

# **SAFEGUARDING CHILDREN ANNUAL REPORT 2017-18**

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**Hambleton, Richmondshire and Whitby CCG**

**Harrogate and Rural District CCG**

**Vale of York CCG**

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## 1. Introduction

- 1.1 This sixth annual report will describe some of the key national and local safeguarding and looked after children developments during 2017-18 before going on to review progress against the Designated Professionals Strategic Plan.
- 1.2 The report will also describe the significant challenges and opportunities for 2018-19 as the CCGs prepare to become key partners in the multi-agency safeguarding arrangements across North Yorkshire and City of York which are being set up in response to a new legislative framework.
- 1.3 The Designated Professionals Strategic Plan for the coming year has incorporated any outstanding actions from the 2017-18 Plan.

## 2. National and local context

- 2.1 **The Children and Social Work Act** – this Act received royal assent on 27.04.17. The Act establishes fundamental changes to Local Safeguarding Children Board (LSCB) partnership arrangements, Child Death Overview Panels (CDOP) and processes for undertaking reviews of serious child safeguarding cases.
- 2.2 The new legislation requires that the safeguarding arrangements across a local authority area should be determined by three key agencies, namely police, the local authority and the CCG(s). Statutory guidance to the legislation was published on 29 June 2018, and the three key partners now have twelve months to agree and publish how they will *'work together and with any relevant agencies whose involvement they consider may be required to safeguard and promote the welfare of children in particular cases. They must also set out how their arrangements will receive independent scrutiny.'* (HM Government, 2018).
- 2.3 Work has already commenced across North Yorkshire and York to review current arrangements and start to draw up a new structure and format for the partnership delivery of safeguarding children work and arrangements for reviewing all child deaths across the county and city.

**2.4 Independent Inquiry into Child Sexual Abuse (IICSA)** - the Independent Inquiry into Child Sexual Abuse was opened in 2015 and is currently chaired by Professor Alexis Jay, OBE. The Inquiry is progressing through five work streams:

- Allegations of abuse by people of prominence in public life;
- Education and religion;
- Criminal justice and law enforcement;
- Local authorities and voluntary organisations;
- National and private service organisations.

**2.5** As part of a particular work stream relating to child sexual exploitation in gangs, the CCGs were required to respond to a request for detailed information about how this issue is managed within the health sector. Responses were coordinated by the Designated Professionals and submitted within required timeframes.

**2.6** In February, the Inquiry held the public hearing into allegations relating to the Benedictine Order, including Ampleforth Abbey. The report into the outcomes from this hearing is not yet published.

### **3. Local Safeguarding Children Boards and Case Reviews**

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

3.1.2 The Chief Nurse and Designated Professionals have continued to represent Vale of York CCG at CYSCB throughout 2017-18. The Designated Nurse and Nurse Consultant for Safeguarding in Primary Care also sit on several Board sub groups. The Designated Nurse has continued in her role as Case Review Group Chair.

3.1.3 As reflected in 2.3, during 2017-18 work began to develop revised partnership arrangements in line with the anticipated revisions to statutory guidance. The Chief Nurse has represented the CCG in discussions with senior colleagues in North Yorkshire Police and the local authority. The draft proposals for the new partnership arrangements have been shared with Board members and basic principles agreed.

### **3.1.4 Case Reviews:**

- The actions arising from the Learning Review involving a young child who had experienced significant neglect were completed by all agencies by December 2017. The Designated Nurse has continued to support NHS provider organisations to embed actions specific to their organisation. It has also been agreed that the Case Review Group (CRG) will seek assurance and evidence from all agencies that actions are embedded in practice by the autumn of 2018.
- A NHSE-led Significant Incident Investigation into the death of a young child from York has been ongoing throughout this year. The Chief Nurse and Designated Nurse receive updates on the progress of the investigation from NHSE. In her capacity as CRG Chair, the Designated Nurse shares these updates with CYSCB. The draft report arising from this investigation is expected in the summer of 2018.
- In January 2018, CYSCB agreed to commission a Learning Review into a case involving a young person who committed a serious sexual assault against a very young child. An independent author will lead this review. The learning and subsequent action plan will be reported to CYSCB and via VoY CCG Quality and Patient Experience Committee.

## **3.2 North Yorkshire Safeguarding Children Board (NYSCB)**

3.2.1 The Chief Nurse and Designated Professionals have continued to represent the four North Yorkshire and York CCGs at NYSCB throughout 2017-18. The Designated Professionals and Nurse Consultant for Safeguarding in Primary Care also sit on several Board sub groups. The Designated Nurse has continued in her role as Vice-Chair of NYSCB and the Designated Doctor has taken on the chairing of the Safeguarding Practice Review Group.

### **3.2.2 Case Reviews:**

- The actions from a Learning Review into the teenage perpetrator of a serious sexual assault have now been implemented across health organisations.
- A Serious Case Review has been commissioned by NYSCB. The final report from this review is expected in September 2018.
- A practitioner review was conducted into a case of a young child with a family background of chronic neglect. This review is in final draft stage.
- NYSCB has supported a review undertaken by the tri-service LSCB into allegations against a number of instructors at the Army Foundation College in Harrogate.

## 4. Statistical Information

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

Category	England			North Yorkshire			City of York		
	2017-18 national data set not available until Oct 2018			As of 31.03.2018 (as 31.03.2015)			As of 31.03.2018 (as 31.03.2015)		
	14-15	15-16	16-17	2016 2015	16-17	17-18	2016 2015	16-17	17-18
Total number of children and young people	No data			118000 (130,000)	117,119	<b>117453</b>	36,331 (36,331)	36,669 *	<b>36,705</b>
Number of children subject to Child Protection Plans	49,700	50,310	51,080	279 (410)	426	<b>515*</b>	135 (124)	171 *	<b>167 **</b>
Prevalence of children with child protection plans/10,000 child population	42.9	43.1	43.3	23.6 (31.5)	36.3	<b>43.8*</b>	38 (34.2)	46.2 *	<b>45.14</b> (as above, snapshot on 31 03 18)
Children in receipt of Child Need services	390,960	394,400	389,430	2574 (2,015)	2553	<b>2662*</b>	986 (1033)	Figures not available	Not yet available (as of 04 06 18)
Number of children receiving child in need/10,000 child population on 31 <sup>st</sup> March ( ) = 2014-15	337	337.7	330.4	218 (155.0)	217.8	<b>226.6*</b>	273.8 (286.9)	Figures not available	Not yet available (as of 04 06 18)
Looked After Children ( ) = 2014-15	69,540	70,440	72,670	415 (448)	425	<b>437*</b>	191 (193)	204 *	<b>197**</b>
Prevalence Looked After Children/10,000 child population ( ) = 2014-15	60	60	62	35.3 (34.5)	36	<b>35.1*</b>	53 (55)	55.1 *	<b>53.24**</b>
Care Leavers 19-21	26290	26330	27010	186	170	<b>174*</b>	100 (80)	107*	<b>24 ***</b>
No of Looked After Children placed in North Yorkshire for whom North Yorkshire is not the responsible authority					232	<b>229*</b>			Not yet available (as of 04 06 18)

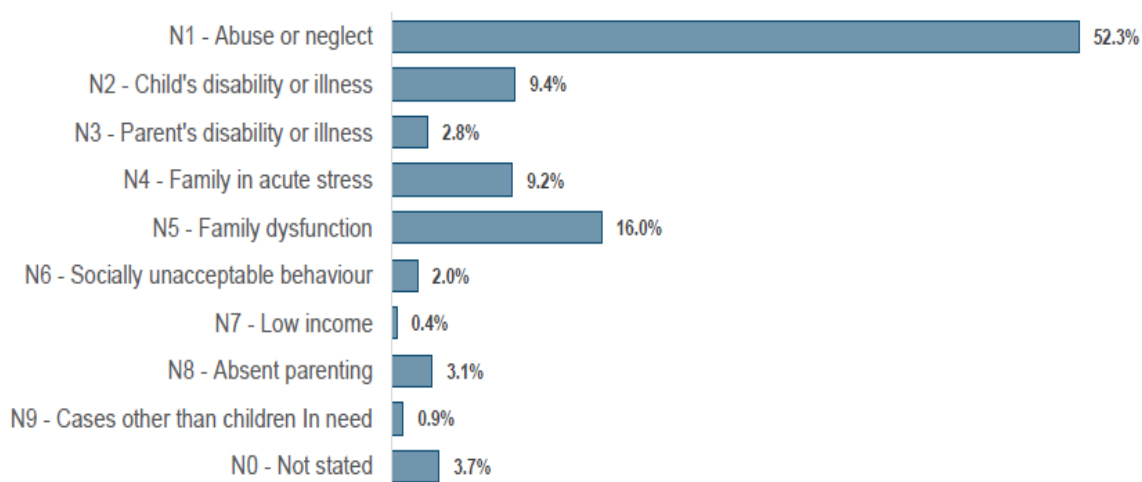
\* 2017/2018 figures are unvalidated until Aug 2018 \*\*Snapshot on 31<sup>st</sup> March 2018

\*\*\*figure for age 17-21 during 01 04 17-31 03 18 – need confirmation of figure for 19-21 yr olds)

#### 4.1 Key Points from National Data

- The number of children in need at 31st March 2017 has decreased from 394,400 in 2016 to 389,430 in 2017 - a very small decrease of 1.3%. The number of children in need at 31st March has remained relatively stable over the last seven years.
- The number of child protection plans at 31st March increased in 2017, from 50,310 in 2016 to 51,080 in 2017, an increase of 1.5%.
- The number of child protection plans starting during the year has increased from 63,310 in 2016 to 66,410 in 2017. The number of children starting these child protection plans in 2017 was 66,180 (i.e. there were 66,180 children who started 66,410 child protection plans in the year ending 31st March 2017).
- The number of child protection plans ending during 2017 has increased from 62,750 in 2016 to 65,420 in 2017. The number of children subject to ending a child protection plan in 2017 was 65,200 (i.e. there were 65,200 children who ended 65,420 child protection plans in the year ending 31st March 2017).
- The number of child protection plans at any point during the year was 116,500 in 2017. The number of children subject to these child protection plans was 115,210.

**Figure 1: Percentage of children in need at 31 March 2017, by primary need at assessment England, 2017**

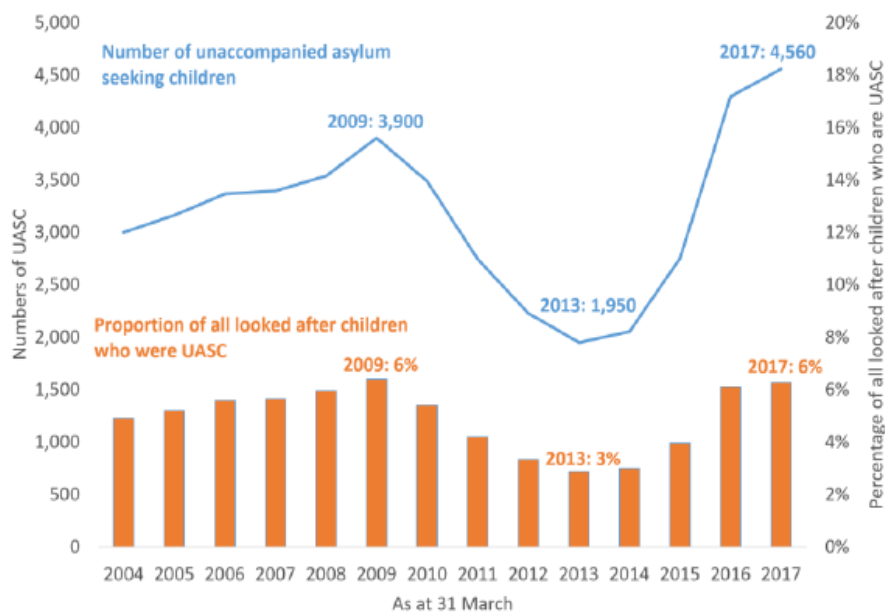


- The number of Looked After Children continues to increase; it has increased steadily over the last nine years. At 31 March 2017 there were 72,670 Looked After Children, an increase of 3% on 2016.
- The increase in Looked After Children reflects that more children started to be looked after in 2017 than ceased.
- For 2016 and 2017, the changes seen in the characteristics of Looked After Children, those who become Looked After and Care Leavers are influenced by

the Unaccompanied Asylum-Seeking Children cohort who tend to be non-white British, older children, with a main category of need of absent parenting

- The number of Looked After Children at 31 March 2017 who were Unaccompanied Asylum-Seeking Children increased by 6% compared to the previous year, up to 4,560 from 4,300 in 2016, and up 134% from 1,950 in 2013.

**Figure 2: Numbers and proportions of looked after children who were Unaccompanied Asylum-Seeking Children – England 2004 – 2017**

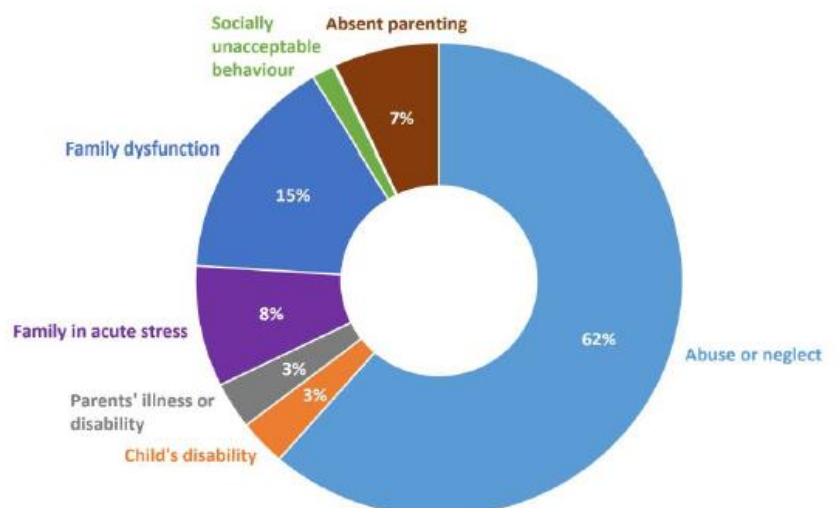


Source: SSDA 903

- **Reason for becoming looked after** - when a child is assessed by Children’s Social Care, their primary need is recorded. For children who are looked after at 31 March 2017, the proportions of children in each recorded category of need is very similar to 2016. 61% (44,600 children) were looked after due to an initial need of abuse or neglect, 15% (11,150) family dysfunction, 8% (6,030) family in acute stress and 7% (5,100) absent parenting.

**Figure 3: Proportions of looked after children at 31 March by category of need**

**England 2017**



Source: SSDA 903



## **4.2 Key Points of Note from the North Yorkshire Data**

- In contrast to the national picture, the number of children in need of services in North Yorkshire has increased from 2553 in 2016-17 to 2662 in 2018 - an increase of 4%.
- In line with the national picture, the number of children subject to Child Protection Plans has increased for the fourth year in succession from 426 in 2016-17 to 515 in 2017-18 - an increase of 20%. The prevalence for North Yorkshire (43.8 per 10 000) is now in line with the national prevalence (43.3 per 10 000) whereas previously it was below the national prevalence. This has a significant implication for the capacity required for health practitioners who carry out health assessments and support for these children and young people.
- The number of North Yorkshire children who are Looked After Children has increased from 425 in 2016-17 to 437 in 2017-18. However the number of Looked After Children and Young People placed in North Yorkshire for whom North Yorkshire is not the responsible authority has remained relatively stable: 232 in 2016-17 and 229 in 2017-18. The overall increase means that there will have been a requirement for an increased number of both Initial and Review Health Assessments.

## **4.3 Key Points of Note from the York Data**

- The total number of children and young people in York has increased slightly from 36331 in 2015 to 36705 in 2017-18 (an increase of 1%).
- In contrast to the national picture, the number of children in need of services in York has increased from 986 in 2016 (figures not available for 2016-17 at time of writing report) to 1395 in 2017-18. This is a large increase of 29% over 2 years.
- In line with the national picture of the number of children subject to Child Protection Plans having increased for the fourth year in succession, in York the number has increased from 124 in 2015 to 171 in 2016-17, although it has remained relatively static in 2017-18 at 167. This is a general trend of an increase of 26% over the past 3 years. The prevalence for York (45.1 per 10 000 in 2017-18) is 4% above the national prevalence (data only available of 43.3 per 10 000 in 2016-17). This has increased from 34.2 per 10 000 in 2015, an increase of 24% which, as in North Yorkshire, has a significant implication for the capacity required for health practitioners who carry our health assessments and support for these children and young people.
- The number of York children and young people who are Looked After Children has decreased marginally from 204 in 2016-17 to 197 in 2017-18 (a decrease of 3.5% in a year, but a slight increase over 3 years from 193 in 2015 of 2%).
- The prevalence of Looked After Children per 10 000 child population is 53.2 which is below the national average of 62 per 10 000 recorded in 2016-17 (no data available for 2017-18) but above that of North Yorkshire (35.1 per 10 000 in 2017-18).

- At the time of writing this report, data was not available about the number of Looked After Children and Young People placed in York for whom York is not the responsible authority. There were 6 Unaccompanied Asylum Seeking Young People placed in York in 2017-18. This data was not previously recorded.
- The overall increase in Looked After Children and Young People means that there will have been a requirement for an increased number of both Initial and Review Health Assessments.

## **5. Progress against Designated Professionals Strategic Priorities 2017-18**

### **5.1 Strategic Priority 1: To further develop and embed robust assurance processes in relation to safeguarding children arrangements in CCG provider organisations.**

5.1.1 Safeguarding Children Local Quality Requirements (LQRs) are now in place across all NHS provider organisations, with monitoring via sub-contract board quality structures and oversight from the Designated Nurses. Work continues with providers to strengthen safeguarding and looked after children reports.

5.1.2 Engagement work has now commenced with key private provider organisations commissioned by the CCGs to develop joint working around safeguarding assurance processes.

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

5.2.1 As described in (2) above, discussions have commenced between safeguarding partners across the two local authority areas regarding how new statutory requirements will be realised in practice.

5.2.2 The Designated Nurse has led a piece of work to establish robust information sharing processes between YTHFT, TEWV, Vocare (Northern Doctors) and the Healthy Child Service in York. It is anticipated this piece of work will be completed by October 2018.

5.2.3 The Designated Nurse has continued to provide expert safeguarding children advice and support into the developments of the safeguarding children arrangements for the Healthy Child Service in York.

### **5.3 Strategic Priority 3: To further support robust arrangements across North Yorkshire and York in order to improve health outcomes for children in care**

- 5.3.1 The Designated Professionals provide subject expertise and leadership across the health economy via the Looked After Children Health Professionals Network. This bi-monthly meeting offers key practitioners the opportunity to share practice, review new national and local guidance, and agree priorities for supporting work around the health needs of our most vulnerable children and young people.
- 5.3.2 The Designated Doctors have worked with colleagues in the HDFT Looked After Children Team to further develop the format of reports on timeliness of statutory health assessments for children in care. These reports now provide enhanced assurance regarding provider performance, and performance related to interagency processes. During 2017-18 CCGs agreed to receive these detailed narrative reports as part of safeguarding children updates to CCG quality meetings.
- 5.3.3 The HDFT Specialist Looked After Children Nursing Team Service Specification is in final draft form. This piece of work has been delayed due to unforeseen circumstances in the HDFT Team.
- 5.3.4 Work continues across the North Yorkshire inter-agency partnerships to support continued improvements in timeliness of health assessments.
- 5.3.5 The Designated Nurse has led a task and finish group of interagency partners across City of York to take forward the 'health' aspects of the Children in Care Strategic Plan. The work undertaken by the group has led to some improvements in performance related to timeliness of health assessments. Of particular note is the significant progress made by YTHFT in responding to requests for IHAs from City of York Council. In Q3 and Q4 the data identifies that in over 90% of cases the trust has offered appointments within 18 days of a request having been received.
- 5.3.6 The fourth annual audit of IHAs was undertaken by the Designated Doctors in conjunction with the HDFT LAC Team. This audit provided evidence of year on year improvement in IHA quality and demonstrates that the ongoing training programme for paediatricians delivering IHAs has been effective in driving up quality.

**Letter from out of area paediatrician to NYY paediatrician:**

*'...I have seen your report on C from the assessment you did on .....I can only say this is probably the best report I have seen on a looked after child.*

*You have captured everything of relevance for C. Your descriptions are precise and contain a wonderful depth of detail that clarifies exactly what is happening for her. The health action plan is detailed and well-formulated.'*

5.3.7 The Designated Nurses have worked with the HDFT LAC Specialist Nurses and a group of young people in care from City of York to develop information leaflets to support children and young people's engagement with health assessments. This builds upon previous work undertaken across the partnerships in NY and York to develop a 'Youtube' film clip promoting attendance for assessments. The information leaflets are planned to also be used across North Yorkshire.

#### **5.4 Strategic Priority 4: Supporting Safeguarding Practice across the health economy in North Yorkshire and York**

5.4.1 The Designated Professionals continue to provide expert support and professional leadership across the health economy. A key mechanism for this is the Safeguarding Children Health Professionals Network – a bi-monthly meeting involving nine different provider organisations which facilitates peer discussion and professional development.

5.4.2 The Designated Professionals have also have worked with partner agencies and provider organisations to establish some new systems and processes to support robust safeguarding children arrangements. This part of the report will describe some of these key systems and some of the direct outcomes for children and young people.

### 5.4.3 Domestic abuse notifications

This is 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.

#### Safeguarding Story (YTHFT):

*The domestic abuse notifications involving a pregnant woman highlighted the presence of domestic abuse that was previously unknown to midwifery practitioners. This escalated the concerns that professionals already had and led to a referral to Children's Social Care and to the Multi-Agency Risk Assessment Conference (MARAC) process.*

*The unborn baby was subsequently made subject to a Child Protection plan. The recognition of domestic abuse was significant in terms of the decision-making in this case. The new information sharing process directly contributed to the protection of the unborn baby.*

5.4.4 **Fabricated and Induced Illness** – the Designated Professionals have developed multi-agency practice guidance regarding the management of this highly complex form of abuse. This has been ratified by the Safeguarding Boards of both North Yorkshire and City of York and is now available for practitioners.

5.4.5 **Multi-agency Public Protection Arrangements (MAPPA)** – over the past year, revised MAPPA arrangements have been established across North Yorkshire and York to enable robust information sharing in respect of medium and high-risk offenders. This has been supported by a programme of training and awareness raising across providers and primary care. The outcomes from this process are more comprehensive risk management plans which involve primary and secondary care providers.

#### Safeguarding Story (Primary Care):

*A young man aged 25 was discussed at a Level 3 MAPPA initial meeting and was considered to present a significant risk to children, adults and professionals. It was established at the meeting that he had particular behavioural issues indicative of an unmet mental health issue.*

*Following information sharing with the GP via the Nurse Consultant for Safeguarding, it was agreed that the young man would be offered a mental health and autism assessment which would support him to engage with risk management programmes. Importantly this has also facilitated safer engagement with professionals.*

#### 5.4.6 Reflective Safeguarding Supervision

##### Feedback from supervisee:

*'...It was heavy and I was tired afterwards, but I've been able to discharge the young person as a direct result of the action plan. It was singularly the most effective supervision I've had in my career so thank you for facilitating it.'*

The Safeguarding Children Nurses continue to offer reflective safeguarding supervision for safeguarding leads in provider organisations and primary care, with a total of 97 sessions being delivered over the year. They have also delivered a number of courses for new supervisors and are now developing 'training the trainers' programmes to ensure that there is a repository of training expertise across the health economy to take forward the supervision agenda. It is of note that all providers across North Yorkshire and York now use a single model for supervision.

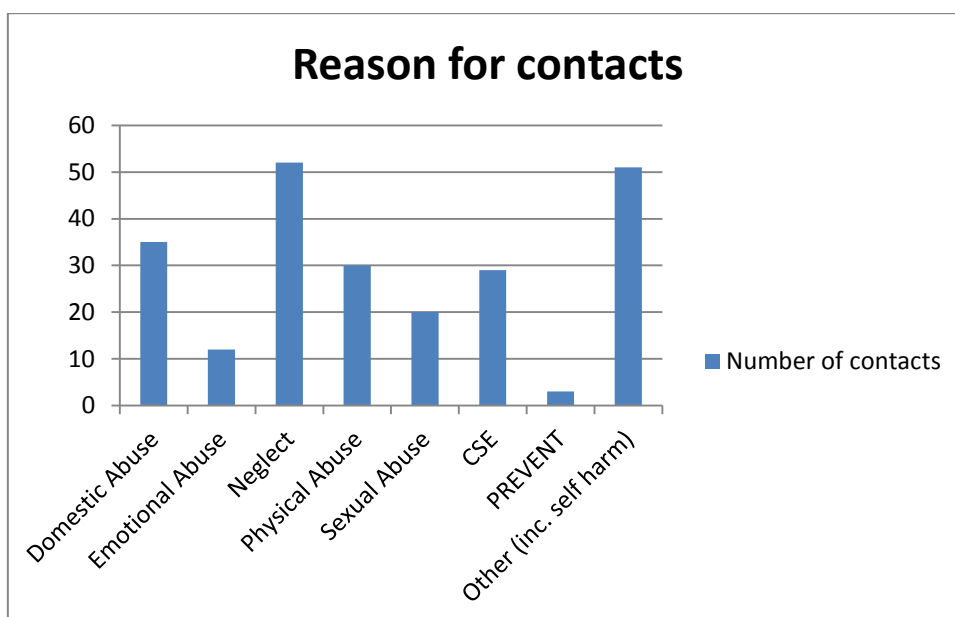
5.4.7 **Peer Review** – the Designated Doctors facilitate and take part in safeguarding peer review processes at both local and regional level.

5.4.8 **Safeguarding Simulation** – the model of safeguarding children training using mannequins with simulated injuries or signs of neglect has been developed in conjunction with undergraduate programme leads at the University of York. The success of this model has now been translated into post-registration practice and has been established particularly within the midwifery training programme at HDFT. Initial evaluations suggest that the approach resonates well with practitioners and is of value in driving up safeguarding knowledge and competencies.

5.4.9 **CP-IS** – the NHSE Child Protection Information Sharing Project (CP-IS) supports information sharing between certain secondary care services and local authorities regarding children or unborn infants who are subject to Child Protection Plans or who are looked after. To date, the majority of local NHS providers, North Yorkshire and City of York Local Authorities have 'gone live' with the project. The remaining NHS providers are due to come on stream later this year.

5.4.10 **Provision of expert advice and support** – a key function of the Designated Nurse/Nurse Consultant team is the provision of expert advice and support to primary care, provider safeguarding teams, other professionals, and partner agencies to support robust decision-making. During the past year, the team has completed **704** discussions around **237** separate cases - this represents a year on year increase in activity. Changes in the way data is captured around

these discussions has enhanced our understanding of the key safeguarding issues facing practitioners and the outcomes from discussions.



Of the 237 cases discussed, 50 went on to become the subject of a safeguarding referral. Many of the other cases were already open to services or could be managed by early intervention below the child protection threshold.

#### Safeguarding Story (Primary Care):

*A Practice Nurse rang to request advice regarding a pre-school child who may be at risk of female genital mutilation (FGM). The young girl was booked into a travel clinic as the family planned to travel to Sudan, an area where the FGM is prevalent. The Practice Nurse could see from mother's records that a previous assessment had been undertaken as the mother had been the subject of FGM in her childhood.*

*This call resulted in a referral to Children's Services for assessment and appropriate measures were taken to safeguard the child. The practice nurse was supported to manage the conversation regarding referral sensitively with the family and provided with the most up to date information leaflet to share with the family.*

## **5.5 Strategic Priority 5: Responding to recommendations arising from CQC CLAS Reviews and any other review process**

- 5.5.1 The Designated Professionals have supported colleagues in the CCG and provider organisations to develop SMART action plans in response to recommendations arising from both the City of York and North Yorkshire Children Looked After and Safeguarding (CLAS) Reviews (December 2016/February 2017 respectively).
- 5.5.2 The Designated Nurses attend the majority of the NYY CCG provider internal safeguarding children governance meetings where progress against individual organisations' action plans is monitored. This provides an opportunity for the Designated Nurses to offer expert advice to support completion of the actions and, where required, challenge any delays in taking actions forward.
- 5.5.3 The Designated Nurses also request written updates against the action plans from providers and the CCG at an agreed frequency. The Designated Nurses then co-ordinate the submission of composite action plan updates to lead inspectors within the CQC. The NYY CCGs and both LSCBs receive highlight reports regarding progress against the action plans.
- 5.5.4 The Designated Professionals have completed all outstanding actions arising from the NHSE LAC and Safeguarding assurance visits which took place in 2016.

## **5.6 Strategic Priority 6: Continue to develop safeguarding children arrangements in Primary Care**

- 5.6.1 **Safeguarding children assurance processes in Primary Care** – all GP practices have now completed the NHSE Safeguarding self- assessment audit, the results of which were shared with each CCG. Work is ongoing to support practices on areas of improvement and a re-audit will be undertaken in 2018. Work to develop an electronic assessment audit will be a strategic priority for the coming year.
- 5.6.2 **Reflective Safeguarding Supervision** - the offer of reflective safeguarding supervision to Named GP and Safeguarding leads is established across the CCGs. Safeguarding supervision is a standing agenda item at all safeguarding leads network meetings.
- 5.6.3 **Information sharing processes between 0-19 Practitioners and Primary Care** - agreed communication standards between 0-19 practitioners and GP



Practices are in place in North Yorkshire and City of York. All practices have a named link 0-19 practitioner.

**5.6.4 Information sharing processes between midwifery services and Primary Care** - a process of information sharing between GP and Midwifery services is now agreed with all providers of Midwifery services across North Yorkshire and York. Work to develop an electronic information sharing process will be a strategic priority for the coming year.

**5.6.5 Develop MARAC (Multi-Agency Risk Assessment Conferences) information sharing processes so that GPs are informed of the pending MARAC meetings** - a process is now in place whereby the GPs of victims and any associated children routinely receive minutes of MARAC meetings. Progression to GP's being involved in sharing information into the MARAC process is being developed and will be a strategic priority for the coming year.

*Safeguarding Story (Primary Care)*

*As a result of increased awareness of domestic abuse and the MARAC process, a GP referral to MARAC enabled the safeguarding of a vulnerable woman and identification of a repeat perpetrator of domestic abuse. In this case the GP was the only agency to have information with regards to current domestic abuse issues and associated risk.*

**5.6.6 Standardise the process whereby GPs are invited to attend or contribute to child protection case conferences across NYY by establishing a secure electronic email** - all practices across NYY now receive electronic invitations to child protection conferences enabling enhanced engagement in the child protection process.

**5.6.7 Support practices with the management of safeguarding children information within individual practices** – guidance on management and coding of safeguarding information is available to all practices. Training to administration staff to support this process and coding guidance for records management will be a strategic priority for the coming year.

**5.6.8 Support the development of information sharing pathways between GP practices and the multi-agency VEMT (Vulnerable, Exploited, Missing and Trafficked) process across NYY** - the use and purpose of the NY Partnership Information Form has been shared with practices and included in the Hot Topics training 2017-18 as part of updates around child sexual exploitation.

- 5.6.9 **Support with the introduction of CP-IS within Northern Doctors NYY-** Northern Doctors now have the CP-IS system in place.
- 5.6.10 **Develop effective information sharing processes between Northern Doctors and 0-19 service NYY-** information sharing process is now in place in North Yorkshire. A process has been developed across City of York and is awaiting agreement by the City of York team.
- 5.6.11 **Establish and develop links with the North Yorkshire Local Dental Committee to promote effective safeguarding practice** - due to lack of capacity, this objective has not been achieved. A business case has been submitted to address the issue of increased resource within the safeguarding children designated team
- 5.6.12 **Role of the Named GPs for Safeguarding Children** - the four Named GPs for adults and children for the North Yorkshire and York CCGs continue to work closely with the Nurse Consultant and drive forward the safeguarding children agenda across Primary Care. The CCG safeguarding leads meetings held quarterly and chaired by the Named GPs continue to be very well attended and provide education, updates on local and national agendas and peer support for the role of practice safeguarding leads.
- 5.6.13 The Named GPs have been instrumental in the planning of the 2<sup>nd</sup> Northern Safeguarding Named GP conference held in Leeds in November 2017. Their key involvement was evident in the clear North Yorkshire focus with speakers including Professor Nick Frost (Independent Chair of the North Yorkshire LSCB) presenting on the implications of the Wood Review, and Odette Robson (Head of Safer Communities North Yorkshire) showcasing the Graphic Novel for Prevent developed in North Yorkshire. Dr Joy Shacklock (Named GP, HaRD CCG) discussed her current role as the RCGP Clinical Champion Good Practice for Safeguarding, the development of the adult safeguarding toolkit and review of the recently published children safeguarding toolkit. Dr Peter Billingsley (Named GP, SR CCG) co-chaired the conference with Lisa Cooper (Deputy Director Quality and Safeguarding, NHS England North).

## 5.7 Strategic Priority 7: CDOP

- 5.7.1 Following discussions with the Coroner there has been a gradual improvement in the timeliness of post mortem reports provided for the CDOP Panel.

5.7.2 The Designated Doctor for Child Death has participated in discussions between partner agencies regarding the anticipated changes to CDOP arrangements following publication of the revised statutory guidance.

## 6. Challenges and opportunities for the forthcoming year

- 7.1 New partnership arrangements** – as described in 2.1 above, there is a new legislative requirement to develop revised safeguarding children partnership arrangements. The legislation describes how ‘Health’ must have an equal voice in determining these multi-agency arrangements. The Designated Professionals will play an active role in supporting CCG leads to ensure that the voice of ‘Health’ is strong and, therefore, able to influence the contribution of health organisations to safeguarding children.
- 7.2 CDOP** – until detailed statutory guidance is published, it is not clear how new CDOP arrangements will be delivered. Developing clear arrangements for the establishment of new processes, and the completion of current cases will be a priority for the Designated Doctor for Child Deaths in 2018-19.
- 7.3 New commissioning arrangements** – the establishment of new partnership commissioning arrangements for secondary care services is developing across North Yorkshire and York. 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.
- 7.4 Focus on audit to evidence the effectiveness of new safeguarding processes** – over the past two years, much work has been undertaken across partnerships and systems to implement new processes and to strengthen existing arrangements. It has been agreed that the team should now focus on gaining assurance that this work is fully embedded in practice and is resulting in improved outcomes for children, young people, practitioners and multi-agency partnerships. An audit programme will be developed and implemented over the coming year with outcomes reported to CCGs as part of quality reports.
- 7.5 Succession planning and team resilience** – in line with recommendations arising from the 2016 NHS E Safeguarding Assurance Process, a business case has been developed to enhance the team resource. The team will also focus on the development of a mentorship programme which aims to support

safeguarding practitioners to develop the competencies and skills needed for more senior roles in provider and commissioning organisations.

## Strategic Priority 1:

To provide assurance that safeguarding children processes introduced by the Designated Professionals team are embedded and support enhanced practice

Objective	Associated Delivery Plan	Person(s) responsible / expected date of completion	Evidence	Progress
1.1 The Designated Professionals Team will seek assurance that new systems and procedures introduced to support robust safeguarding practice are established and operating effectively	Designated Professionals will develop an audit process to evaluate the impact of domestic abuse notifications on safeguarding children responses	Designated Nurses (October 2018)	CCG/Provider Sub CMB minutes	
	Designated Professionals will develop an audit process to evaluate the impact of MAPPA processes on safeguarding children.	Designated Nurses (December 2018)	CCG/Provider contract monitoring processes	
	In conjunction with NHS provider organisations and NYCC, the Designated Professionals will develop and audit process to evaluate the impact of the CP-IS (Child Protection Information Sharing) Project on safeguarding practice.	Designated Nurses (February 2018)	Notes from 1:1 meetings with relevant commissioners	

## Strategic Priority 2:

### To develop new multi-agency safeguarding partnership arrangements across North Yorkshire and the City of York

Objective	Associated Delivery Plan	Person(s) responsible / expected date of completion	Evidence	Progress
<p>2.1. The Designated Professionals Team will continue to support the establishment of new safeguarding partnership arrangements in line with new statutory guidance (Children and Social Work Act, 2017)</p>	<p>Designated Professionals will provide health expertise and leadership to multi-agency safeguarding children partnerships in North Yorkshire and York during the establishment of new arrangements.</p>	<p>Designated Nurses and Designated Doctors <b>(March 2019)</b></p>	<p>New partnership arrangements published in line with statutory guidance.</p>	
	<p>Designated Doctor for Child Deaths to provide health expertise and leadership in development of new CDOP arrangements across North Yorkshire and York.</p>	<p>Designated Doctor for Child Deaths <b>(March 2019)</b></p>	<p>New CDOP arrangements published in line with statutory guidance.</p>	

### Strategic Priority 3:

## To further develop 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 embed new reporting arrangements to the four NYY CCGs regarding timeliness of Initial and Review Health Assessments.	Designated Nurses <b>(December 2018)</b>	Minutes of CCG quality meetings (Des Nurse reports)	
	In conjunction with HDFT and commissioning leads in HaRD CCG, to finalise and sign off the Service Specification for Specialist Nursing Team for Looked After Children.	Designated Nurses HaRD CCG Lead Commissioner HDFT Service Lead <b>(March 2019)</b>	Agreed Service Specification in place for Specialist Nursing Team for Looked After Children	

	<p>Work with Specialist Nursing Team for LAC in HDFT, local authorities and relevant providers in York and North Yorkshire to continue to improve both timeliness and quality of Initial and Review Health Assessments.</p>	<p>Designated Nurses and Designated Doctors</p> <p><b>(March 2019)</b></p>	<p>Performance reports from HDFT</p> <p>Des Profs reports to CCG quality structures</p> <p>Relevant IHA and RHA quality audits</p>	
	<p>Work with Specialist Nursing Team for LAC in HDFT to introduce the health assessments information leaflets for children, young people, parents and carers and professionals.</p>	<p>Designated Nurses</p> <p><b>(December 2018)</b></p>	<p>Children, young people, parents and carers report that they have received the health assessments information leaflet.</p>	
	<p>In conjunction with local authorities, the HDFT Specialist Nursing Team for LAC, the Healthy Child Service (York) and the 0-19 Service (North Yorkshire), children and young people will have access to their own health information through the re-launch of health passports.</p>	<p>Designated Nurses and relevant partners</p> <p><b>(December 2018)</b></p>	<p>Local authority performance data identifies that children and young people have been offered a health passport.</p>	
	<p>In conjunction with the Named Nurses for LAC, to develop a revised audit format for IHAs and RHAs which includes:</p> <ul style="list-style-type: none"> <li>Information from GP included on assessments</li> </ul>	<p>Designated Professionals, Nurse Consultant for Primary Care and Named Nurse LAC</p>		



	<ul style="list-style-type: none"> <li>• Information from SW included on IHAs</li> <li>• SDQ scores being available to inform assessments</li> <li>• Robust assessment of communication skills as part of IHAs and onward referrals as appropriate</li> </ul>	<p><b>( March 2019)</b></p>		
<p><b>3.2</b> To put systems in place to ensure that all relevant information is available to practitioners undertaking statutory health assessments for looked after children. This will ensure that the different assessment processes are assimilated so children and young people are not required to have unnecessary assessments if information is already available. (Response to recommendation from NY JTAI SEND inspection, 2017).</p>	<p>Designated Professionals to work with provider organisations and partner agencies to ensure that relevant systems to align assessment processes and outcomes are in place and operating effectively.</p>	<p>Designated Nurses and Strategic Partnerships for LAC</p> <p><b>(March 2019)</b></p>	<p>Development of audit to demonstrate system effectiveness.</p>	

**Strategic Priority 4:**  
**To support and develop safeguarding resilience across the CCG Designated Professionals Team and provider organisations**

Objective	Associated Delivery Plan	Person(s) responsible/expected date of completion	Evidence	Progress
<b>4.1</b> As safeguarding children leaders across the health economy, the Designated Professionals will support further developments in provider safeguarding children teams.	To establish a cohort of trainers to deliver reflective safeguarding supervision skills training across provider organisations in NYY.	Designated Nurses <b>(March 2019)</b>	Cohort of trainers established to continue delivering reflective supervision training.	
	To develop the educative element of the Safeguarding Children Health Professionals Network to enhance professional knowledge.	Designated Nurses <b>(December 2018)</b>	Minutes of 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 2018)</b>	Written Programme agreed and nurses recruited to commence development activities.	
	To convene an initial meeting of safeguarding leads from private provider organisations to consider development	Designated Nurses for Safeguarding Children and Safeguarding Adults	Minutes from initial meeting.	

	and assurance requirements.			
	To facilitate a Level 4 conference for specialist safeguarding practitioners.	Designated Nurses <b>(October 2018)</b>	Conference programme and attendance list	

### Strategic Priority 5:

#### To monitor progress against recommendations from CQC CLAS Reviews and any other review processes

Objective	Associated Delivery Plan	Person(s) responsible/expected date of completion	Evidence	Progress
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.	Updates against provider and CCG action plans will be requested on quarterly basis for submission to Designated Professionals to ensure full completion within agreed timescales.	Designated Nurses <b>(March 2019)</b>	Completed action plans submitted to CQC.	
	Updated action plans will be shared via Safeguarding Children update reports to CCG quality structures.	Designated Nurses <b>(March 2019)</b>	Minutes of quality meetings.	

## Strategic Priority 6:

### To continue to develop and embed safeguarding children arrangements in Primary Care

Objective	Associated Delivery Plan	Person(s) responsible / expected date of completion	Evidence	Progress
6.1 The Nurse Consultant will further develop safeguarding children assurance processes within primary care in conjunction with the Named GPs.	Support all practices in the re completion of NHS England self-assessment/ assurance tool for primary care, which measures practice against expected safeguarding standards, in order that full compliance is achieved.	Nurse Consultant for Safeguarding Primary Care Named GP's /Practice Leads  <b>(September 2018 )</b>	Database of completed NHS England Safeguarding standards self-assessment tools and associated action plans.	
	Support all practices with associated action related to the NHS England self-assessment/assurance audit.		Availability of electronic safeguarding self-assessment audit for Primary Care use	
	Development of electronic format self-assessment audit for ongoing assurance.	<b>(March 2019 )</b>	Evidence of use of electronic safeguarding self-assessment audit	

6.2 In conjunction with the Named GPs, the Nurse Consultant will promote quality safeguarding children practice across NYY	Promote quality Primary Care referrals to Children's Social Care to support effective assessments and interventions.	Nurse Consultant for Safeguarding Primary Care/Named GP's  <b>( March 2019 )</b>	Evidence through audit of consistent quality referrals to Children's Social Care	
	Ensure full involvement of Primary Care in the child protection process in order to support effective assessments and interventions.	Nurse Consultant for Safeguarding Primary Care/Named GP's  <b>(March 2019 )</b>	Completed audit to ensure that Primary Care information is always sought as part of the child protection assessment process  Evidence of GP engagement in CP process through completed audit.	

	<p>Establish robust electronic information sharing processes between midwifery services and Primary Care across NYY</p>	<p>Nurse Consultant for Safeguarding Primary Care/Named GP's</p> <p><b>(September 2018)</b></p>	<p>Evidence of electronic information share between Midwifery and GP Practice NYY</p>	
	<p>Further develop MARAC information sharing processes so that GPs are fully engaged in full MARAC process across NYY</p>	<p>Nurse Consultant for Safeguarding Primary Care/Named GPs</p> <p><b>( August 2018 )</b></p> <p><b>( January 2019 )</b></p>	<p>Agreed process for ensuring robust GP involvement in MARAC's</p> <p>Completed audit of GP involvement in full MARAC process NYY. .</p>	

	Support the development of information sharing pathways between GP practices and the multi-agency VEMT process NYY.	Nurse Consultant for Safeguarding Primary Care/ Named GPs  <b>( September 2018 )</b>	Agreed information sharing process across NYY to enable GP's to fully contribute to the VEMT process	
6.3.The Nurse Consultant will seek assurance that new systems and procedures introduced to support robust safeguarding practice are established and operating effectively	Development of audit process to ensure robust information sharing processes between 0-19 Practitioners and Primary Care across NYY.	Nurse Consultant for Safeguarding Primary Care  <b>(October 2018 )</b>	Completed audit of compliance to agreed 0-19 / GP communication standard CoY  Completed audit of compliance to agreed 0-19 / GP communication standard NY	

	Develop and audit process to ensure adherence to WNB guidance across NYY	Nurse Consultant for Safeguarding Primary Care <b>(March 2019)</b>	Completed audit of compliance with WNB guidance in NYY.	
6.4 The Nurse Consultant for Primary Care will support and promote quality safeguarding children practice within the services Northern Doctors provide across NYY	Support with the introduction of CP-IS within Northern Doctors NYY.	Nurse Consultant for Safeguarding Primary Care <b>(August 2018)</b>	CP-IS 'live' within Northern Doctors services in NYY	
	Develop effective information sharing processes between Northern Doctors and 0-19 service CoY	Nurse Consultant for Safeguarding Primary Care <b>(August 2018)</b>	Effective information sharing pathways established between Northern Doctors and 0-19 services CoY	



	Support with actions and learning from Significant incident reports	Nurse Consultant for Safeguarding Primary Care <b>(March 2019)</b>	Completed action plan addressing learning required.	
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## Appendix (i)

### References:

Children and Social Work Act, 2017

DfE (2015) "Children looked after by local authorities in England: Guide to the SSDA903 collection 1 April 2015 to 31 March 2016" available at: <https://www.gov.uk/government/publications/children-looked-after-return-2015-to-2016-guide>

DfE/DH (2015) "Promoting the Health and Wellbeing of Looked-After Children" available at: < <https://www.gov.uk/government/publications/promoting-the-health-and-wellbeing-of-looked-after-children>

HM Government (2018) "Working Together to Safeguard Children" available at: [www.gov.uk/government/publications](http://www.gov.uk/government/publications)

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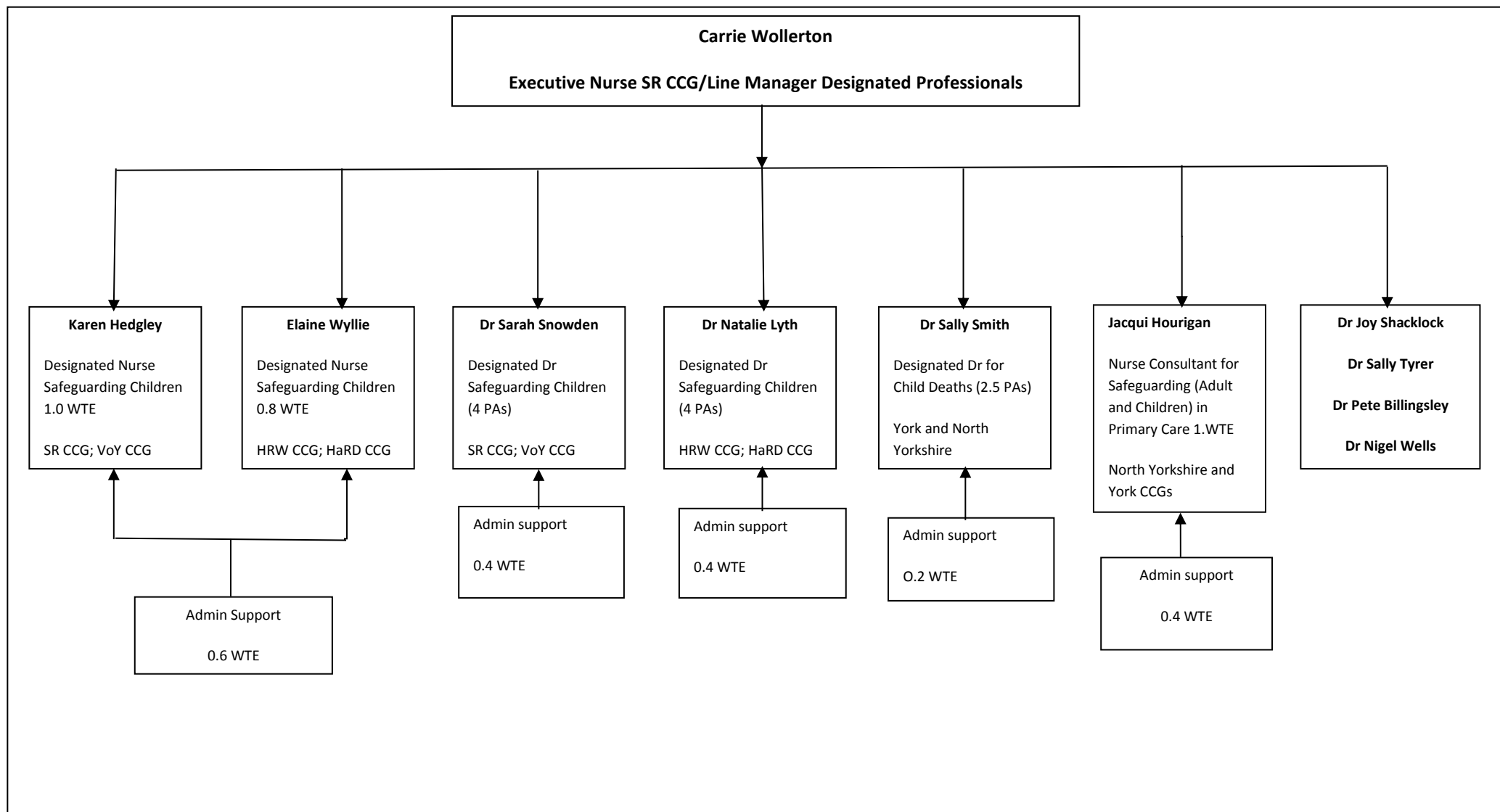
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RCPCH (2014) "Safeguarding Children and Young People: roles and competences for healthcare staff" available at: < <http://www.rcpch.ac.uk>

RCGP "Safeguarding Children and Young People: the RCGP/NSPCC Safeguarding Children Toolkit for General Practice" available at: <http://www.rcgp.org.uk/clinical-and-research/resources/toolkits/the-rcgp-nsppcc-safeguarding-children-toolkit-for-general-practice.aspx>

Appendix (ii)

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



## Appendix (iii)

### Abbreviations used in this report:

<b>CCG</b>	Clinical Commissioning Group
<b>CDOP</b>	Child Death Overview Panel
<b>CLAS</b>	Children Looked After and Safeguarding
<b>CP-IS</b>	Child Protection Information Sharing Project
<b>CRG</b>	Case Review Group
<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>IICSA</b>	Independent Inquiry into Child Sexual Abuse
<b>LAC</b>	Looked After Children
<b>LQR</b>	Local Quality Requirement
<b>LSCB</b>	Local Safeguarding Children Board
<b>MAPPA</b>	Multi-Agency Public Protection Arrangements
<b>MARAC</b>	Multi-Agency Risk Assessment Conference
<b>NYCC</b>	North Yorkshire County Council
<b>NYSCB</b>	North Yorkshire Safeguarding Children Board
<b>RHA</b>	Review Health Assessment
<b>SCR</b>	Serious Case Review
<b>SR CCG</b>	Scarborough and Ryedale Clinical Commissioning Group
<b>TEWV</b>	Tees, Esk and Wear Valley NHS Foundation Trust

<b>VENT</b>	Vulnerable, Exploited, Missing and Trafficked
<b>VoY CCG</b>	Vale of York Clinical Commissioning Group
<b>YTHFT</b>	York Teaching Hospitals NHS Foundation Trust