

# **SAFEGUARDING CHILDREN ANNUAL REPORT 2016-17**

**Scarborough and Ryedale CCG**

**Hambleton, Richmondshire and Whitby CCG**

**Harrogate and Rural District CCG**

**Vale of York CCG**

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**Designated Nurses for Safeguarding Children**

**Dr Natalie Lyth and Dr Sarah Snowden**

**Designated Doctors for Safeguarding Children**

**Dr Sally Smith**

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## 1. Introduction

- 1.1 This fifth report will describe some of the key national safeguarding children issues which have arisen during 2016-17 before going on to describe progress against the Designated Professionals Strategic Plan. In particular, the report will highlight ongoing developments in assurance processes between the CCGs, provider organisations and the continued progress made to support developments in safeguarding practice for Primary Care.
- 1.2 The report will also describe the challenges and opportunities for 2017-18 as well as including the revised Designated Professionals Strategic Plan for the coming year. Any outstanding actions from the 2016 – 17 Plan have been incorporated into this revised document.

## 2. National Context

- 2.1 **Unaccompanied Asylum Seeking Children (UASC)** – following the ‘Dubs’ amendment to the Immigration Act in 2016 and the disestablishment of the ‘Calais jungle’, the UK received a number of unaccompanied asylum-seeking children. This was in addition to and separate from the Syrian Refugee Resettlement Plan and was not associated with any additional funding. In total, 32 children and young people were placed in North Yorkshire and York – the majority in the Harrogate area. This placed particular challenges on both provider and commissioning organisations.
- 2.2 **The Children and Social Work Act** - in January 2016, Alan Wood (CBE) was commissioned by HM Government to undertake a fundamental review of LSCBs, including processes for Serious Case Reviews (SCRs) and Child Death Overview Panels (CDOP). The report and the Government’s response were published in June 2016. The report made 34 recommendations in total – 19 around LSCBs, 10 around SCRs and 5 in respect of CDOPs. With regard to LSCBs, the fundamental change that was proposed:

*“To require the three key agencies, namely health, police and local authorities, in an area they determine, to design multi-agency arrangements for protecting children, underpinned by a requirement to work together on the key strategic issues set out in this report.”*

The subsequent Children and Social Work Act received royal assent on 27.04.17. The statutory guidance accompanying this new legislation is yet to be published. However, both NYSCB and CYSCB have facilitated preliminary discussions between partner agencies to consider the implications of this new legislation.

**2.3 Inspection Frameworks** – a number of inspection frameworks across the safeguarding children agenda have continued over the past year. The CQC has continued its single agency CLAS (Children Looked After and Safeguarding) Reviews. In December 2016, CQC undertook a CLAS review across City of York, and in February 2017 CQC returned to undertake a CLAS Review across North Yorkshire. At the time of writing this annual report the final reports arising from both reviews are outstanding.

In November 2016 City of York received an Ofsted inspection of local authority services for children in need of help and protection; children looked after and care leavers. This inspection also included a review of the effectiveness of CYSCB (see section 4.2.4).

Additionally, in January 2016 the inspection framework for Joint Targeted Area Inspections (JTAs) was published. The four inspectorates are Ofsted, CQC, HMIC and HM Inspectorate of Probation, the aim of the framework is to look at the arrangements and services for children in need of help and protection in local authority areas in England. Each set of JTAs considers a different aspect of safeguarding practice such as Child Sexual Exploitation (CSE), Domestic Abuse and Neglect. Neither North Yorkshire nor York has received a JTA during this financial year.

Ofsted and CQC launched a programme of joint inspections in 2016 to see how well health and local authorities fulfil their responsibilities for children and young people with special educational needs and/or disabilities (SEND). In July 2016 North Yorkshire was one of the first areas in the country to receive an inspection. The Designated professionals supported health providers, the Partnership Commissioning Unit and the CCGs during the inspection process, providing evidence regarding health care provision for children and young people in care who have SEND.

### 3. Statistical Information

**Table 1: Summary of National and Local Statistical Information Table**

Category	England		North Yorkshire		City of York	
	2016-17 national data set not available until Oct 2017		As of 31.03.2017 <b>As of 31.3.2016</b>  (as 31.03.2015)		As of 31.03.2017 <b>As of 29.2.2016</b>  (as 31.03.2015)	
	14-15	15-16	2016 2015	16-17	2016 2015	16-17
Total number of children and young people	No data		<b>118000</b>	<b>117,119</b>	<b>36,331</b>	<b>36,669 *</b>
			(130,000)		(36,331)	
Number of children subject to Child Protection Plans	49,700	50,310	<b>279</b> (410)	<b>432 *</b>	<b>135</b> (124)	<b>171 *</b>
Prevalence of children with child protection plans/10,000 child population	42.9	43.1	<b>23.6</b> (31.5)	<b>36.9 *</b>	<b>38</b> (34.2)	<b>46.2 *</b>
Children in receipt of Child Need services	390,960	394400	<b>2574</b> (2,015)	<b>2,596 *</b>	<b>986</b> (1033)	<b>Figures not available</b>
Prevalence of children receiving child in need/10,000 child population ( ) = 2014-15	337	337.7	<b>218</b> (155.0)	<b>221.7 *</b>	<b>273.8</b> (286.9)	<b>Figures not available</b>
Looked After Children ( ) = 2014-15	69,540	70,440	<b>415</b> (448)	<b>425 *</b>	<b>191</b> (193)	<b>204 *</b>
Prevalence Looked After Children/ 10,000 child population ( ) = 2014-15	60	60	<b>35.3</b> (34.5)	<b>36.3 *</b>	<b>53</b> (55)	<b>55.1 *</b>
Care Leavers 17-21	26290	26340	<b>186</b>	<b>154 *</b>	<b>100</b> (80)	<b>107*</b>

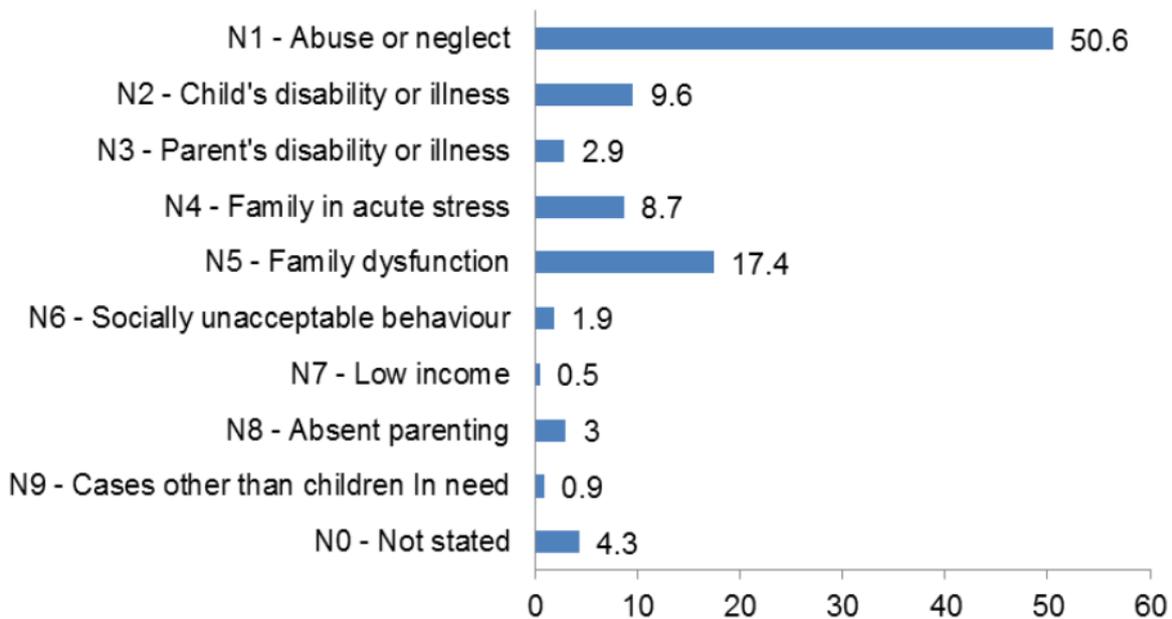
\* 2016/17 figures are unvalidated until Aug 2017

### 3.1 Key Points from National Data

- The number of children in need at 31st March has increased from 390,960 in 2015 to 394,400 in 2016, an increase of 0.9%.
- The number of children in need at 31st March has remained relatively stable over the last seven years.

- The number of children who were the subject of a child protection plan at 31st March has increased from 49,700 in 2015 to 50,310 in 2016, an increase of 1.2%.
- The number of children who were the subject of a child protection plan starting, and a child protection plan ending in the year, both continued to increase

**Figure 1: Percentage of children in need at 31 March 2016, by factors identified at the end of assessment (England, 2015-16)**



- The number of looked after children has continued to rise; it has increased steadily over the last eight years. There were 70,440 looked after children at 31 March 2016, an increase of 1% compared to 31 March 2015 and an increase of 5% compared to 2012. The rise this year reflects a rise of 1,470 in unaccompanied asylum seeking children, compared to a rise of 970 in all looked after children.
- In 2016 the number of looked after unaccompanied asylum seeking children increased by 54% compared to last year's figures, up to 4,210 children at 31 March 2016 from 2,740 in 2015 and up from a low of 1,950 in 2013.
- At 31 March 2016, unaccompanied asylum seeking children represented 6% of the looked after children population.

### 3.2 Key Points of Note from Local Data

- The number of children in receipt of Child in Need services has remained stable in North Yorkshire (numbers for York not yet available) and remains below the national average.
- The number of children and young people in receipt of a Child Protection Plan has increased from last year in both North Yorkshire and York which matches the national trend.

- The number of looked after children has increased slightly in both North Yorkshire and York but the prevalence remains below the national average in both localities. The national picture is of a rising prevalence.

#### **4. Progress against Designated Professionals Strategic Priorities (2016-17)**

##### **4.1 Strategic Priority 1: To continue to develop and embed robust assurance processes in relation to safeguarding children arrangements in CCGs and provider organisations.**

- 4.1.1 The Designated Nurses have worked with colleagues in the CCGs and Partnership Commissioning Unit (PCU) to embed the reporting against the Safeguarding Children Local Quality Requirements (LQRs), via the various contract reporting structures between the CCG and all NHS Providers across North Yorkshire and York.
- 4.1.2 The Designated Nurses now attend these quality meetings to offer expert advice and support to commissioners and providers, as well as expert challenge where this is felt necessary.
- 4.1.3 A key challenge this year has been in ensuring all providers report against all safeguarding children LQRS as per contract. It is expected that this work will be fully complete by the 1<sup>st</sup> Quarter of 2017-18.
- 4.1.4 The Designated Nurses have worked with colleagues in the PCU and CCG to ensure that standard baseline safeguarding children LQRs, which were developed in 2016-17, are used in the development of all new contracts and service specifications.
- 4.1.5 The Safeguarding Children Policies for all four CCGs have been updated to include new responsibilities regarding PREVENT.
- 4.1.6 The CCGs Managing Allegations Against Members of Staff Policies have been updated and are now available on all four CCGs public facing websites.
- 4.1.7 In July 2016 NHSE undertook a safeguarding assurance visit to the CCGs across North Yorkshire and York. It is of note that the report found “*Excellent evidence of robust safeguarding arrangements*”, together with ‘*lots of examples of good practice and innovative practice*’. There were a total of five recommendations to be addressed across both the safeguarding children and safeguarding adult’s agendas. This action plan arising from this report is monitored via the Designated Professionals quarterly meetings between the Designated Professionals and the CCG Leads for Safeguarding Children

(Executive and Chief Nurses). Updates are also provided in the safeguarding children reports to the CCG quality structures.

#### 4.2 Strategic Priority 2: To support and continue to develop strong multi-agency partnerships across North Yorkshire and the City of York

##### City of York Safeguarding Children Board (CYSCB)

4.2.1 The Chief Nurse and the Designated Professionals have represented Vale of York CCG at CYSCB throughout 2016-17.

##### 4.2.2 Summary of CCG representation at CYSCB 2016-17:

City of York Safeguarding Children Board Attendance 2016-2017			
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Date	Chief Nurse	Designated Doctor	Designated Nurse
12/04/2016	✓	✘	✓
22/06/2016	✘	✓	✓
10/08/2016	✘	✓	✓
19/10/2016	✓	✓	✓
14/12/2016	✓	✘	✓
15/02/2017	✘	✓	✓

4.2.3 **Embedding the new Board structure:** The Designated Professionals have provided ongoing support to embed the restructure of the CYSCB sub groups. The Designated Nurse has continued in her role as Chair of the Case Review Group (CRG).

4.2.4 **Ofsted Inspection of the Board:** In December 2016 the Designated Professionals supported CYSCB Business Unit in preparing for, and responding to, an inspection by Ofsted. The outcome of the inspection was very positive with the report concluding that the board demonstrates '*strong and highly effective multi-agency partnership working across the city. These partnerships are fundamental to the work of the CYSCB in sustaining the commitment to safeguarding children*'. The Board received a judgement of 'Outstanding', only the second LSCB in the country to receive such a judgement.

##### 4.2.5 Case Reviews:

- The Ofsted Inspection noted that the '*Arrangements for case reviews have been significantly strengthened*' since the restructure of the Board with the revised terms of reference supporting increased rigour and scrutiny.

- There have been no Serious Case Reviews in York during 2016-17.
- A Learning Lessons Review involving a young child who had experienced significant neglect was completed during 2016. The final report and recommendations were endorsed by the Board in September 2016. The subsequent multi-agency action plan has been monitored via the CRG and actions are being taken forward within the agreed timescales.
- During 2016-17 a case involving the death of a young child was referred into the CRG for consideration for a possible SCR or other form of learning review. The Independent Chair for CYSCB considered the recommendation from the group and concluded that learning from this case would be best achieved via a separate review process led by NHSE. Chair of the CRG (Designated Nurse) will sit on this review panel to ensure any safeguarding children issues are identified and addressed.
- The CRG has received assurance from partner agencies that the actions arising from historical reviews are now complete.

4.2.6 The Annual Report for CYSCB will be accessible via the LSCB website:  
[www.saferchildrenyork.org.uk](http://www.saferchildrenyork.org.uk)

### **North Yorkshire Safeguarding Children Board**

4.2.7 The Executive Nurse for Scarborough and Ryedale CCG and the Designated Professionals have represented the four North Yorkshire and York CCGs at NYSCB throughout 2016-17. One of the Designated Nurses continues to undertake the role of Vice Chair of the Board.

*“As Chair of the North Yorkshire Safeguarding Children Board I welcome the active partnership we have with the Designated Professionals who provide us with a positive engagement with children’s health services. It is complex for Boards to work effectively with the NHS ‘architecture’ - a task that would be impossible without the Designated Professionals. Whether it is concerns about individual children, or in relation to major policies issues, the Designated Professionals enable us to feel confident that we are offering the best possible service for the children and young people of North Yorkshire.”*

**Prof Nick Frost, Independent Chair, NYSCB**

#### 4.2.8 Summary of CCG attendance at NYSCB 2016-17

### North Yorkshire Safeguarding Children Board Attendance 2016-2017

Date	Executive Nurse	Designated Doctor	Designated Nurse
20/06/2016	✓	✓	✓
19/09/2016	✓	✓	✓
05/12/2016	✓	✓	✓
20/03/2017	✓	✓	✓

4.2.9 The last twelve months has been a period of embedding new structures and processes within NYSCB, particularly the change to only two sub-groups - the Learning and Improvement Sub-Group, and the Practice Development Sub-Group which aim to progress the Board's vision to "listen to the views of children and young people and their families, and work together to ensure they feel safe and North Yorkshire is a happy place to live".

4.2.10 The locality groups of the LSCB continue to meet across the county to progress the Business Plan and to address specific local operational issues.

#### 4.2.11 Case Reviews:

- There have been no Serious Case Reviews commissioned by NYSCB over the last year.
- A Learning Lessons Review into the serious sexual assault of a teenage boy was commissioned during 2016. The final report will go to the Learning and Improvement Sub-Group; this group will then develop recommendations arising from the report and agree a plan for the dissemination of the practice lessons learned. A full report will be presented to the Board in June 2017.

4.2.12 The Annual Report for NYSCB can be accessed via the LSCB website:  
[www.safeguardingchildren.co.uk](http://www.safeguardingchildren.co.uk)

### 4.3 Strategic Priority 3: Children in Care

4.3.1 **Action Plan for Looked After Children NHS England Assurance Process and Action Plan:** in 2015-16, NHS England North undertook a benchmarking exercise to map CCG arrangements for children who are looked after against the revised statutory guidance (2015). A summary of the findings was presented in June, 2016 and as reported in the previous Annual Report, the

NYCCs performed well against other CCGs in the Northern region. Actions arising from the benchmarking are being taken forward by the Designated Professionals and updates against this plan have been provided to NHSE.

**4.3.2 Introduction of Health Passports for Children in Care (York):** the Designated Professionals have continued to lead on the staged introduction of health passports for children in care across City of York. The aim of this initiative is to support children, young people and their foster carer's understanding of their past medical history and ongoing health issues, ultimately to support better health outcomes for this vulnerable group of children. Health passports are now issued to all children who have come into the care of the local authority and to children under the age of 5 when they attend for their RHA. There has been a delay in issuing the passports to children and young people from 5-19 years due to capacity issues in the Healthy Child Service, during the transition into the local authority and reconfiguration of the service. This delay has been escalated to the strategic partnership for children in care.

**4.3.3 Service specification for Specialist Nursing Team for LAC –** work around disaggregating the HDFT Safeguarding Team and Specialist Nursing Team for LAC continues, alongside revision of service specifications to reflect new ways of working.

**4.3.4 No Wrong Door –** the award-winning No Wrong Door project in North Yorkshire continues to be supported by the HDFT Specialist Nursing Team for LAC. Formal evaluation of the health element of the project has been undertaken by Loughborough University and provides robust evidence of improved physical and mental health outcomes. Additionally, work undertaken by the communication workers in the project has shown that a significant proportion of young people in the project had communication problems (this represented 65% of the young people in the project who were also looked after). The finding has led to some collaborative working between the Specialist Team for LAC, NYCC, Designated Professionals and the 0-19 service to develop more sensitive ways of screening for communication problems at entry into care.

**4.3.5 Complex Needs Pathway –** a 'Pathway to Support Initial Health Assessments for Children and Young People who have Complex Care Needs' was developed several years ago. However, because its presentation was very complicated, it had not been fully implemented. In conjunction with partner agencies, the pathway has been revisited, simplified and re-launched. The pathway recognises that there are three groups of children within this overarching heading:

- Children and young people who have complex needs, who have become looked after because they have become accommodated under Section 20 of the Children's Act (voluntary accommodation);

- Children and young people who have been placed in care by a Court order (Care Order);  
These two groups of children will have their Initial Health Assessments (IHAs) by a paediatrician who is experienced in carrying out Initial Health Assessments, who will seek advice from the child's usual paediatrician.
- The third group of children are children and young people with complex needs and disability, who are voluntarily receiving short breaks and respite care of more than 75 days a year. The focus for the IHA for these children is around their current health needs, to ensure that the health needs can be met within this setting. For these children, the request for an IHA will be sent to the child's usual paediatrician, who will complete it, taking advice and support from a paediatrician who is experienced in undertaking IHAs, if required.

**4.3.6 Training** – children in care and care leavers will form one element of the GP 'Hot Topics' Level 3 Safeguarding Training Programme 2017/18, as it was recognised that many GPs have limited knowledge and experience in this area. The training includes messages taken from consultation with care-experienced young people, reflecting what they would like from primary care services. Practices will be encouraged to support a consistent approach whereby, whenever possible, children and young people in care see the same practitioner.

**4.3.7 Supporting young children and young people to engage with their health assessments** – The Designated Professionals have been working with colleagues in the local authority and the Specialist Nursing Team for LAC to develop a suite of information for children and young people and their carers which aims to support children and young people's understanding of the benefits to them of accessing their health assessments. This work is being undertaken in consultation with children and young people and builds on the work undertaken in 2015-16 to develop an IHA video clip which was launched the early part of 2016-17.

#### **4.3.8 Timeliness of Statutory Health Assessments for Children in Care**

- A further audit of timeliness of completion of IHAs in North Yorkshire was carried out in July 2016. This showed that there had been an increase the timeliness of receiving initial paperwork from the local authority. Unfortunately, there had been a decrease in the number of looked after children who had their IHA completed within 20 working days of being looked after, from 44.6% in 2015 to 39.7% in 2016. The causes of this are multi-factorial, and further work is being done to try to improve the timeliness
- The audit of timeliness of Review Health Assessments in North Yorkshire has shown year-on-year improvement for the last three years. In 2013, 42.17% of assessments were completed within the target time; in 2014, this had increased to 54.66% and in 2016, to

79.87%. The target we have set for this year is 90% and work is ongoing

- The audit of timeliness of health assessments for City of York children has identified significant challenges throughout 2016-17. On average, less than 50% of IHAs and RHAs were completed within statutory timescales. Analysis of the data has identified that the key reason for such delays is most frequently due to delays in health receiving notifications and associated paperwork from colleagues in the local authority. This issue has been escalated to the Strategic Partnership for Children in Care by the Designated Professionals. An action plan has been agreed between the LA, HDFT, YTHFT and the Healthy Child Service (CoY Public Health). VoY CCG are receiving detailed updates regarding this issue via the Quality Patient Experience Committee

#### **4.3.9 Quality of IHAs** - there has been a three-pronged approach to improving the quality of Initial Health Assessments:

- Training for all paediatricians who carry out IHAs (as outlined in 4.3.8 above);
- Local authorities have a responsibility to undertake Strengths and Difficulties questionnaires for all children and young people coming into care – these form an assessment of mental and emotional wellbeing. Starting in North Yorkshire, we are working to ensure that the results of these questionnaires are made available to the paediatricians carrying out IHAs. Guidance on how to interpret these results has been provided for the paediatricians. In City of York, an action plan towards introducing the use of Strength & Difficulties questionnaires is being developed via a Task & Finish subgroup of the Strategic Partnership for Children in Care. The group intends to meet regularly following the initial meeting scheduled for June 2017.
- Two quality reviews of IHAs have been carried out across North Yorkshire and York. The initial quality review outlined areas of focus for improvement. These were shared with the paediatricians who carry out the IHAs. A second quality review did show an improvement in practice. This work will be ongoing.

#### **4.3.10 Training of paediatricians** - IHA training has continued throughout 2016/17. This year, we have provided two different types of training: the standard training for paediatricians new to carrying out IHAs which includes the background around the importance of the different areas of health that need to be assessed, together with the areas that need to be considered in the care plan that is produced at the end of an IHA. This training was provided to a group of paediatricians at the Friarage Hospital and one-to-one in the other

provider settings. Specific one-to-one sessions have also been provided for paediatricians working with Unaccompanied Asylum Seeking Children to ensure they are aware of the particular needs of this group and of the bespoke paperwork that has been developed to support assessment processes. A workshop is also planned for October 2017 which will bring together the paediatricians who carry out IHAs across North Yorkshire and York for some joint learning.

**4.3.11 UASC** - A significant amount of work has been undertaken to ensure that the health needs of young unaccompanied asylum seekers are effectively assessed and plans put in place to meet those needs. Work has included:

- Use of specially adapted Initial Health Assessment (IHA) forms which reflect potential health needs of this vulnerable group of young people
- IHAs being undertaken by one specialist paediatrician at the residential centre where the initial groups of young people were accommodated
- Agreement with local GPs that IHAs will replace routine New Patient Checks
- Development and distribution of briefing paper for all GPs regarding potential health needs of UASC
- Agreement with HDFT regarding screening and treatment for TB
- Active membership of the North Yorkshire and York multi-agency group for UASC

*“Here at North Yorkshire County Council, we have always encouraged a joined up approach to working with all partners involved in delivering services to Children and Young People and particularly with the Designated Professionals. Their advice and input is extremely valuable to us for both delivery and improvement of our services and especially in regard to our children in care. As Lead Member for Children’s Services I very much appreciate and value their contribution and the long term relationship we have built together.”*

**Cllr Janet Sanderson, Lead Member Children’s Services, NYCC**

#### **Strategic Priority 4: Supporting Safeguarding Practice across the Health Economy in North Yorkshire and York**

**4.4.1 Multi-agency practice guidance on managing injuries to non-independently mobile children (NIMC)** - the Designated Professionals have led on the development of multiagency practice guidance to support effective identification and response to indicators of physical abuse in NIMC. This guidance has now been adopted across North Yorkshire and York.

4.4.2 **Safeguarding Supervision** – In line with national guidance (RCPCH, 2014), the Designated Nurses and Nurse Consultant for Primary Care continue to provide reflective safeguarding supervision to safeguarding professionals across the local health economy. A total of 45 supervision sessions have been delivered during 2016-17.

Peer supervision continues in partnership with colleagues from East Riding, North Lincolnshire, North East Lincolnshire and Hull, supported by a robust supervision contract and documented outcomes.

The Designated Nurses and Nurse Consultant for Primary Care also continue to support NHS Provider organisations across North Yorkshire and York to develop supervision resources by providing supervision skills training. As accredited trainers they have facilitated four two-day courses – one of which was undertaken as an income generation initiative at the request of the Head of Safeguarding at Newcastle Hospitals.

4.4.3 **Peer Review processes YTHFT** - Peer review for Paediatricians within York Teaching Hospitals NHS Trust is a priority for development. It is currently scheduled to take place within the context of monthly Clinical Governance meetings on the York Hospital site, although there is the opportunity for additional ad hoc meetings with the Named Doctor and/or Named Nurse for Safeguarding if required at other times. Currently, complex safeguarding cases are discussed, although all inpatient safeguarding cases are discussed at weekly Grand Round handover meetings. On the Scarborough site, the Named Doctor and Named Nurse for Safeguarding Children have a programme of peer review planned. On both sites, there are plans for involvement from the Departmental Paediatric Liaison Psychiatrist to attend to provide additional support and input.

4.4.4 **Peer Review HDFT** – the Peer Review for Paediatricians is now well established at HDFT under the leadership of the Designated Doctor. Peer review meetings are held at least every three months, but are held more frequently, if required. Every child who has a Child Protection medical under the care of HDFT is reviewed in these Peer Review meetings. The meetings are well attended by the paediatricians, and this has led to an increase in the quality and consistency of the child protection reports.

4.4.5 **ALSG** - the Designated Nurses and Nurse Consultant for Primary Care continue to support Safeguarding Children Recognition and Response Training for specialist doctors. They are also involved in the updating of this national course.

4.4.6 **Multi-Agency Public Protection Arrangements (MAPPA)** – in response to the findings of the 'Child Ava' Serious Case Review undertaken in Durham LSCB, the Designated Nurses and Nurse Consultant for Primary Care have been working with MAPPA co-ordinators for North Yorkshire and NHS providers to identify the most robust way of sharing information and

responding to identified risk in individual cases considered via MAPPA processes. Interim arrangements are currently in place, whilst formal agreements are developed between MAPPA and individual providers, including primary care. MAPPA has also been included as part of the 'Hot Topics' training programme to increase awareness of MAPPA processes and implications for primary care practitioners.

4.4.7 **Domestic Abuse notifications** - the Designated Nurses, North Yorkshire Police and NHS provider organisations have worked together to agree a new information sharing process whereby colleagues in midwifery and the 0-19 services receive notification of domestic abuse incidents attended by North Yorkshire Police, where children and/or unborn babies are part of the household. The aim of this process is to ensure that relevant health professionals are fully aware of domestic abuse incidents, which then facilitates comprehensive assessment of risk to children and young people. Further work is planned regarding similar information sharing with Primary Care. This work is very much aligned to the North Yorkshire and York Domestic Overview Strategy, 2014-18, Working Together to Safeguard Children (HM Government, 2015) and NICE Guidance (2014).

4.4.8 **Peer Review** – it is of note this year that one of the Designated Nurses was asked to support the formal peer review process of a Designated Professionals Safeguarding Team in the south of England. Learning from this process will be used to develop local work in North Yorkshire and York.

## 4.5 Strategic Priority 5: PREVENT

4.5.1 The Designated Nurse and Nurse Consultant for Primary Care have successfully negotiated with NHS provider organisations (including primary care) to ensure there is appropriate representation at the North Yorkshire Channel Panel meetings. This ensures there is relevant and proportionate information sharing, and assessment regarding individuals thought to be at risk of radicalisation and an agreed multiagency response. Additionally, provider representatives at the Channel Panel are also responsible for raising awareness regarding the Prevent agenda and acting as a single point of contact within their organisation providing advice and guidance to colleagues. (See 4.6 re PREVENT Training for CCG and PCU staff)

## 4.6 Strategic Priority 6: Ensure all CCG staff are aware of their roles and responsibilities with regard to safeguarding children and have a raised awareness of the role and responsibilities of the Designated Professionals Team

4.6.1 During the early part of 2016 a review of the safeguarding children training packages, available to CCG and PCU staff, identified a number of issues

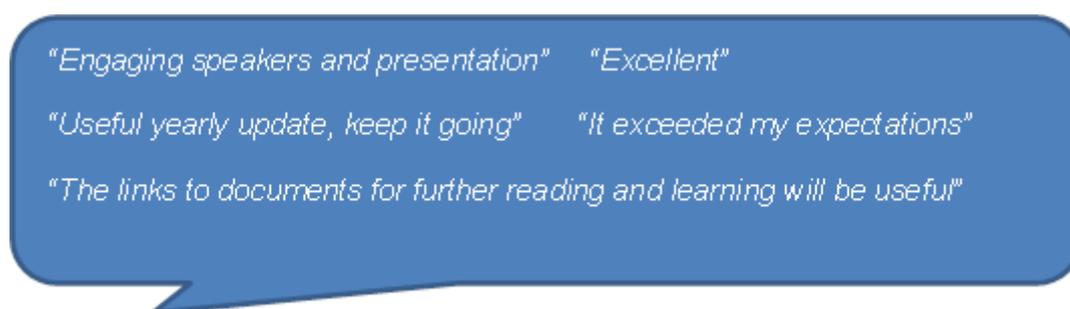
regarding the quality of this online training. Additionally, there was a 'gap' in terms of availability of the appropriate level of PREVENT training. In response the Designated Nurses offered an interim solution of 'face to face' training across North Yorkshire and York. Ten sessions were open to the CCGs and PCU staff throughout 2016-17. The training was very well attended and evaluated with attendees paying particular reference to the training providing them, with a greater understanding of their role and responsibilities with regard to safeguarding children, as well as the role of the Designated Professionals Team.

4.6.2 The Designated Nurses have since worked with the training provider to ensure future on line training is in line with national guidance (RCPCH, 2014) and meets the training needs of CCG employees.

4.6.3 The Designated Nurses have led on the development of a CCG Safeguarding Children Training Strategy. This supports all CCG staff's understanding of their individual training requirements with respect to safeguarding children and how this training can be accessed. The training strategy is in line with national guidance (RCPCH, 2014).

#### **4.7 Strategic Priority 7: Continue to develop safeguarding arrangements in primary care.**

4.7.1 **Training** – due to the success of the Hot Topics training events in 2015-16, this structured training programme was replicated in 2016-2017 with 28 sessions completed and 600 Primary Care staff trained on domestic abuse, recognition of sexual abuse, human trafficking and modern slavery as well as Prevent. These training sessions have continued to receive positive feedback and have evaluated well:



A Primary Care Training Strategy in line with 'Safeguarding children and young people: roles and competences for health care staff' (RCPCH, 2014) has been developed in conjunction with the Named GPs, and agreed with the Local Medical Committee. This strategy identifies the training requirements to enable Primary Care staff to meet their statutory, regulatory and contractual responsibilities. This document aims to provide guidance on the content and timetable for safeguarding children training for all staff who are employed by GP practices.

**4.7.2 Named GP Forum and Safeguarding Practice Leads Forums** - the Nurse Consultant chairs a quarterly North Yorkshire and York Named GP forum for all four Named GPs from NYY. The Named GP for Bradford is also invited to these meetings. The aims of the Named GP forum is to share knowledge and expertise, develop a joint strategic action plan to address risks and gaps and strengthen safeguarding practice in Primary Care, also to provide a forum of peer support.

The Named GP's and Nurse Consultant hold quarterly Safeguarding Leads forums in each CCG. These forums, established in November 2015, are now well established and have regular attendance by the GP safeguarding leads within each practice. The aim of the forums is to provide a resource to Safeguarding Practice Leads, in order that they can remain abreast of both local and national issues that might better inform practice and safeguard vulnerable people. The recent CQC CLAS review reports in City of York and North Yorkshire commented that these structures optimise opportunities to share learning and improve practice. These meetings have been reviewed to ensure that they are meeting the needs of the Safeguarding Practice Leads via a Survey Monkey, the results identified that they are a positive and valuable resource.

*Education and teaching on specific things really helpful, also really supportive to meet other leads.*

*All areas covered to date have been useful , whether child protection, domestic violence, data recording, as in a small practice these cases are quite rare and so major systems have not tended to exist and this helps towards generating protocols*

**4.7.3 Named GP Conference** - the Named GPs and Nurse Consultant hosted a successful and well-evaluated Northern Safeguarding Named GP conference in November 2016, which aimed to provide level 4 educational updates, showcase and share innovative GP Safeguarding Practice, and develop Named GP support networks. Following this first successful conference, the Nurse Consultant and Named GP's approached NHS England for funding for a further conference and they have agreed to fund and contribute to organising a conference for Named GP's for the Northern region in 2017.



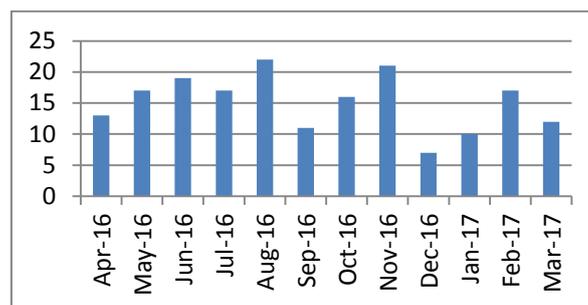
4.7.4 **Primary Care Strategic Development Plan** - the Primary Care Strategic Development Plan 2016-17 addressed specific high risk issues within Primary Care and aimed to develop more effective multi-agency partnership working. During the past year, practices have been encouraged to adopt and complete the NHS England Safeguarding Standards Self-Assessment Tool, in order to enable benchmarking of current safeguarding arrangements and identify areas for further development.

Local coding guidance has been developed and is supporting administration teams and health professionals using electronic records to identify and improve identification of vulnerabilities for children, young people and their families. The recent CQC CLAS review for City of York asserted that “*in all cases examined we saw that it would be difficult for a user of electronic record not to be made aware of specific risks that had been shared with the GP*”.

Work on developing pathways of information flow between General Practice and the Domestic Abuse Multiagency Risk Assessment Conference (MARAC) processes have been undertaken. All practices now receive MARAC minutes and have a process for managing this information. It is intended that this process will be extended next year to include practices being informed of MARAC’s prior to the meeting, to enable relevant information to be shared with multi agency partners.

Child ‘Was Not Brought / DNA’ guidance between the acute Trusts and Primary Care has been developed and disseminated to practices for use.

4.7.5 **Provision of expert advice and support** – the Nurse Consultant and Designated Nurses continue to provide support and advice to North Yorkshire Primary Care practitioners in relation to individual cases. There has been a steady increase in the number of calls to the Team throughout 2016-17 – this is believed to be in response to additional training and heightened awareness of possible safeguarding concerns.



#### 4.8 Strategic Priority 8: Child Death Overview Process:

4.8.1 The Designated Doctor for Child Deaths continues to offer ‘Rapid Response Training’ on a multiagency basis across North Yorkshire and York. Training this year has taken place in Scarborough and York. Training is planned in the coming months for the Harrogate locality and Middlesbrough (James Cook University Hospital).

- 4.8.2 Introduction of the SUDI box has been successful in York – Scarborough continues to use its own well-established SUDI box –and implementation is imminent in Harrogate. Feedback from doctors using the box has been positive, minor amendments to the contents are planned following the feedback, also in order to comply with new national guidelines.
- 4.8.3 Rapid response meetings continue to be well attended and are invariably multi-agency in nature. Phase 1 meetings are usually held within 48 hours as per “working together” guidelines - 83% in 2016/17. Some notifications to CDOP were delayed (often due to cross boundary issues) and 100% phase 1 meetings took place within 48 hours of notification to CDOP. Phase 3 meetings are often considerably delayed as we await post mortem reports. Concerns have been raised with pathologists and coroners regarding this, and a meeting with the designated doctor for Child Deaths and the coroners is planned for June, in which potential solutions may be discussed.
- 4.8.4 A Memorandum of Understanding (MOU) has been developed by York and North Yorkshire CDOP, and shared with CDOPs throughout Yorkshire and Humber. This outlines what we expect to happen if a child resident in York or North Yorkshire dies outside our area, and also outlines our response to children resident outside our area, who dies in York or North Yorkshire. This was developed due to concerns about an inconsistent approach to rapid response procedures within different CDOP areas. It has been well received, and all 14 CDOP areas within Yorkshire and Humber plan to adapt the MOU for local use, in order to assist communication and consistency of response.
- 4.8.5 A regional SUDIC event is jointly planned by North Yorkshire and York, East Riding and Hull, planned to take place in autumn 2017.

## 5. Challenges and Opportunities for Forthcoming Year

**5.1 Sustainability and Transformation Plans (STPs)** – STPs form a key part of the NHS Five Year Forward View (2014). Across North Yorkshire and York there are three proposed STPs or commissioning partnerships. It is of note that these partnerships are not co-terminus with local authority boundaries – this is of particular relevance when taking into consideration that such boundaries are the footprint upon which services for children and young people are arranged and delivered. The additional layer of complexity around commissioning arrangements in the NHS could potentially form a barrier to effective multi-agency planning, commissioning and evaluating the impact of key services for our children and young people. The Royal College of Paediatrics and Child Health has undertaken a review of the 44 published STPs and in a recent position statement, has highlighted their concerns around the *‘lack of profile given to infants, children and young people (who comprise 25% of the UK population) by*

*the majority of STP...'* The deficiencies cited in the statement include *'Lack of a life course approach; lack of recognition of the needs of infants, children and young people; Limited engagement with clinicians and the public; and workforce shortages.'* Over the coming year, there will be a real need to maintain a county-wide sustained focus on the needs of our child population, specifically including their safety and welfare.

**5.2 Responding to Multiple Recommendations from Inspections, Reviews and Assurance Processes** – As described in 2.3, 4.1.7 and 4.2.4, the Designated Professionals have led the CCG, and where appropriate NHS providers, response to a number of different inspections, reviews and assurance processes throughout 2016-17. A key challenge for the Designated Professionals Team during 2017-18 will be to develop and take forward the subsequent recommendations for the CCG via a robust overarching action plan. This action plan will form the core aspect of the Designated Professionals Strategic Plan 2017-18. It is anticipated that the subsequent reporting of progress against this action plan, via existing quality structures within the CCGs, will enhance current assurance to the CCGs that they are fulfilling their statutory responsibilities with regard to safeguarding children and children in care. Additionally, the Designated Professionals will continue to offer support, expertise and where appropriate, challenge to NHS provider organisations with regard to their action plans.

**5.3 Children and Social Work Act 2017** – as noted in the introduction to this report (2.2) the introduction of the Children and Social Work Act earlier in 2017 will change the face of multi-agency child safeguarding arrangements in this country. With little detail yet available, it is hard to define exactly what this may mean in terms of statutory regulation, governance, accountability, agency roles, resources, funding, Case Review and Child Death processes. Again, sustained focus on robust inter-agency work to safeguard children will be required – it is well documented that the risk to children can increase at times of organisational change and re-structure. The recent triennial analysis of serious case reviews 2011 – 2014 stressed: *'It is crucial that effective systems are maintained through periods of change, and that arrangements are made to ensure continuity and coherence.'*

**5.4 Modern Slavery and Human Trafficking** – one of the fundamental features of safeguarding practice is that it is a continually changing, dynamic phenomenon as we recognise different ways in which the safety and welfare of our children and young people may be compromised. As safeguarding professionals and front-line practitioners, the challenge is to respond to emerging issues with informed understanding and appropriate actions to protect our most vulnerable population. Over the past year, the issues of Modern Slavery and Human Trafficking have been brought into sharp relief following the Modern Slavery Act, passed in March 2015. This Act established the issue on the political agenda and introduced associated policy and practice changes. Human Trafficking is

clearly linked to Modern Slavery and specifically in terms of child safeguarding, with the issue of Child Sexual Exploitation (since a child moved from one place to another for the purposes of sexual exploitation is deemed to be a victim of Human Trafficking). These key issues have formed part of the 'Hot Topics' training programme over the past year, with the aim of ensuring that practitioners have an awareness of the issues and understand their role and responsibility in terms of reporting and safeguarding. Horizon-scanning to ensure practitioners remain aware of these and other emerging issues will continue to form a significant challenge for the team.

**5.5 Healthy Child Service, City of York** - In April 2016 the Healthy Child Service, (formerly known as the 0-19 child health service), was taken 'in house' by City of York LA Public Health. Subsequently the service has undergone a significant reconfiguration and the Designated Nurse has offered expert advice regarding the revision of safeguarding arrangements specific to this service. During 2017-18 the Designated Nurse will continue to support developments in the information sharing pathways between the HCS and NHS provider organisations. The Designated Professionals will also offer expert advice to leaders of the service as they respond to areas of challenge which were identified in the December 2016 York CLAS Review.

**5.6 Challenges for the Designated Professionals Team** – it was highlighted in the NHS E Safeguarding Assurance Tool that the team are under-resourced according to agreed national formulas. Additionally, the workload for the team has expanded, particularly with the development of primary care practice and the introduction of a strengthened MAPPA management process across both county and city. The team strive to balance competing demands on time to deliver a robust service to all four CCGs, both LSCBs, and provider organisations as described in the Accountability and Assurance Framework (2015). We will need to continue to review this position throughout the coming financial year.



**North Yorkshire and York CCGS  
Designated Professionals Safeguarding Children/ Nurse Consultant for Primary Care  
Safeguarding Children Strategic Plan 2017-18**

**Strategic Priority 1:**

**To further develop and embed robust assurance processes in relation to safeguarding children arrangements in CCG provider organisations**

Objective	Associated Delivery Plan	Person(s) responsible / expected date of completion	Evidence	Progress
<p>1.1 NYY CCGs will have assurance that provider organisations are delivering services which safeguard the welfare of children and young people in line with statutory national guidance and local requirements.</p>	<p>Where safeguarding children LQRs/KPIs are agreed, to continue to support embedding of the reporting arrangements to NYY CCGs and to provide expert oversight and monitoring.</p>	<p>Designated Nurses <b>(September 2017)</b></p>	<p>CCG/Provider Sub CMB Minutes</p>	
	<p>To map non-NHS provider organisations with view to developing robust safeguarding children assurance mechanisms.</p>	<p>Designated Nurses <b>(March 2018)</b></p>	<p>CCG/Provider contract monitoring processes</p>	
	<p>To identify relevant commissioning leads within the NYY CCGs in order to support robust commissioning processes with</p>	<p>Designated Nurses <b>(December 2017)</b></p>	<p>Notes from 1:1 meetings with relevant</p>	

	regard to safeguarding children.		commissioners	
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## Strategic Priority 2:

To support and continue to develop strong multi-agency partnerships across North Yorkshire and the City of York

Objective	Associated Delivery Plan	Person(s) responsible / expected date of completion	Evidence	Progress
<b>2.1 The Designated Professionals Team will support the development of new multi-agency arrangements in line with revised statutory guidance (Children and Social Work Act, 2017)</b>	Designated Professionals will provide health expertise and leadership to LSCBs in York and North Yorkshire during negotiations to develop revised multi-agency partnership arrangements.	Designated Nurses and Designated Doctors <b>(March 2018)</b>	Revised LSCB structures reflected in Board minutes	
<b>2.2 The Designated Nurse will work with NHS providers and</b>	Regular 1:1 meetings with relevant leaders in the Healthy Child Service and NHS providers.	Designated Nurse <b>(December 2017)</b>	Notes from established 1:1 meetings	

<p><b>Healthy Child Service (City of York Public Health) to support the development of robust pathways and processes for information sharing in relation to safeguarding children.</b></p>	<p>Designated Nurse to facilitate Task and Finish Groups to develop agreed pathways for information sharing.</p>	<p>Designated Nurse <b>(December 2017)</b></p>	<p>Agreed written pathways supported by robust Information Sharing Agreement</p>	
<p><b>2.3 The Designated Professionals Team will work with CCG commissioners and lead managers to support continued engagement with multi-agency partnerships in light of potential changes in NHS commissioning arrangements,</b></p>	<p>Regular 1:1 meetings with Exec/Chief Nurses to ensure clear line of sight in relation to safeguarding children in any proposed changes to NHS commissioning arrangements.</p>	<p>Designated Nurses and Designated Doctors <b>(March 2018)</b></p>	<p>Clear representation from NHS organisations on LSCB or other multiagency partnerships reflected in Terms of Reference</p>	

### Strategic Priority 3:

To further support robust arrangements across North Yorkshire and York in order to improve health outcomes for Children in Care

Objective	Associated Delivery Plan	Person(s) responsible / expected date of completion	Evidence	Progress
3.1 The CCGs will be assured that their responsibilities towards children in care are fulfilled in line with national statutory guidance.	To agree new reporting arrangements to the four NYY CCGs regarding timeliness of Initial and Review Health Assessments (previous function of PCU).	Designated Nurses and lead commissioners for children's services <b>(December 2017)</b>	Notes from 1:1 meetings with relevant commissioner	
	To develop revised format of quality reports to CCGs to reflect IHA/RHA performance.	Designated Nurses <b>(December 2017)</b>	Reports to CCG quality structures and associated minutes	
	Continue to work with commissioning leads in HaRD CCG to finalise the Service Specification for Specialist Nursing Team for Children in Care (HDFT).	Designated Nurses/Commissioning leads HaRD CCG <b>(March 2018)</b>	Agreed and signed Service Specification	

	<p>Work with Specialist Nursing Team for LAC in HDFT, local authorities and relevant providers in York and North Yorkshire to improve both timeliness and quality of Initial and Review Health Assessments.</p>	<p>Designated Nurses and Designated Doctors</p> <p><b>(March 2018)</b></p>	<p>Performance reports from HDFT</p> <p>Des Profs reports to CCG quality structures</p> <p>Relevant IHA and RHA audits</p>	
	<p>Work with Specialist Nursing Team for LAC in HDFT to develop and implement information leaflets for children and carers to support improved engagement with Health Assessments.</p>	<p>Designated Nurses</p> <p><b>(December 2017)</b></p>	<p>Minutes of the North Yorkshire and York Children in Care Health Professionals Group</p> <p>Information leaflets for children, young people and their parents/carers</p>	

**Strategic Priority 4:**  
**Supporting Safeguarding Children Practice across the health economy of NYY**

Objective	Associated Delivery Plan	Person(s) responsible/expected date of completion	Evidence	Progress
<b>4.1 To continue to provide expert support in order to develop safeguarding children practice across the health economy in NYY.</b>	Work closely with North Yorkshire Police to implement the process for notification of domestic abuse incidents to midwifery and 0-19 services.	Designated Nurses <b>(December 2017)</b>	Process established and notifications being received by health practitioners.  Reports to LSCBs and minutes of associated meetings	
	Work closely with NYY MAPPA service to establish an improved process for the sharing of sensitive MAPPA information relative to safeguarding children across primary care and relevant provider organisations.	Designated Nurses/Nurse Consultant for Primary Care <b>(December 2017)</b>	Agreed pathways for management of relevant MAPPA information with primary care and provider organisations	
	Lead on the development of revised multi-agency guidance for the management of Fabricated and Induced Illness in children and young people.	Designated Nurses <b>(December 2017)</b>	Revised guidance published on LSCB websites	

	Support provider organisations to undertake audits in order to establish the impact of safeguarding supervision	Designated Nurses <b>(March 2018)</b>	Completed supervision evaluation reports provided to Safeguarding Children Health Professionals Network	
	In association with provider organisations, agree a Development and Mentorship Programme for specialist safeguarding children nurses.	Designated Nurses <b>(December 2017)</b>	Written Programme agreed and nurses recruited to commence development activities.	

<b>Strategic Priority 5:</b>				
<b>Responding to recommendations arising from CQC CLAS Reviews and any other review processes</b>				
<b>Objective</b>	<b>Associated Delivery Plan</b>	<b>Person(s) responsible/expected date of completion</b>	<b>Evidence</b>	<b>Progress</b>
<b>5.1 The CCGs to be assured that recommendations arising from CQC CLAS Reviews (York and North Yorkshire) are being progressed within CCGs and relevant provider organisations.</b>	<b>City of York</b> – develop SMART action plan to address recommendations specific to VoY CCG.	Designated Professionals/Nurse Consultant  <b>(August 2017)</b>	VoY CCG QPEC meeting minutes	
	<b>City of York</b> – provider action plans to be submitted to Designated Professionals.	Designated Nurses  <b>(April 2017)</b>	Collated action plan submission to CQC	
	<b>City of York</b> – monitoring of progress against CCG action plan to be submitted bi-monthly to QPEC.	Designated Nurses  <b>(March 2018)</b>	VoY CCG QPEC meeting minutes.	
	<b>City of York</b> - provider action plans to be submitted to Designated Professionals on quarterly basis and to CCG contract monitoring structures.	Designated Nurses  <b>(March 2018)</b>	Updated collated action plan submitted to CQC  Minutes of contract monitoring meetings.	

	<b>North Yorkshire</b> – develop SMART action plan to address recommendations specific to NYY CCGs.	Designated Professionals/Nurse Consultant  <b>(September 2017)</b>	Minutes from NYY CCGs quality meetings	
	<b>North Yorkshire</b> – provider action plans to be submitted to Designated Professionals.	Designated Nurses  <b>(September 2017)</b>	Collated action plan submission to CQC	
	<b>North Yorkshire</b> – monitoring of progress against CCGs action plan to be submitted to CCG quality structures.	Designated Nurses  <b>(March 2018)</b>	Minutes from NYY CCGs quality meetings	
	<b>North Yorkshire</b> - provider action plans to be submitted to Designated Professionals on quarterly basis and to CCG contract monitoring structures.	Designated Nurses  <b>(March 2018)</b>	Updated collated action plan submitted to CQC  Minutes of contract monitoring meetings.	
<b>5.2 Assurance to be provided to NHS England that actions arising from LAC and Safeguarding Assurance processes have been addressed.</b>	Progress against outstanding actions arising from these assurance processes to be reported to NHS E as requested.	Designated Professionals  <b>(March 2018)</b>	Assurance reports to NHS E  Update reports to CCG quality structures  Minutes of Designated Professionals meetings	

<b>Strategic Priority 6:</b>				
<b>Continue to develop safeguarding children arrangements in Primary Care</b>				
<b>Objective</b>	<b>Associated Delivery Plan</b>	<b>Person(s) responsible/expected date of completion</b>	<b>Evidence</b>	<b>Progress</b>
<b>6.1 The Nurse Consultant will develop safeguarding children assurance processes around primary care in conjunction with the Named GPs.</b>	<p>Support all practices in the completion of NHS England self-assessment/assurance tool for primary care, which measures practice against expected safeguarding standards.</p> <p>Support practices in the completion of safeguarding-associated recommendations following Primary Care CQC inspections</p>	<p>Nurse Consultant for Safeguarding Primary Care (NCSPC)/Named GP's /Practice Leads</p> <p><b>(Ongoing)</b></p>	<p>Database of completed Practice visit assessments</p> <p>NHS England Safeguarding standards self-assessment tools and associated action plans</p>	
<b>6.2 The Nurse Consultant will establish Reflective Safeguarding Supervision for the Named GP in all four CCGs across NYY.</b>	<p>Support introduction, training and development of Reflective Safeguarding Supervision for the Named GPs across all four CCGs.</p>	<p>NCSPC/Named GPs</p> <p><b>(March 2018 )</b></p>	<p>Record of supervision sessions and associated documentation</p>	

<b>6.3 In conjunction with the Named GPs, the Nurse Consultant will promote quality safeguarding children practice across NYY.</b>	Establish robust information sharing processes between 0-19 Practitioners and Primary Care across NYY.	NCSPC/Named GPs <b>(September 2017 )</b>	Agreed 0-19 /GP communication standard between City of York practitioners and GP Practices  Evidence of completion of audit of 0-19 / GP Liaison meetings across NYY	
	Establish robust information sharing processes between midwifery services and Primary Care across NYY.	NCSPC/Named GPs <b>(December 2017 )</b>	Agreed midwifery / GP information sharing process across NYY	
	Further develop MARAC information sharing processes so that GPs are informed of the pending MARAC meetings.	NCSPC/ /Named GPs <b>(December 2017 )</b>	Evidence of completion of audit of GP involvement in MARAC assessment process	
	Standardise the process that GP's are invited to attend or contribute to child protection case conferences across NYY by establishing a secure electronic email process between local authorities in CoY and NY, and	NCSPC <b>( August 2017 )</b>	Database of agreed GP Practice secure email addresses	

	GP practices.			
	Support practices with the management of safeguarding children information within individual practices.	NCSPC/ Named GPs <b>(March 2018)</b>	Further development of coding guidance to include WNB and MAPPA  Completion of specific admin staff training to support management of safeguarding information	
	Support the development of information sharing pathways between GP practices and the multi-agency VEMT process NYY.	NCSPC <b>(December 2017)</b>	Agreed information sharing process across NYY to enable GP's to fully contribute to the VEMT process	
<b>6.4 The Nurse Consultant for Primary Care will support and promote quality safeguarding children practice within the services Northern Doctors provide</b>	Support with the introduction of CP-IS within Northern Doctors NYY.  Develop effective information sharing processes between Northern Doctors and 0-19 service NNY.	NCSPC <b>(December 2017)</b>	CP-IS 'live' within Northern Doctors services in NYY  Effective information sharing pathways established between Northern Doctors and 0-19 services NYY	

<p><b>across NYY.</b></p>				
<p><b>6.5 The Nurse Consultant will explore and scope the support required to ensure Dental Services across NYY have safe and effective safeguarding children processes in place.</b></p>	<p>Establish and develop links with the North Yorkshire Local Dental Committee to promote effective safeguarding practice.</p> <p>Establish links with dental services NYY.</p>	<p>NCSPC <b>(March 2018)</b></p>	<p>Database of local dental service NYY</p> <p>Agreed offer of support by Nurse consultant to Dental services NYY</p>	

<b>Strategic Priority 7:</b>				
<b>CDOP</b>				
<b>Objective</b>	<b>Associated Delivery Plan</b>	<b>Person(s) responsible/expected date of completion</b>	<b>Evidence</b>	<b>Progress.</b>
<b>7.1 Explore ways in which the timeliness of PM reports could be improved.</b>	Review process with local coroner to determine possible options.	Dr Sally Smith <b>(December 2017)</b>	CDOP meeting minutes can evidence that PM reports received in timely manner to support professional discussion and decision-making	
<b>7.2 To respond to revised statutory guidance re arrangements for CDOP processes (expected early 2018).</b>	Respond to likely consultation process around revision of WTSC.  Working with colleagues in relevant partner agencies to establish new processes in line with revised guidance.  Ensure that CCGs and provider organisations across NYY are kept fully aware of implications of new guidance via reporting processes.	Dr Sally Smith <b>(April 2018)</b>	Revised CDOP processes reflected in LSCB procedures  CCG quality structure reports  Minutes from SCHPN meetings	
<b>7.3 Development of</b>	Discussion with regional CDOPs and adjustment of MOU as	Dr Sally Smith / Ali Firby	Implementation of York and North	

<b>the Memorandum of Understanding for CDOP to be implemented regionally and potentially nationally.</b>	necessary to allow them to take up use of the MOU	<b>(April 2018)</b>	Yorkshire MOU across Yorkshire	
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## Appendix (i)

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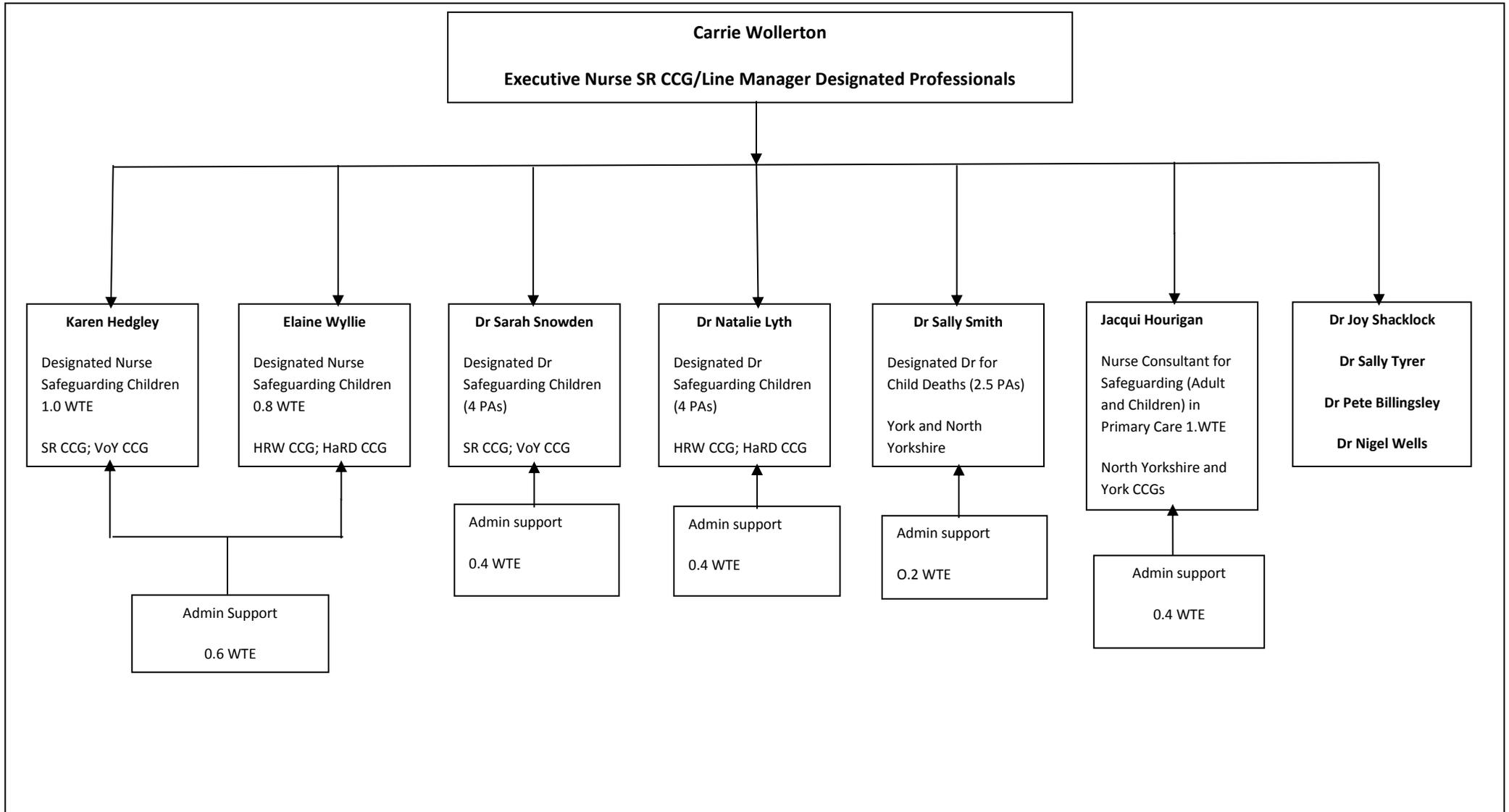
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Serious Crime Act 2015

Appendix (ii)

Structure of CCG Safeguarding Children Team (hosted by SR CCG)



## Appendix (iii)

### Abbreviations used in this report:

<b>BAAF</b>	British Association for Adoption and Fostering
<b>CCG</b>	Clinical Commissioning Group
<b>CDOP</b>	Child Death Overview Panel
<b>CLAS</b>	Children Looked After and Safeguarding
<b>CSC</b>	Children's Social Care
<b>CSE</b>	Child Sexual Exploitation
<b>CQC</b>	Care Quality Commission
<b>CYC</b>	City of York Council
<b>CYSCB</b>	City of York Safeguarding Children Board
<b>HaRD CCG</b>	Harrogate and Rural District Clinical Commissioning Group
<b>HRW CCG</b>	Hambleton, Richmondshire and Whitby Clinical Commissioning Group
<b>HDFT</b>	Harrogate and District Foundation Trust
<b>IHA</b>	Initial Health Assessment
<b>LAC</b>	Looked After Children
<b>LAC SNT</b>	Looked After Children Specialist Nursing Team
<b>LMC</b>	Local Medical Committee
<b>LSCB</b>	Local Safeguarding Children Board
<b>LYPFT</b>	Leeds and York Partnership Foundation Trust
<b>MAPPA</b>	Multi-Agency Public Protection Arrangements
<b>NSPCC</b>	National Society for the Prevention of Cruelty to Children
<b>NYCC</b>	North Yorkshire County Council
<b>NYSCB</b>	North Yorkshire Safeguarding Children Board
<b>PCU</b>	Partnership Commissioning Unit
<b>RHA</b>	Review Health Assessment
<b>SCR</b>	Serious Case Review
<b>SR CCG</b>	Scarborough and Ryedale Clinical Commissioning Group

<b>STHFT</b>	South Tees Hospitals NHS Foundation Trust
<b>SUDI</b>	Sudden Unexpected Death in Infancy
<b>TEWV</b>	Tees, Esk and Wear Valley NHS Foundation Trust
<b>UASC</b>	Unaccompanied Asylum Seeking Children
<b>VoY CCG</b>	Vale of York Clinical Commissioning Group
<b>YTHFT</b>	York Teaching Hospitals NHS Foundation Trust