

Priority 1: Ensure that the partnership provides an effective child protection service to all children ensuring that all statutory functions are completed to the highest standards.

Havering Multi Agency Safeguarding Hub (MASH)

The review into the effectiveness of the implementation, operation and development of the MASH is complete. This was a review already planned but was also recommended by the OFSTED inspectors (February 2013), and drew upon the views of professionals working inside or outside the MASH, as well as available data. The review is currently with the Group Director for Children, Adults and Housing and will be released to partners shortly. The review has reached predominantly positive conclusions, although there is a range of recommendations for further improvement.

A risk to MASH continues to be the high level of referral received that do not meet threshold for statutory intervention. A significant portion of these referrals can be attributable to police MERLIN notifications made to children services whenever a child comes to notice of police. This is being addressed by police as a priority in order to identify how better to screen their work to reduce sharing information unnecessarily with agencies.

Child Protection Processes

The HLSCB Quality and Effectiveness working group has continued to scrutinise the whole area of child protection planning, moving beyond reporting on the indicators to include regular reports on trends and audit findings. This has included looking in detail at the step up, step down processes when moving from child protection to child in need and out of the statutory services arena. This work has identified some good multi agency working and also identified areas for further scrutiny. Children Social Care has responded to emerging themes and has implemented a coordinated and focussed audit programme to look in more detail at cases that remain on a child protection plan for only three months. Findings from this work will be reported to the Quality and Effectiveness working group for scrutiny and challenge.

LSCB leads have agreed for their agency practitioners to be involved in an on line survey to establish the views of practitioners when working within child protection processes. The purpose of this will be to understand whether, when in conferences and core groups, practitioners feel able to provide their expert opinion and give their views. This will assist the partners to understand whether the processes facilitate an environment that encourages challenge or whether the process is led and managed by predominantly one agency. The survey will be sent out in October with findings reported to the Quality and Effectiveness group December 2013.

Looked After Children

The Board has continued to scrutinise the implementation of the Looked After Children Improvement Plan. The number of children with three or more placements remains higher than statistical neighbours although there continues to be an improvement within this area and placement stability has improved.

A priority for the partner agencies is to secure long term stability for Havering's most vulnerable children. Performance information reported to the Board has confirmed that the borough continues to make good progress in moving Looked After Children towards permanence and adoptive placements.

Serious Case Reviews

Havering LSCB has not initiated a serious case review during this financial year. Working Together 2013 sets out the requirement for LSCBs to undertake reviews of cases that fall below the threshold for a serious case review but may provide valuable learning for the way in which services worked together to safeguard children. Havering has initiated three learning reviews all using a systems approach methodology. A highlight report following each review will be presented to Havering LSCB.

Priority 2: Monitor the development and implementation of a multi agency early offer of help to children and families living in Havering.

Priority 4: Coordinate an approach to domestic violence, mental health and drug and alcohol abuse across the children and adults' partnership to ensure that families affected receive the right support at the right time

A robust early help process is fundamental to ensuring that children and young people receive the correct support in timely manner to reduce the risk of unnecessary escalation of need. Effective early help is reliant on each partner agency to understand what is required of their service and deliver this within the agency ensuring that there is appropriate information sharing and a coordinated and targeted multi agency approach to early need.

The LSCB agreed an approach to early help in July 2013 and ratified the toolkit developed to support all practitioners to embed a consistent process. The expectation placed on each partner is to champion the approach and ensure all practitioners understand their core responsibility to initiate early assessment processes when need is identified.

The quality assurance processes to monitor the impact of single agency activity in relation to early help processes will be reported to the LSCB Quality and Effectiveness group for scrutiny and challenge. The group will report to LSCB in January 2014 on whether the early offer of help strategy is resulting in improved measurable outcomes and will also identify areas for development and further scrutiny.

Priority 3: Monitor the alignment and effectiveness of the partnership when working across the child's journey between universal, targeted and specialist safeguarding

The Ofsted inspection undertaken in March 2013 identified a weakness in the effectiveness of the HLSCB partnership to provide scrutiny and challenge to child protection and early help processes.

The LSCB Quality and Effectiveness group has received regular performance data specific to child protection processes and also undertaken audit work to further scrutinised the impact of service delivery on improved outcomes for children and young people. The LSCB performance dataset has also been further improved although there is still work to do with one priority being to understand how each partner agency quality assures its work and how this can be reported into the quality and Effectiveness group for scrutiny and challenge. This will be further explored at the LSCB development day and then progressed within agencies with oversight from the working group.

Havering LSCB

Priority 5: Ensure that Havering Safeguarding Children Board communicates effectively with partners, children, young people and their families, communities and residents

Child death Overview Panel (CDOP)

CDOP has been notified of five child death in Havering since April 2013. Three of the deaths were expected and two unexpected. None of the deaths were identified to have been a result of abuse or neglect.

Havering LSCB has yet to receive the CDOP annual report 2012 – 2013. This is an area of concern for the board and is being addressed by the Havering LSCB Independent Chair.

THE CDOP has identified an apparent increase in neonatal deaths since CDOP was established in 2008 and in response to this will review anti natal record information of mothers in this category specifically scrutinising birth weight and gestation. This will continue throughout the coming year and be reported within the annual report.

A further area of work being progressed by CDOP is the development of an information guide / Business plan for 'Care of Next Infant' (CONI) for expectant families that had previously suffered bereavement. This process will be discussed at relevant health boards with a request that the processes be reinstated in Havering.

Working Together 2013 compliance

Havering LSCB's Independent Chair Sue Dunstall relinquished her Chairing responsibilities in July 2013. In response to this Havering council advertised for an independent chair to chair both the Children and Adult safeguarding Boards. The successful applicant Brian Boxall was interviewed by the Chief Executive of the council, which is in compliance with the statutory guidance set out within Working Together 2013.

Havering LSCB has a responsibility to ensure that thresholds are set appropriately and fully understood. The current threshold document was developed by Children Social Care and ratified by Havering LSCB with inspection finding that practitioners understood thresholds and were confident in its application.

In response to Working Together 2013 the London Safeguarding Board is developing a threshold document in consultation with all London Boroughs with the expectation that the threshold document will be adopted by Havering LSCB in early 2014. In addition to this, the London Board is in the process of reviewing the London Child Protection Procedures to ensure compliance with Working Together

2013. The 5th Edition of the London Procedures will be published in December 2013 with an expectation that all London Boards will adopt the procedures by early 2014.

Havering LSCB is in the process of undertaking an audit of section 11 compliance across LSCB partners. The LSCB will receive a report on agency compliance in January 2014

IMPLICATIONS AND RISKS

Financial implications and risks:

Legal implications and risks:

Human Resources implications and risks:

Equalities implications and risks:

BACKGROUND PAPERS

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