

Safeguarding children and improving their care

On 26th March 2015 The Health and Social Care (Safety and Quality) Bill received Royal assent. One of its purposes is to enable integration of information for the users of Health and Social services in England and allow sharing of an individual's information for the purposes of providing health or social care services to that individual. The Bill specifies that a consistent identifier must be included in the information processed provided it is likely to facilitate the provision of services to the individual and that it is in their best interest. However it only applies to information sharing between health and *adult* social care. An amendment, introduced in the House of Lords, for similar use of a consistent identifier in children was not accepted.

Children are the health group par excellence who require services to be integrated for effective delivery of individual care, for parents and carers to have complete information about the needs of and services for their child and to safeguard children. Currently relevant information about an individual child resides in numerous health organisation silos and often in other agencies such as social care and education. Care plans for complex conditions increasingly cross organisational and geographical boundaries.

The Children & Young People's Health Outcomes Forum has repeatedly emphasised the importance of information sharing as a priority for children's health & wellbeing and proposed the NHS number as the consistent link identifier. [Ref 1&2] The NHS number is proposed as the consistent identifier for adults although not specified in the Act. A recent survey has demonstrated that the NHS number is used in more than 95% of NHS clinical correspondence [Ref 3]

Constant themes of Serious Case Reviews are the lack of information sharing and neglect which is a background factor in 60% of reviews .[Ref 4 and 5] In England 2009-10 it is estimated that there were 50-55 deaths directly caused by violence, abuse and neglect with a further 30-35 where maltreatment was a contributory factor. In 2003 Lord Laming in his review of the death of Victoria Climbié recommended that a data base, which became known as *contact point*, should be created to link records for all children but this had not happened by 2007 when Peter Connelly died. Lord Laming reviewed Peter's death and reiterated his recommendations but *contact point* was abandoned in 2010.

After much effort and lobbying a new initiative is now being implemented using the NHS number as a link identifier between unscheduled health care settings and local authorities: the Child Protection Information Sharing project (CPIS). Staff in such settings as emergency departments, walk-in centres, minor injury units, GP out of hour's services, ambulance services, maternity and paediatric wards, are alerted when children who are subject to a child protection plan or are looked after attend as well as pregnant women who have a pre-birth child protection plan for their unborn child. The local authority is notified electronically of such an encounter which if frequent could be a marker of neglect. No clinical information or detailed local authority information is exchanged. [Ref 6] By the end of 2015 social care safeguarding business processes will include recording the NHS number and the majority of local authority child care information systems will have been modified to record the NHS number

This sharing will help health professionals improve their assessment of whether they may be dealing with abuse or neglect as well as identifying vulnerable children to improve their care. However, there are a number of other situations where sharing and integrating information to maximise care for children and young people is important. Young people up to the age of 25 years with special needs may require support from health, education and social care and this requires shared information for an adequate Education, Health and Care Plan (EHC) to be formulated and put into practice. [Ref 7] From Sept 1 2014 school governing bodies have a legal obligation to support pupils with long term medical conditions such as asthma, epilepsy and diabetes in schools so that their potential educational achievements are fulfilled. [Ref 8] School attendance and educational achievement are important outcomes of good health care yet cannot be linked to individual care plans. Information sharing is a key element in the proposed integrated review for children between 2 and 2.5 years combining the Healthy Child Programme assessments for health and development and the Early Years Foundation Stage progress checks. [Ref 9]

In these examples a consistent identifier is needed to share information efficiently, accurately and safely and to provide the basis for multiagency working and information sharing with parents and young people. As yet the use of the NHS number by the education sector to enable this has not been agreed in spite of constant urging over many years. Can we capitalise on the opportunity presented by CPIS? Despite the withdrawal of the amendment in the debate in the House of Lords we welcome the assurance that was given that the Department of Education will report by the end of the year on the impact of

adopting a consistent identifier for the types of provision detailed above. [Ref 10] We trust this report will be positive and further progress made in implementing linkage of information for individual children and young people.

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