



**Guidance for Designated Professionals
Safeguarding Children and Child Protection-
Information Sharing (CP-IS)**

NHS England INFORMATION READER BOX**Directorate**

Medical	Operations and Information	Specialised Commissioning
Nursing	Trans. & Corp. Ops.	Commissioning Strategy
Finance		

Publications Gateway Reference: 06283

Document Purpose	Guidance
Document Name	Guidance for Designated Professionals Safeguarding Children and Child Protection-Information Sharing
Author	NHS England
Publication Date	22 December 2016
Target Audience	CCG Accountable Officers, Directors of Nursing, CCG Designated Professionals Safeguarding Children
Additional Circulation List	
Description	This document recognises the Designated Professionals Safeguarding Children role in the CCG as strategic leaders and professional advisors across the system. This guidance has been produced to support their role in ensuring the addition of CP-IS in the NHS Contract 2017/19 (SC32.8, page 35) is promoted and implemented.
Cross Reference	N/A
Superseded Docs (if applicable)	N/A
Action Required	N/A
Timing / Deadlines (if applicable)	N/A
Contact Details for further information	Cathy Sheehan, Clinical Lead CP-IS Safeguarding Team, Nursing Division, Nursing Directorate Quarry House Quarry Hill Leeds, LS2 7UE 7736484539
Document Status	This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the intranet.

Contents

Contents	3
1 Executive summary	4
2 Introduction	5
3 Child Protection Information Sharing (CP-IS)	6
4 The Benefits of CP-IS	7
5 CP-IS and how the system works in practice.....	8
6 Role of the Designated Professionals Safeguarding Children and CP-IS.....	9
7 CP-IS implementation pathway by healthcare providers . Error! Bookmark not defined.	
8 Resources / Investment	11
9 Equality and Health Inequalities	11
10 Risks	11
11 References	11

1 Executive summary

This guidance has been produced to support the Designated Professionals Safeguarding Children, in ensuring the addition of Child Protection Information Sharing (CP-IS) in the NHS Standard Contract 2017/18 to 2018/19 is promoted and the system is implemented.

SC32.8 of the contract refers directly to CP-IS stating that *"The Provider must co-operate fully and liaise appropriately with third party providers of social care services in relation to, and must itself take all reasonable steps towards, the implementation of the Child Protection Information Sharing Project."* (NHS Standard Contract, 2017/18 to 2018/19, page 35)

This provides a platform for Clinical Commissioning Groups (CCGs) to monitor CP-IS implementation by provider organisations. The Designated Professionals Safeguarding Children are key individuals in ensuring healthcare providers with unscheduled care services have plans in place to implement and deliver CP-IS.

Designated Professionals Safeguarding Children should:

- Contact the local healthcare providers to ascertain their plans to implement CP-IS.
- Ensure the 'Letter of Acceptance' has been signed and return to the NHS Digital CP-IS team
- Work with the Named Professionals Safeguarding Children to identify a Clinical CP-IS champion
- Be a member of the healthcare providers 'task and finish' group
- Ensure the healthcare providers are supported and working with the NHS Digital CP-IS project team
- Update the Independent Chair and members of LSCBs with the progress of CP-IS implementation across the health and social care partnership
- Ensure there is a communication strategy so that progress of CP-IS can be shared with healthcare providers, LSCBs, CCGs, Local Authorities and the NHS Digital and NHS England CP-IS team

Where CP-IS is not implemented in full by all providers of unscheduled health-care services there is a risk that opportunities to identify children at risk and intervene to protect vulnerable children will be lost. The use of CP-IS consistently will assist clinicians and social care staff build a picture where vulnerable children have received health interventions.

CCGs will need to find a solution with local healthcare providers who are unable to introduce CP-IS and should add this to their risk register to monitor progress.

2 Introduction

2.1 The Children Act (1989 & 2004) highlights that children's welfare and safeguarding them from harm is a vital task and the responsibilities lies primarily with parents, carers and all professionals working with children. The Act highlights the role and responsibilities of the Local Authority and Health Commissioners. Past history and recent high profile cases (ranging from as far back as the 1950s to present day) where children have come to significant harm or died at the hands of their carers have made child protection and prevention a priority for this government.

2.2 Case Reviews learning has continued to identify the need for more effective information sharing amongst professionals. This view is supported by "Working Together to Safeguard Children" (DFE, 2015) that provides guidance for practitioners on safeguarding children. The revised document reinforces the need for practitioners to take action to ensure positive outcomes for children.

2.3 In 2014/15, approximately 120,000 children were identified as being vulnerable and in need of protection. Over **49,300** children in England were identified as needing protection from abuse, in excess of **1,200** unborn children in need of protection from abuse and over **69,500** children in care in England (DfE, 2015)

2.4 CCGs as commissioners have a crucial role in protecting children within their areas and in ensuring that those from whom services are commissioned take all necessary steps to implement measures to protect vulnerable children. As commissioners, the CCGs can require that CP-IS is fully implemented by providers as set out in the NHS Standard contract SC32.8. The CCGs and providers have regard to a broad range of legislation, statutory guidance, evidence and practice guidance in addressing their duties to safeguard children.

2.5 Working Together to Safeguard Children (DfE, 2015) states that the action we take to promote the welfare of children and protect them from harm is everyone's responsibility. Everyone who comes into contact with children and families has a role to play. It defines safeguarding children as follows;

- Protecting children from maltreatment;
- Preventing impairment of children's health or development;
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children to have the best outcomes

2.6 Effective sharing of information between professionals and local agencies is essential for effective identification, assessment and service provision. Early sharing of information is the key to providing effective early help where there are emerging problems. At the other end of the continuum, sharing of information can be essential to put in place effective child protection services. Serious Case Reviews have shown how poor information sharing has contributed to the deaths or serious injuries of children.

2.7 Concerns about sharing information cannot be allowed to stand in the way of the need to promote the welfare and protect the safety of children. To ensure effective safeguarding arrangements;

- All organisations should have arrangements in place which set out clearly the processes and the principles for sharing information between each other, with other professionals and with the LSCBS; and
- No professionals should assume that someone else will pass on information which they think may be critical to keeping a child safe. If a professional has concerns about a child's welfare and believes they are suffering or likely to suffer harm, then they should share the information with local authority children's social care.

2.8 CP-IS is not intended to replace existing safeguarding processes, policies or procedures but is additional information to support them in decision making. However implementation of CP-IS may involve changes to current working practices and new protocols to support the introduction of CP-IS. Any existing information sharing process between the LAs and the trust will need to be reviewed and relevant action taken.

3 Child Protection Information Sharing (CP-IS)

3.1 The Child Protection – Information Sharing (CP-IS) project is an NHS England sponsored work programme dedicated to developing an information sharing solution that will deliver a higher level of protection to children who visit NHS unscheduled care settings. This is achieved by connecting Local Authority child protection IT systems with those used in NHS unscheduled care settings.

3.2 CP-IS is not intended to replace existing safeguarding policies and procedures but to support them and provide up-to-date information on the child which is not routinely available. CP-IS is an additional layer of protection for the most vulnerable children.

3.3 The CP-IS recording and sharing of information will include the following group of children;

- Children with a Child Protection Plan (CPP)
- Children identified as being a Looked after Child (LAC)-that is a child with a full or interim care order or voluntary care agreements
- Pregnant women whose unborn child has a pre-birth protection plan in place

3.4 The NHS unscheduled care settings identified for CP-IS include the following areas:

- Emergency Departments
- Walk in Centres
- Minor Injury Units
- GP Out of Hours
- 111 Service
- Ambulance Service
- Maternity Units
- Paediatric Wards

3.5 Serious case reviews have demonstrated that children living in abusive and neglectful home environments are more likely to be moved across different local authority boundaries and yet most child protection information is only held and shared locally in the area where the child lives. This means that healthcare practitioners often lack access to

the information that could help them to form a clear assessment of a child's possible risks. This has been a long-standing problem for the NHS but one that CP-IS aims to address.

3.6 Although solutions have been and are being developed to share child protection information between health and social care at a local level, these solutions (along with current manual systems) do not capture the movement of children across local authority boundaries. A national solution will allow healthcare staff to see whether a child requiring treatment has a child protection plan, or is classed as looked after, regardless of whereabouts in England they live. CP-IS information supports the clinician in the decision making process and to encourage communication with social care.

3.7 The process of identifying children who have been maltreated, or are at risk of significant harm from abuse or neglect, at a single unscheduled care attendance remains difficult for even the most experienced clinician. The ability to correctly diagnose abuse or neglect depends on assessing all available information on the child. Giving clinicians in unscheduled care settings access to relevant social care information is essential to successfully identifying children who may be at risk.

4 The Benefits of CP-IS

4.1 CP-IS provides an additional layer of protection to the most vulnerable children and allows a secure, systematic way of sharing information across England. Implementation will help support clinicians to deliver healthcare built upon up to date information, and with time this approach will become embedded into every day practice.

4.2 The following have been identified as benefits of implementing CP-IS;

- **Early detection:** CP-IS improves the assessment of 120,000 vulnerable or at risk children in England and enables earlier intervention to prevent ongoing abuse or neglect.
- **Closes the information gap:** CP-IS builds a picture of a child's attendance at unscheduled care settings across their local and regional boundaries.
- **Reducing the risks & breaking the cycle:** a CP-IS alert with relevant information and contact details to care teams and clinicians to promote working together to focus on the needs of the child and prevent further abuse or harm. Enabling conversations!
- **Better use of resource:** less time is spent searching for and providing information, freeing up resources to apply elsewhere.

5 CP-IS and how the system works in practice

5.1 Whenever an NHS user queries the CP-IS service on the national spine, the CP-IS solution's 'access event' log will capture:

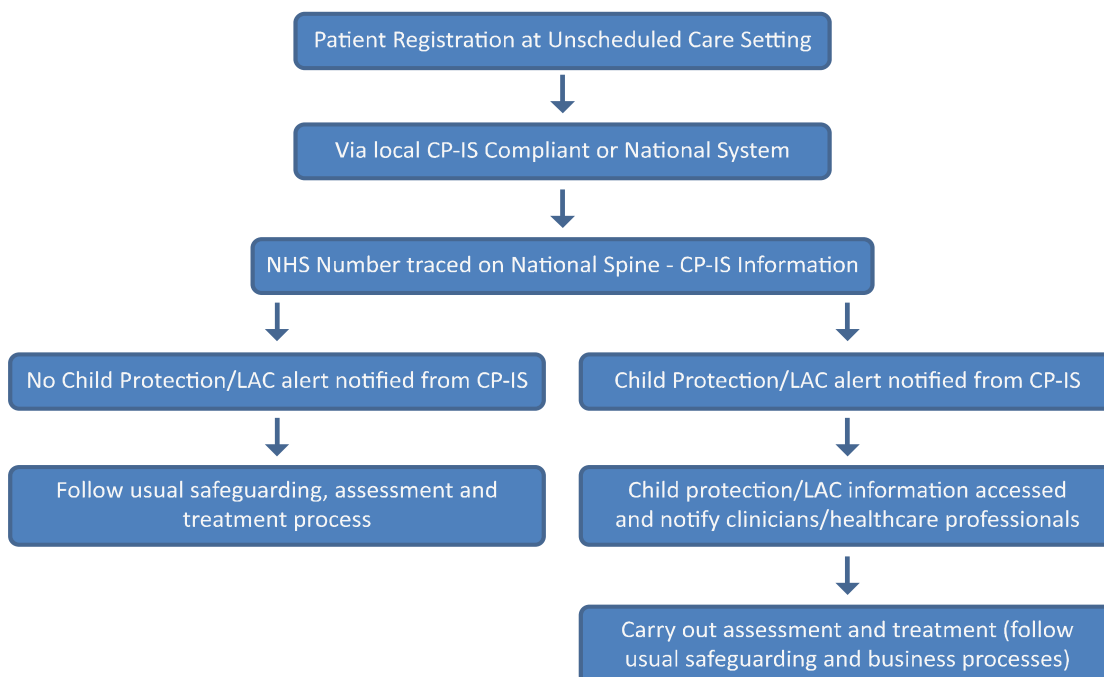
- *Time and date of the query*
- *Name of the NHS healthcare worker who made the query*
- *The NHS organisation from within which the query was made*

The relevant local authority will be notified that an NHS user has accessed their CP-IS information.

5.2 The following CP-IS information will be made available to NHS staff. The information that is available is relevant, timely and proportionate to assist in enhancing safeguarding practices and the child's holistic assessment. No clinical information will be shared.

- NHS Number
- Local Authority Name, Code and telephone contact details including out of hours number
- Child Protection Plan (CPP) / Unborn child protection plan / Looked After Child (LAC) - **Start date**
- Child Protection Plan (CPP)/ Unborn child protection plan / Looked After Child (LAC) - **End date**
- After **end date**, information held on spine for 365 days before removal

5.3 Flowchart illustrating how CP-IS may be accessed within unscheduled care settings



6 Role of the Designated Professionals Safeguarding Children and CP-IS

6.1 The NHS Service Contract Standard for 2017/18 to 2018/19 SC32.8 states that; ***"The Provider must co-operate fully and liaise appropriately with third party providers of social care services in relation to, and must itself take all reasonable steps towards, the implementation of the Child Protection Information Sharing Project."***

6.2. The Designated Professionals Safeguarding Children role in the Clinical Commissioning Groups (CCGs) is as professional advisors and strategic leaders for safeguarding. Their role is to advise on strategic planning, commissioning and hold health organisations in their area to account for the quality of the safeguarding services, ensuring that they are meeting the safeguarding responsibilities. They also provide advice for monitoring contracts and commissioned services. They can lead on innovation and change across health to improve safeguarding and provide expert advice on quality productivity, improving health outcomes for vulnerable children including those identified with safeguarding concerns.

6.3 The Designated Professionals Safeguarding Children have a role in ensuring the implementation of CP-IS within their local health economy, providing support to their Named Professionals / CP-IS champion, reviewing the progress through contract monitoring arrangements. The Designated Professionals Safeguarding Children must ensure they have sufficient awareness and knowledge of this project to enable them to carry out this function.

6.4 The Designated Professional Safeguarding Children attend Local Safeguarding Children's Boards (LSCBs) advising on the quality of safeguarding services in the health sector and the coordination with other agencies. They also advise on policies, advocate for quality and raise awareness of safeguarding issues across many forums.

6.5 How CP-IS is implemented within healthcare providers unscheduled care settings will be a local decision. The Designated Professionals Safeguarding Children must ensure that the 'Letter of Acceptance' from health have been submitted to the NHS Digital CP-IS team.

6.6 The letter of agreement confirms a commitment to implementation and sets out the actions that provider organisations need to take to access the national Child Protection–Information Sharing solution along with acceptance of the proposed terms and conditions. This commitment will enable the NHS Digital CP-IS team to work with healthcare providers to formulate local implementation plan.

6.7 Where a provider has failed to sign the letter of agreement the Designated Professionals Safeguarding Children will investigate and ensure an agreement is met. If the Provider does not implement CP-IS in a timely manner the Designated Professional Safeguarding will escalate to governing body Accountable Officer for Safeguarding within the Clinical Commissioning Group (CCG).

7 CP-IS implementation pathway by healthcare providers

7.1 The Designated Professional Safeguarding Children are the strategic leaders in prime position to lead and influence local arrangements. The following processes will ensure effective implementation of CP-IS. An initial briefing meeting between the healthcare providers, the Clinical Lead for CP-IS and the NHS Digital CP-IS Implementation Manager should take place to consider the local landscape which will influence successful implementation.

7.2 Process

- The Trust confirms commitment to implement CP-IS by accepting and returning the letter of agreement to the NHS Digital CP-IS team.
- The healthcare champion will explore the methods of integration and identifying the local solutions and should contact NHS Digital CP-IS implementation team to discuss how NHS systems suppliers are integrating with CP-IS and when the functionality will be available.
- The Designated Professional Safeguarding Children will coordinate a local task and finish group to include IT integration staff, Safeguarding Named Professionals, clinicians, Trust Information Governance Lead, NHS Digital CP-IS representative and Local Authority CP-IS lead
- The task and finish group working with the support of the CP-IS Implementation Manager from NHS Digital will provide regular updates on the overall progress of the project. They will provide advice on process mapping, baseline audits, follow-on audits and benefits realisation, commission and oversee a privacy impact assessment.
- Ensure appropriate business processes are in place that includes amendments to safeguarding policies to include CP-IS and that the safeguarding training programme introduces and includes CP-IS to the organisation.
- Encourage Safeguarding and IT professionals from unscheduled care settings to attend the quarterly Regional CP-IS Stakeholder Engagement Group meeting-these meetings are an opportunity to share learning of those sites gone live with CP-IS and those that are at varying stages of the go-live process.
- The CP-IS Implementation Manager will support the task and finish group in developing a joint communication strategy to share across the partnership (CCGs /Health Provider organisations/LAs/LSCBs/NHS England/NHS Digital CP-IS Team) and that a Go-Live date has been identified.

7 Resources / Investment

8.1 Healthcare providers are expected to meet the cost of this project from their existing investment in their IT budgets. The CCGs is not under any obligation to provide additional funding to support this. However, they can support organisations to explore options to reduce the financial implication of implementation. For example, exploring access to CP-IS via Smartcard and Summary Care Record application which has minimal costs.

8 Equality and Health Inequalities

9.1 Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the guidance due regard has been given to the need to promote equality for groups protected under the equality Act 2010 and reduce inequalities between patients access to and outcomes from health services (Health and Social Care Act 2012). This guidance will aim to ensure that services are provided in an integrated way to improve quality and reduce health inequalities. CCGs can evidence work on meeting the Public Sector Equality Duty (PSED) through the implementation of EDS2 mandated in the NHS Standard Contract 2016 and ensure a robust Equalities and Health Inequalities Analysis is completed to evidence 'due regard' outlining any adverse or positive impact through the implementation of the guidance.

9 Risks

10.1 CP-IS is the first programme of work to integrate health and social care information at a national level and is paving the way for future initiative including Paperless 2020 and the Digital Child Health Strategy.

10.2 The failure to implement CP-IS increases the risk to vulnerable children due to information not being available from national connections and may lead to further harm and delayed interventions.

10 References

1. Department of Health, **The Children Act**, 1989
2. Royal College of Paediatric Child Health, **Safeguarding Children and Young People: Roles and Competencies for Health Care Staff: Intercollegiate Document**, Third Edition, 2014
3. Department of Education, **Characteristics of children in need in England**, October 2015

OFFICIAL

4. Department of Education, **Children Looked after in England (including adoption and care leavers)**, October 2015
5. Department of Education and Department of Health, **Promoting the health and well-being of looked-after children**, March 2015
6. Department for Education, **Working Together to Safeguard Children** March 2015
7. Department of Education, **Information Sharing- Advice for practitioners proving safeguarding services to children, young people, parents and carers**, March 2015
8. Care Quality Commission, **Statement on CQC's roles and responsibilities for safeguarding children and adults**, June 2015
9. NHS England, **Safeguarding Vulnerable People in the NHS-Accountability and Assurance Framework**, July 2015
10. NHS England, **NHS Standard Contract 2016/17 Service Conditions**, April 2016
11. NHS England, **NHS Standard Contract 2017/19 Service Conditions**, November 2016