

**REPORT TO:** Health & Wellbeing Board  
**DATE:** 9 July 2014  
**REPORTING OFFICER:** Strategic Director Children and Enterprise  
**PORTFOLIO:** Children, Young People & Families  
**SUBJECT:** Child Protection-Information Sharing Programme  
**WARD(S)** Borough-wide

## **1.0 PURPOSE OF THE REPORT**

1.1 This report provides an overview on the new Halton Children & Young People's Plan (CYPP) 2014-17.

## **2.0 RECOMMENDATION: That the Board**

- 1) notes the contents of the report;**
- 2) ensures that the appropriate requirements are in place from a Health perspective as outlined under Section 4; and**
- 3) supports the staged approach to implementing the programme as set out in Section 7.**

## **3.0 SUPPORTING INFORMATION**

3.1 The Child protection information sharing programme is a government initiated programme which will become a statutory responsibility in April 2015. The aim of the programme is to integrate crucial information into the health database and allow information to be reported by health straight into Local Authority social care record for children and young people. The data is required to be updated every 24 hours by all three systems, CSC, Health and the central data system.

3.2 Not all information will be shared for all children. The targeted group of young people are those subject to Child Protection Planning and those children who are in the care of the local authority. Children are considered children in care when they are:

- accommodated under section 20 of the Children Act 1989,
- are subject to an Interim care order or full care order under the same act
- who have no legal guardians able to assert Parental Responsibility (PR) such as unaccompanied asylum seekers,
- children who have no persons with parental responsibility and in accordance with the Children Act the Local Authority

therefore assumes PR.

- 3.3 For those children and young people who fall into the categories identified above information will be shared with the central system which speaks with both the Health Care systems and Children's Social Care systems.
- 3.4 The aim is to ensure that a child can attend any medical facility throughout the country and upon presentation will be identified as a child at risk or in care and as a consequence actions and treatment provided will consider the presenting risks. The data in respect of their visit to a medical establishment will then be uploaded and sent back to the local authority and appropriate action taken.
- 3.5 Gerald Meehan (Strategic Director has put Halton forward as wave two of the role out, this means we have confirmed our intention to be up and running by April 2015 with our target date being September 2014.

#### **4.0 What is required**

- 4.1 In order for the process to work the technical support needs to be in place. This means that CSC and Health organisations must have the capability to talk to the central system that collates and amends the data. As a result each party is required to have an N3 connection. In addition CSC will require Care First to be able to report on the required data, aggregate the data and send it via the N3 to the central system. This same process will apply to health colleagues and their data systems.
- 4.2 OLM the owner and creator of the Carefirst CSC system is currently identifying how Carefirst will aggregate the data and send it to the central record. It is likely that there will be cost implications for this but assurances have been given by CP-IS that they will challenge companies that charge too much and have stated that it should cost no more than £1000.
- 4.3 In respect of the data collection, the Local Authority is required to produce procedures detailing how and who will be responsible for ensuring the data is recorded appropriately onto the system. This is particularly important as in the event that an NHS number is wrong the whole dataset will be returned.

#### **5.0 Recording the Data**

- 5.1 It is proposed that for Children becoming subject of Child protection planning the Safeguarding Unit will impute the NHS number on the day of the plan being made. Marie Fairbrother has confirmed that from the 30/06/14 all Health visitors and school health advisors will include on their health report for conference the child NHS number.
- 5.2 In cases were the child is an unborn, the mothers NHS number is added

to the system and amended upon the child's birth. The quickest way to update the NHS number in these situations is for specified health professionals to be given limited access to the CSC record, so that they can immediately update the system when a child is born. As Halton does not have this in place a process will need to be agreed that minimises delay in the recording of the data.

- 5.3 For children in Care the collection of the NHS number can be undertaken on the day that the child comes into care via the social worker and CIC nurse. Marie Fairbrother is considering other methods of receiving this data in order to reduce the risk of delay. Discussions are scheduled to take place around Some health professionals having access to the Carefirst system will would support the timely completion of data for CIC and Newborn babies.

## 6.0 Receiving of data

- 6.1 Until Carefirst has determined how they intend to send and receive the data it is not possible to confirm the exact process of how the information will be responded to. However initial conversations with Tracey Overs have confirmed that the central point of contact for the data being received will be CART and EDT if the electronic record is not immediately updated by the central system. EDT will need to determine upon receipt of the information whether an immediate response is required and respond appropriately. In respect of CART their responsibility will be to ensure the data is logged on Carefirst and notification sent to the allocated social worker practice/principal managers and the team duty desk.
- 6.2 In the event that the Carefirst system will update automatically Peter Cartledge will be looking into the system sending an alert on to the workers and practice managers desk tops for action.

## 7.0 Next steps

1. Send a comprehensive list of all CP children and CIC children to CP-IS so that the NHS numbers can be recorded on Carefirst  
**Katherine Appleton**
2. Confirm what OLM plans are to ensure the system can undertake the notification tasks required. **Peter Cartledge**
3. Meet with Colleagues from health who are leading on the programme to determine where they are up to.
4. Confirm whether Health colleagues will be given access to the Carefirst system **Marie Fairbrother / Gerald Meehan**
5. Write the procedures to be followed by Children's social care  
**Katherine Appleton**
6. Implement data transfer by end of September 2014.

**8.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF  
THE LOCAL GOVERNMENT ACT 1972**

None under the meaning of the Act.