

# Meeting of Governing Body

**Date:** 3rd July 2018

**Time:** 1.30pm

**Location:** the Vassall Centre, Gill Avenue, Downend, BS16 2QQ

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## Agenda item: 8.2

### Briefing on the Bristol Serious Case Review 'Becky' and the implications for the CCG

**Report Author:** Jacalyn Mathers, Head of Safeguarding Children (Designated Nurse)

**Report Sponsor:** Anne Morris, Director of Nursing & Quality

#### 1. Purpose

To update the Governing Body on the CCG action plan for the 'Becky' Serious Case Review (SCR)

#### 2. Recommendations

All the actions have been completed for 'Becky' a Bristol SCR. The remaining area that requires monitoring is the agreement of a date for CAMHS data to be shared with Connecting Care. This is an action identified by AWP in their own review of the SCR.

#### 3. Background

A previous paper was presented in April 2018 to the Governing Body giving the background to this SCR.

The Domestic Homicide Review (DHR) has been completed but the report needs to be reviewed and agreed by the home office and as yet no further decision has been made regarding publication.

The Bristol Safeguarding Children Board (BSCB) action plan remains in draft format. From the 5 findings the BSCB created 28 actions, 3 of these were for the BSCB Health Sub group. These have all been completed. Health obviously has a supportive role in achieving some of the other actions as members of some of the BSCB Sub groups. The monitoring of the action plan will be through the BSCB SCR Sub group and the BSCB main board will receive regular updates. The Draft BSCB 'Becky' SCR action plan is currently 36% achieved. The draft action plan is attached.

#### **4. BNSSG CCG Health action plan for the 'Becky SCR'**

Appendix 1 gives an update on the health action plan. CAMHS are the main providers identified for these actions. Although the report does not directly mention the School nursing service, an action was identified for Public Health to consider what level of school nursing support could specialist services like the Hospital Education Service (HES) expect. There was no school nursing service allocated to HES at the time of Becky's death.

All the actions identified by the CCG safeguarding team have been completed by the providers. CAMHS have also identified their own actions and these have all been completed. There is one area identified as 'Amber' and this relates to the date CAMHS information will be included onto the Connecting Care system. The process has been agreed and the level of information that will initially be shared is also agreed. The outstanding issue is a confirmed date when this will start. This is currently being reviewed by CAMHS and the connecting care team.

#### **5. Financial resource implications**

None identified

#### **6. Legal implications**

There are no legal implication identified in this report for the CCG

#### **7. Risk implications**

None identified

#### **8. Implications for health inequalities**

None identified

#### **9. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)**

'Becky's' SCR does identify some issues related to her vulnerable emotional and mental health issues. She was supported in a specialist educational environment that offered increased support. Becky had also received a prompt CAMHS service. When she was discharged from CAMHS there was an open invitation to contact them. This was offered to both the family and professionals working with Becky. Although the report does indicate this was not fully understood by all professional. With these issues noted there were no other implications related to other equality issues.

#### **10. Appendices**

##### **1. Updated CCG Action plan on the learning from the 'Becky' SCR**

#### **Glossary of terms and abbreviations**

<b>SCR</b>	<b>Serious Case Review</b>
<b>DHR</b>	<b>Domestic Homicide Review</b>
<b>CAMHS</b>	Child Adolescent Mental Health services. This service is

	part of the
<b>IAPTUS</b>	The 'leading patient management software for Psychological therapies. Avon and Wiltshire <a href="https://iaptus.co.uk/">https://iaptus.co.uk/</a>
<b>AWP</b>	Avon and Wiltshire Mental Health Partnership Trust
<b>Connecting Care</b>	Connecting Care is a digital care record system for sharing information in Bristol, North Somerset and South Gloucestershire. It allows instant, secure access to your health and social care records for the professionals involved in your care. Relevant information from your digital records is shared with people who look after you. This gives them up-to-date information making your care safer and more efficient  <a href="https://www.connectingcarebnssg.co.uk/">https://www.connectingcarebnssg.co.uk/</a>
<b>PMHS</b>	Primary Mental Health Specialist who work with children aged 5-18 years and their carers supporting their mental health and emotional well being <a href="http://cchp.nhs.uk/cchp/explore-cchp/child-family-consultation-services-camhs/primary-mental-health-specialists">http://cchp.nhs.uk/cchp/explore-cchp/child-family-consultation-services-camhs/primary-mental-health-specialists</a>
<b>CCHP</b>	Community Child Health Partnership Community Children's Health Partnership (CCHP) Services are provided by Sirona care & health CIC working closely with our partners Bristol Community Health CIC, Avon and Wiltshire Mental Health Partnership NHS Trust, University Hospital Bristol NHS Foundation Trust, Barnardo's and Off the Record. Together we provide all of the community child health and child and adolescent mental health services for Bristol and South Gloucestershire. <a href="http://cchp.nhs.uk/">http://cchp.nhs.uk/</a>
<b>BSCB</b>	Bristol Safeguarding Children Board
<b>HES</b>	The Hospital Education Service is for pupils who miss school because of severe or chronic ill health, including serious mental health. The service also helps students who frequently need hospital treatment followed by periods at home or in school. Pupils are referred to us by health professionals.  <a href="http://www.bristolhes.co.uk/">http://www.bristolhes.co.uk/</a>





Action required	lead	Complete date	Evaluation/ impact on the child	Progress to date 24.5.18	RAG
<p>provide evidence they are effectively communicating with all key partners who are working with the child and family they are treating. The communication should be concise, appropriate and with a suitable summary.</p>	<p>commissioner</p>	<p>2018</p>	<p>families do not have to relay information between professionals and continuity of care will be in place.</p>	<p>evidence on iaptus of good multi-agency communication by CAMHS.</p> <p>Feedback on referrals and discharge summaries are always given to the referrer as well as the GP. Where there is a known social worker, letters are copied to them with consent. Letters are copied to the child/young person and/or parent according to age and consent.</p> <p>If there are child protection issues, information-sharing will occur through normal child protection processes.</p> <p>Where CAMHS are invited to CP conferences, a recent audit has shown that attendance is good. Reports are provided in writing if sufficient notice</p>	

Action required	lead	Complete date	Evaluation/ impact on the child	Progress to date 24.5.18	RAG
				<p>is given, otherwise verbally.</p> <p>Primary Mental health workers attached to schools, early help and Social care teams are now involved in liaison. Sharing with school would be as needed and with consent.</p> <p>CAMHS staff are involved in EHCP reviews if indicated.</p> <p>An assessment summary and management plan is entered on iaptus at least 3-monthly. By the end of June, all records will also contain a care Plan in accordance with CQC action plan.</p>	
<p>CAMHS need to provide the CCG with assurance when families are receiving multiple therapies there is effective coordination of their care and</p>	<p>CAMHS Commissioners</p>	<p>31<sup>st</sup> May 2018</p>	<p>The child and family will have one point of contact who will liaise on their behalf</p>	<p>Every child/yp has an allocated case co-ordinator who liaises with all clinicians involved in their care, arranges reviews and acts as point of contact for</p>	<p>green</p>

Action required	lead	Complete date	Evaluation/ impact on the child	Progress to date 24.5.18	RAG
one practitioner is identified as a lead for their care.				external agencies and parents. This person is identified on the electronic record as allocated therapist.	
The CCG need to seek assurance through the CCHP contract that there is sufficient school health nursing support for the Hospital Education Service (HES)	LA Children's Commissioner responsible for CCHP	May 2018	Children who have identified health needs receive appropriate access to school nursing advice and support.	The new SLA with Sirona sets out the expectation that any school or young person living in Bristol will be able to contact the service for information, advice and support and referral to other services as appropriate.	Green

## BECKY DRAFT ACTION PLAN

Last update: 01/03/18

% complete: 36%

Taken from review			Developed by Board				Progress monitoring	
No.	Finding	Recommendation	Action	Lead	Complete by	Evaluation	Update (include date)	RAG
1	Services need to be focussed on an evidence based understanding of the needs and circumstance of adolescents; the absence of this can lead to adolescents inappropriately becoming the focus of concern, and being seen as "troublesome" rather than troubled because of their circumstances.	Are services appropriately structured in order that evidence-based approaches can be provided for adolescents that agencies find hard to engage?	Transformation of Children's Services to provide a more integrated offer across Level 2 and Level 3 services including the implementation of the EIP2 Signs of Safety Innovation Project involving all partners across the city adopting the same methodology when working with families	CFPB	Jul-18	Review Becky's case as a case study against the new integrated localities model	Model presented to the Board in Feb 2018. Will be implemented in April 2018	outstanding
1		How can BSCB support professionals to feel equipped and confident to carry out this complex work?	Increase offer for Safeguarding Adolescent course in 2018-2019	Training Sub Group	Apr-18	3month training impact and qualitative discussion with Shadow Board about experiences of their participation groups		outstanding
1			BSCB to run a conference on adolescent identity and support needs	Training Sub Group	Jul-17	Conference impact questionnaire		Complete
1			CASCADE Training rolled out to safeguarding leads in Bristol schools	Education Sub	Mar-17			Complete
1			BCC Implementation of Adverse Childhood Experiences Teams	BCC SCR rep	Jun-18			outstanding
1			BSCB to support Avon and Somerset Campaign on CSE and adolescent vulnerability		Mar-18	Increased number of children identified at risk of CSE	Campaign supported in 2016 and 2017. March 2018 campaign for CSE Awareness week	Partially Complete
1		What can BSCB learn from the work of voluntary sector agencies about dealing effectively with disclosures?	Commission sexual violence services training on CSA	Training Sub Group	Mar-18	Impact report from training to show increase in confidence from attendees	Training delivered by the Southmead project	Complete
1			BSCB to promote the Bristol Survivor Pathway through the website	Comms Sub Group	Mar-18	Increased number of referrals to SV services	Services have seen a significant increase in referrals over the last year - not just from the Survivor Pathway promotion but wider context	Complete

No.	Finding	Recommendation	Action	Lead	Complete by	Evaluation	Update (include date)	RAG
1			All core BSCB training programmes to include management of disclosure in line	BSCB Training	Mar-18	Impact report from training to show increase in confidence at safeguarding children from attendees	Training has been reviewed and covers this issue	Complete
1		How will BSCB be informed of changes achieved through the learning and development in this area?	Data scorecard to be developed to measure key outcomes for adolescents including aiming for a reduction in care entries for adolescents	BSCB Data Analyst	Apr-18	Increase in Boys identified as victims of CSE, reduction in adolescent care entrants		outstanding
2	The inconsistencies within intra and inter-agency approaches to recording, analysis, planning, coordination and review makes joint working for children and their families less effective.	Is the Board confident that record keeping is suitably robust in each agency and the function of record keeping is clearly understood by across all agencies?	Record keeping including the use of paper or online systems to be audited across the Board as part of the Section 11 audit	BSCB Policy Officer	Aug-18	Section 11 submissions and increased conversation rate of contacts to referrals to First Response		outstanding
2			CAMHS and education to introduce improved electronic record keeping	Health and Education Sub Groups	Dec-17	systems in place across the service		Complete
2			Implementation of Connecting Care	Health Sub Group	Dec-17	Overseen through JTAI action plan		Complete
2		What current mechanisms are in place to ensure that complex, multi-factorial risks and needs are effectively assessed and reviewed within non-statutory multi-agency interventions?	Transformation of Children's Services to provide a more integrated offer including across Level 2 services. This to include review of Lead Professional role and assessment of need at Level 2 services as part of the EIP2 Signs of Safety Innovation Project	CFPB	Jul-18	Improved outcome measures. Measures TBC		outstanding
2			Introduction of the NSPCC G CP2 neglect tool	JTAI working group	May-18	Increase in numbers of adolescent where neglect is identified	Agreed by BSCB on feb 2018 Board. Train the Trainer April 2018	Partially Complete
2		How will the Board ensure that new multi-agency and multi-disciplinary developments are informed by this finding?	SCR to be widely disseminated to commissioners and strategic leads as part of comms plan for publication	BSCB Chair	Mar-18	Number of downloads of SCR		outstanding

No.	Finding	Recommendation	Action	Lead	Complete by	Evaluation	Update (include date)	RAG
3	Children in receipt of specialist services from Hospital education services (HES) have complex needs, and some require a multi-agency response to meet these needs. Despite this, HES are often working alone in providing services to children; such lone working does not meet the needs of all children.	How can the Board facilitate the development of a partnership and accessible pathway between specialist services and other services that improves the coordinated multi-agency, multi-disciplinary response to a specifically vulnerable group of children?	Transformation of Children's Services to provide a more integrated offer across Level 2 and Level 3 services including the implementation of the EIP2 Signs of Safety Innovation Project involving all partners across the city adopting the same methodology when working with families	CFPB	Jul-18	Review Becky's case as a case study against the new integrated localities model to understand effectiveness for children in alternative education provision		outstanding
3			Commissioning action here					outstanding
3		How can the Board support specialist services such as HES in undertaking the role of Lead Professional in cases at this threshold?	Develop Lead professionals role and framework as part of new model of integrated localities - BSCB to provide training	BCC SCR rep				outstanding
4	The propensity for professionals to take parent/carer perspectives at face value without triangulating information from other sources, including observations of a how a child or young person appears, can lead to a limited understanding of a child or young person's needs.	How will the Board ensure that partner agencies provide the tools, reflective supervision and culture which help professionals to remain in a position of "respectful uncertainty" and display "healthy scepticism"?	Targeted self-audit questions on use of guidance as part of implementation review	BSCB Policy Officer	Jun-18	Qualitative data highlighting appropriate use of reflective supervision		outstanding
4		Is the Board assured that multiple hypotheses are used to explore and better understand complex family dynamics and is evidenced in recordings?	Implementation and extension of the Signs of Safety model	SoS working group	Dec-17	Ongoing case audits by the QP sub group		Complete
4			Transformation of Children's Services to provide a more integrated offer across Level 2 and Level 3 services including the implementation of the EIP2 Signs of Safety Innovation Project involving all partners across the city adopting the same methodology when working with families. This model will allow consultation and oversight of cases by a locality meeting.	CFPB	Jul-18			outstanding
4		Do Board partners have information systems and information sharing arrangements in place which adequately facilitate accurate triangulation of information?	Implementation of Connecting Care	Health Sub Group	Dec-17	Overseen through JTAI action plan		Complete

No.	Finding	Recommendation	Action	Lead	Complete by	Evaluation	Update (include date)	RAG
4			Report to the Board on the attendance of partners at Child Protection Conferences	Conference Service	Jul-18	Increased attendance of professionals		outstanding
4			Implementation of Missing and DV notification processes in education settings	Education Sub	Sep-17	Pilot evaluation report to Board in Feb 2018		Complete
4		Are professionals encouraged to pose and consider reflective questioning within multi-agency discussion in order to improve assessments and understanding of family functioning over a period of intervention?	Audit of assessments across the partnership	QP Sub Group	Sep-18	Evidence of considered family functioning within assessments		outstanding
5	Professionals are less challenging of the lack of engagement of Fathers in child welfare practice leaving the risks they may pose unassessed and the contribution they could make to children's lives unknown.	Can the Board be assured that the Think Family approach to considering all family members has been fully embedded within frontline practice?	See action for Finding 4 re audit of SoS and action for Finding 1 re involvement in EIP. Compliance with this model will requires professionals to do Genograms and speak to all people in a child's network.	CFPB	Jul-18			outstanding
5			Board Chair to highlight risk of commissioners not being able to offer out of hours services which better engage fathers through the use of the Board risk register and challenge to Health and Wellbeing board	Board Chair			Escalated to HWB in Feb 2018	Partially Complete