

<b>Report to:</b>	<b>STRATEGIC COMMISSIONING BOARD</b>
<b>Date:</b>	27 March 2019
<b>Reporting Member / Officer of Strategic Commissioning Board</b>	Jessica Williams – Interim Director of Commissioning
<b>Subject:</b>	<b>GLOSSOP CONTRIBUTION TO THE DERBYSHIRE COMMUNITY HEALTH SERVICE FT ‘STARTING POINT’ SERVICE</b>
<b>Report Summary:</b>	The report details the health input into the ‘Early Help’ panel in Derbyshire. It acts as the front door for all early help and safeguarding issues which are resolved by a multi-agency approach. It was agreed that all CCGs contribute a weighted proportion of funding to ensure an equitable function for all families residing within Derbyshire
<b>Recommendations:</b>	<p>1.1 To approve and identify recurrent funding to the Starting Point service for children and young people living in Glossop, equating to £7,500 per year.</p> <p>1.2 An option for funding is for this to come from the Better Care Fund for Glossop as it is a DCC function that includes support for the patients of Glossop to ensure parity. If we did not fund the Glossop part of the function it will create a health inequality for the people of Glossop. Conversations between finance colleagues have started and will continue after periods of annual leave.</p>
<b>Financial Implications:</b>	This will cost of £7,500 per year recurrently.
<b>(Authorised by the statutory Section 151 Officer and Chief Finance Officer)</b>	
<b>Legal Implications:</b>	Tameside and Glossop CCG contribute to fund the Glossop proportion of the Starting Point service which helps to meet the Statutory duty, to ensure that, in discharging their functions, CCG’s have regard to the need to safeguard and promote the welfare of children under section 11 of the Children Act 2004. There is also a duty on Health to co-operate with Local Authority arrangements to safeguard and promote the welfare of children under section 10 of the Children Act 2004. The CCG’s area covers the whole of Tameside and part of Glossop and not coterminous with Council boundaries this requires Glossop to pay their share.
<b>(Authorised by the Borough Solicitor)</b>	
<b>How do proposals align with Health &amp; Wellbeing Strategy?</b>	Reducing health inequalities across Tameside and Glossop
<b>How do proposals align with Locality Plan?</b>	Within the locality plan and local offer, an Early Help multi-agency assessment from a single point of entry is being developed for Tameside; Starting Point is the equivalent for people in Glossop
<b>How do proposals align with</b>	As above

**the Commissioning Strategy?**

**Recommendations / views of the Health and Care Advisory Group:**

Not applicable

**Public and Patient Implications:**

Through safeguarding and early help response for children, young people and their families in Glossop.

**Quality Implications:**

THESE NEEDS TO BE COMPLETED PROVIDED BEFORE SCB.

**How do the proposals help to reduce health inequalities?**

Ensuring that children, young people and families in Glossop have access to early help.

**What are the Equality and Diversity implications?**

None.

**What are the safeguarding implications?**

Safeguarding Board will be aware of vulnerable children, young people and families and able to act in a timely manner.

**What are the Information Governance implications??**

None

**Has a privacy impact assessment been conducted**

No

**Risk Management:**

Opportunities to align the models to ensure parity for Tameside and Glossop.

**Access to Information:**

The background papers relating to this report can be inspected by contacting the report writer Philippa Robinson



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## **2. BACKGROUND**

- 1.1 Derbyshire Starting Point, which is a Multiagency Safeguarding Hub was launched in June 2015. Starting Point acts as the first point of contact for Derbyshire Children Social Care for Early Help Assessments/requests for support, Police Domestic Abuse notifications, Social Care Children in Need referrals and safeguarding/child protection concerns about children/young people. It was agreed that Starting Point would include representatives from Children's Social Care, Local Authority Children Services, Police and Health working together at a central location. Virtual links exist to other health services including GP practices and other agencies such as Education, Probation, and Housing.

## **3. PRINCIPLES**

- Reduce the impact of maltreatment to children and young people and their families in Derbyshire
- Prevention of impairment of children's health or development
- Ensure that multiagency child protection/safeguarding arrangements are robust and timely
- Work in cooperation with the Children Social Care and Police to facilitate strong partnership working arrangements which enhance the understanding of each agency role to promote the welfare of children and protect them from harm
- Liaison with health partners and professionals about the ongoing needs of children and plans to safeguard them.

- 3.1 Derbyshire Starting Point Model was initially agreed at the:

- Derbyshire Safeguarding Children Board
- Derbyshire Children Trust Board
- Derbyshire Health and Wellbeing Board

- 3.2 Nationally and locally there has been a recognition, through enquires, serious case reviews, learning reviews, domestic homicide reviews and research that there are weaknesses in the way that a range of agencies and individuals, who are separately in contact with a child at risk share pertinent information with each other. As a consequence, no individual or team has a complete picture of child circumstances. The development of Multiagency Safeguarding Hubs enable professionals to work in partnership together in order to obtain the best outcomes for children, young people and adults.

## **4. STATUTORY PROVISION**

- 4.1 The requirement for Local Authorities, Police and Health and other key agencies to work more closely together to assess and define need is identified in the following legislation and reviews:

- Children Act 1989, 2004 - Statutory duty to safeguard children and families and to promote their welfare
- Children Act 2004 Section 10 – requires the Local Authorities to make arrangements with a view to improving the wellbeing of children in the authority area which includes protection from harm or neglect – it is the CCG's duty and that of all health organisations including NHS Foundation Trusts to co-operate with the arrangements.

- Children Act 2004 Section 11 – requires the CCG to make arrangements for ensuring that their functions and services provided on their behalf are discharged with regard to the need to safeguard and promote the welfare of children.
- Climbié Inquiry Report – Laming Report (2013)
- Laming Review (2009)
- Working Together to Safeguard Children (2015) and (2018)
- Eileen Munro review into child protection (2011)
- Home Office – Multiagency working and information sharing project (2014)

## 5. HEALTH PROVISION

5.1 All CCGs across Derbyshire, including Tameside and Glossop CCG (for the population of Glossop), contribute to the health input into Starting Point, and functions are detailed in the service specification.

4.2 Benefits of the Health Team in Starting Point include:

Since the commencement of Starting Point the health team who are directly employed by Derbyshire Community Health Foundation Trust have continued to be an effective and valuable member of the service and without Health's input would lead to the Starting Point service losing a key and essential member of the multiagency safeguarding team.

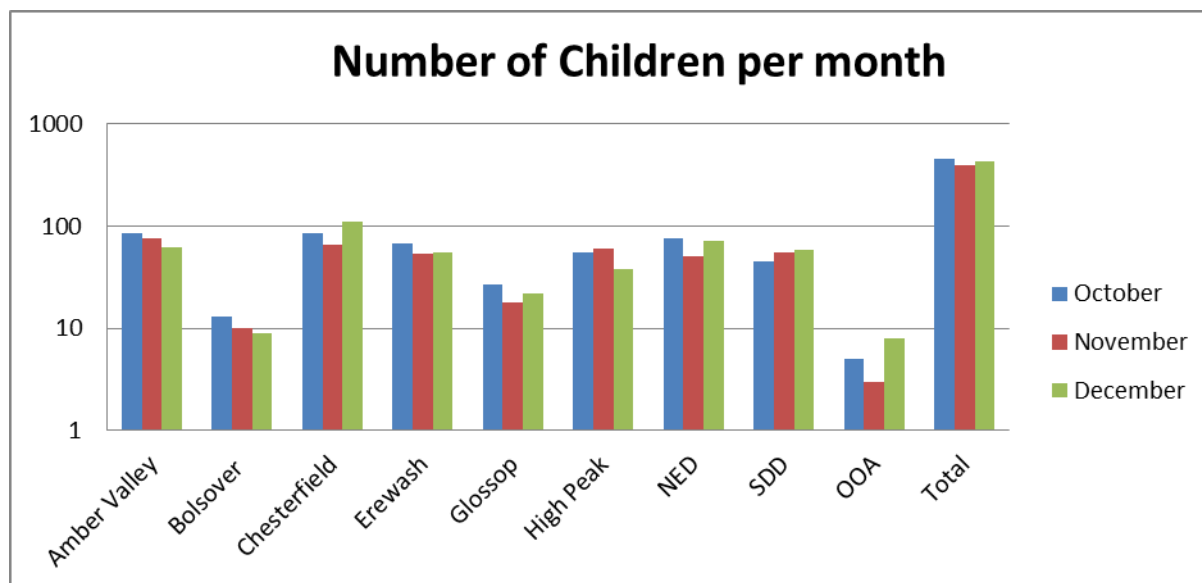
The health team's role is to share relevant information about the child and family as part of the overall assessment and to feedback information to appropriate health services who will be involved in the Early Help arrangements going forward to support children and families.

- The Health Advisors are able to create a system that strengthens existing multiagency information sharing. They help to facilitate more accurate assessment of risk and needs which helps to ensure safeguarding decisions are based on coordinated, sufficient, accurate and timely intelligence.
- The Health Advisors help to facilitate a system that strengthens the quality of front line practice when undertaking child safeguarding investigations.
- The Health Advisors help to improve the quality of safeguarding work through face to face multi-agency risk assessments and planning. They are best placed to partake in strategy discussions and provide a face to face presence at formal Strategy Meetings with Police and Social Care in line with the requirement outlined in Working Together to Safeguard Children statutory guidance (2015) and (2018).
- The Health Advisors enable closer partnership working and clear lines of accountability.
- The Health Advisors help facilitate a more straightforward response, with improved feedback to frontline practitioners on the outcomes of enquires/referrals for children.
- The Health Advisors are in the ideal position to signpost Social Care operational teams to key health professionals/services which have significant involvement/information relating to vulnerable people.
- Health Advisors in Starting Point are able to act as a filter and access patient information directly without having to contact Health professionals (for example identifying current GP's, Health Visitor etc.)
- Health Advisors in Starting Point are able to co-ordinate requests for information to GPs, Health Visitors, Midwives, Safeguarding Nurses, Specialist Nurses etc. and share information in a timely manner.
- The Health Advisors are in the position to influence and inform partner agencies around specific issues relating to health therefore promoting greater co-ordination and co-operation between partner agencies.

## 6. ACTIVITY

6.1 Taken from Quarter 3, 2018 contract report

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6.2 The total requests for information during the months in quarter 3 are;

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- October 457 (27 Glossop)
- November 389 (18 Glossop)
- December 432 (22 Glossop)
- Overall 1278 within the quarter (67 Glossop, which is 5% of referrals)

5.3 Further details on the activity within each area can be found in the [contract report](#). This quarter, reasons for referral into the Starting Point are for Concern or S47, with the main categories being domestic abuse, harm from other and parenting. Once reviewed by the health team, the majority response was safeguarding or partnership intervention.

## 7. RISK

7.1 If any CCG makes the decision to discontinue health funding for Derbyshire Starting Point then this would mean that one of the main agencies that are instrumental in the functioning of this service would not be available. The CCG would then need to inform the Safeguarding Children Board that this decision has been made and it will need to be added to the Derbyshire Safeguarding Children Board and Derbyshire CCG risk registers.

## 8. FINANCE

7.1 Tameside and Glossop CCG contribute to fund the Glossop proportion of the Starting Point service which helps to meet the statutory duty, to ensure that, in discharging their functions, CCG's have regard to the need to safeguard and promote the welfare of children under section 11 of the Children Act 2004. There is also a duty on Health to co-operate with Local Authority arrangements to safeguard and promote the welfare of children under section 10 of the Children Act 2004.

7.2 The Tameside and Glossop contribution to Starting Point is £7,500 per annum based upon having approx. 4.5% of the 0-19 population in Derbyshire (not including Derby City) in 2016/17. This is subject to change in accordance with new population data.

## **9. RECOMMENDATION**

9.1 As set out on the front of the report.