

SAFEGUARDING CHILDREN ANNUAL REPORT 2015-16

Scarborough and Ryedale CCG

Hambleton, Richmondshire and Whitby CCG

Harrogate and Rural District CCG

Vale of York CCG

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1. Introduction

- 1.1 The Safeguarding Children Annual Report 2014-2015 described ongoing progress against the Designated Professionals Strategic Plan as well as setting out some additional goals for the year 2015 -16.
- 1.2 This fourth report will describe some of the key national safeguarding children issues which have arisen during 2015-16 before going on to describe progress against the Designated Professionals Strategic Plan. In particular, the report will highlight the developments in assurance processes between the CCGs and provider organisations and the significant progress made in supporting developments in safeguarding practice in Primary Care.
- 1.3 Finally, the report will describe the challenges and opportunities for 2016-17.

2. National Context

- 2.1 **Female Genital Mutilation (FGM)** – has continued to be an area of significant focus during 2015-16. The Serious Crime Act (2015) received Royal Assent during 2015. Part 5 of the Act makes a number of changes to criminal law, including specific requirements to protect girls from FGM. This includes a new duty on professionals to notify the police of acts of FGM to girls under the age of 18 years (Section 74). Information regarding this legislative change was included in Primary Care Training and briefings throughout 2015-16. The Designated Professionals have also received assurance that NHS provider organisations across North Yorkshire and York and have processes in place to ensure staff are aware of their role and responsibilities in recognising and responding to concerns regarding possible FGM. The Designated Professionals have supported the development of FGM multiagency practice guidance which is now available via both NYSCB and CYSCB websites.
- 2.2 **Lampard Report and Provider Assurance** – Designated Professionals have sought assurance from NHS provider organisations that the recommendations arising from the Lampard Report (2015) into allegations of abuse perpetrated by Jimmy Savile on NHS premises have been fully implemented. The outcome of these assurance processes has been reported to the CCGs throughout the year and provider organisations are now demonstrating full compliance.
- 2.3 **PREVENT** - Schedule 6 of the Counter-Terrorism and Security Act (2015) placed a duty on “specified authorities” (including the NHS) to “...in the exercise of its functions, have due regard to the need to prevent people from being drawn into terrorism.” The NHS has responded by incorporating the Government’s PREVENT agenda into mainstream safeguarding arrangements, with a particular emphasis on ensuring that all staff receive PREVENT training to the required level, as set out in the NHS PREVENT

Strategy (2011). Work around this agenda has been delivered in conjunction with colleagues from adult safeguarding, with due regard to the fact that many individuals vulnerable to extremist ideology are known to be children and young people. Training will be delivered as part of the Hot Topics programme in Primary Care and face to face Level 1 training in CCGs during 2016-17. Designated Professionals and the Nurse Consultant for Safeguarding, in conjunction with partner agencies, have been involved in the establishment of a Channel Panel for supporting individuals who are being drawn into radicalist ideologies. Work with provider organisations has also taken place to ensure that each provider has a named PREVENT lead and also that training is being delivered to all staff.

2.4 The Independent Inquiry into Child Sexual Abuse (IICSA) - In July 2015 the Independent Inquiry into Child Sexual Abuse was opened. The Inquiry is chaired by Hon. Lowell Goddard DNZM and is expected to last between three and five years, with a budget of £17.9m for the coming year. The Inquiry will progress the inquiry 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.

The Director for Children Families and Communities at the Department of Health wrote to NHS England on 22 September 2015, informing them of the Inquiry and initial discussions with regard to the role of the NHS. A key role for CCGs was to ensure the services they commission are aware of the IICSA and the requirement to retain health records. The Designated Professionals shared details of the Inquiry with provider safeguarding teams across North Yorkshire and York. All providers subsequently provided assurance that they had taken steps to ensure records are retained. Work with provider organisations and primary care will continue as further details of local lines of enquiry emerge.

2.5 Inspection Frameworks – a number of inspection frameworks across the safeguarding children agenda have been in place over the past year. The CQC have continued their single agency CLAS (Children Looked After and Safeguarding) Reviews and Ofsted have also pursued their programme of inspections of local authority services for children in need of help and protection, children looked after and care leavers – these inspections also included a review of the effectiveness of local safeguarding children boards. Additionally, in January 2016, the inspection framework for Joint Targeted Area Inspections (JTAs) was published. The four key inspectorates are Ofsted, CQC, HMIC and HM Inspectorate of Probation, and 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 will consider a different aspect of safeguarding practice, with the first tranche reviewing Child Sexual Exploitation. The focus for the second round of inspections will be Domestic Abuse.

Across North Yorkshire and York 2015/16, there have been no specific safeguarding children inspections, although inspection preparation continues

with partner agencies and providers, and inspection outcomes from other areas are continuously reviewed to ensure that lessons learned and good practice can be shared.

3. Statistical Information

3.1 Children subject to Child Protection Plans – The report “National Statistics Data Characteristics of Children in Need 2014-2015”, shows that nationally there has been an increase in the number of children subject to child protection plans; this is a 2.3% increase compared with the 12.1% increase from 2013-2014 (it must be noted that these figures are not an absolute indicator of the incidence or prevalence of child abuse and neglect since they only refer to children who are known to agencies). The number of children subject to child protection plans has also increased in the City of York. Interestingly, there has been a significant reduction in the number of children in North Yorkshire who are subject to child protection plans.

The 2015 data for England showed that the most frequent category recorded as the children’s primary need, at the point of initial assessment, was abuse or neglect; an increase from 47.2% in the previous year to 49.9% in 2015. Family dysfunction was the second most common need at 17.9%. As part of the assessment other factors are usually identified, these are recorded as “additional factors identified at the end of assessment in addition to the primary need identified at assessment”. Domestic violence, which includes that aimed at children or other adults in the household, was the most common factor identified, flagged in 48.2% of episodes assessed in the year. This was followed by mental health at 32.5%, which incorporates mental health of the child or other adults in the family/household. (DfE, October 2015)

3.2 Child in Need – The number of children in need for England on the 31st March 2015 was 391,000; this was down by 2% on the previous year but was still up by 4% from the 31st March 2010 figure. There was also a slight decrease in the rate of children in need from 345.6 per 10,000 in the population in 2014 to 337.3 in 2015. It was noted that there was considerable variation in the rate of children in need between local authorities ranging from 141.9 in Wokingham to 683.4 in Hull. Nationally the gender split for the children in need remained similar to previous years; 52.5% being male, 45.5% being female and 2.2% are unborn or of unknown gender. The age split remained the same to previous years, the largest age group is those aged 10-15 years accounting for 30.7% of children in need, and 25.3% are under 5 years of age. The proportion of children in need with a disability had dropped slightly over the last 5 years from 14.2% in 2010-2011 to 13% in 2014-2015. The rate of children receiving Child in Need services increased in North Yorkshire for 2015-2016 as did the absolute number of children receiving services. These contrasts with the City of York where the rate of the number of children receiving services have decreased.

3.3 Looked After Children – Nationally the prevalence of Looked After Children has remained stable at 60 per 10,000 childhood population. Whilst the absolute number of Looked After Children in both North Yorkshire and the City of York has decreased, there has been a slight There has been a slight reduction of prevalence in York and an increase in the prevalence rate in North Yorkshire; this relates to a reduction in the total childhood population.

Table 1: Summary of National and Local Statistical Information Table

Category	England 2015-16 national data set not available until Oct 2016 () = 2014-15 [] = 2013-14	North Yorkshire As of 31.3.2016 (as 31.03.2015)	City of York As of 29.2.2016** (as 31.03.2015)
Total number of children and young people	No data	124,252 (130,000)	36,331 (36,067)
Number of children subject to Child Protection Plans	(49,700) [48,300]	277 (410)	144 (124)
Prevalence of children with child protection plans/10,000 child population (2014-15)	(42.9) [42.1]	22.3 [†] (31.5)	39.6 (34.2)
Children in receipt of Child in Need services	(390,960) [397,630]	1798 (2,015)	675 (829)
Prevalence of children receiving child in need/10,000 child population () = 2014-15 [] = 2013-14	(337) [263.4]	144.7* (155.0*)	185.9* (228.2*)
Looked After Children () = 2014-15 [] = 2013-14	(69,540) [68,840]	411 (448)	188 (197)
Prevalence of Looked After Children/ 10,000 child population () = 2014-15 [] = 2013-14	(60) [60]	33.1 (34.5)	51.7 (55)
Care Leavers () = 2014-15 [] = 2013-14	(31,100) [27,220]	186	100

1 This includes all children who are referred to children's social care services even if no further action is taken.

*This includes children looked after, those supported in their families or independently, and children who are the subject of a child protection plan. Note 2015/16 data is provisional awaiting validation.

NS = no significant difference; * = significant difference at $p < 0.05$; ** = significant difference at $p < 0.1$

Key Points of Note:

1. The DfE guidance on reporting care leavers has changed from the previous definition of leaving care between the age 19-21 to the current definition of leaving care between the age 17-21; hence the increase in numbers.
2. The prevalence data for North Yorkshire has not yet been fully validated and maybe subject to change.
3. For both City of York and North Yorkshire the rate of children with Child Protection Plans is lower than the national average and for North Yorkshire this is significantly lower.
4. The prevalence of children receiving Child in Need services is below the national average for both North Yorkshire and York.
5. The prevalence of Looked After Children is below the national average for both North Yorkshire and York.

4. Progress against Designated Professionals Strategic Priorities (2015-16)

4.1 Strategic Priority 1: To develop 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 develop, negotiate and agree Safeguarding Children Local Quality Requirements (LQRs) for all the NHS Providers across North Yorkshire and York, together with a number of private providers.
- 4.1.2 Embedding the reporting against these LQRs via relevant Sub Contract Monitoring Boards (CMB) will be a key priority for the Designated Professionals during 2016-17. The Designated Nurses are now attending relevant Sub CMBs in order to offer expert advice and challenge when provider safeguarding children LQR reports are presented.
- 4.1.3 The Designated Nurses have worked with colleagues in the PCU to develop standard, baseline safeguarding children LQRs which should be used in the development of service specifications as part of any new contracts.
- 4.1.4 The Nurse Consultant Safeguarding Primary Care supported a local Practice in the completion of the first Primary Care Serious Incident. The Practice continues to be supported by the Nurse Consultant in addressing the key recommendations from this incident, which are now nearing completion. The wider learning from the report and its recommendations has been shared across Primary Care Hot Topics training and safeguarding networks.
- 4.1.5 The Safeguarding Children Policies across all four CCGs have been updated and are now in line with Working Together to Safeguard Children (2015), NHSE Accountability and Assurance Framework (2015) and North Yorkshire and City of York LSCB multi-agency procedures. The policies are available on all CCG internet and intranet sites (in line with recommendations from the 2014 CCG Internal Audit).
- 4.1.6 The Allegations Against Members of Staff Policy has been reviewed and updated in line with Working Together to Safeguard Children (2015) and North Yorkshire and City of York LSCB multi-agency procedures. The Policy is awaiting ratification by all four CCGs before being made available via the CCGs intranet and internet sites.
- 4.1.7 The Designated Professionals have continued to present regular written safeguarding children reports to CCGs via relevant quality meetings. These reports have provided updates regarding new national guidance, significant emerging issues in children's safeguarding children and details of how

Designated Professionals intend to respond on behalf of the CCGs. They also highlight specific local safeguarding issues of relevance to individual CCGs.

4.1.8 Early in 2016 the Designated Professionals recognised there was a need for additional training for CCG staff in order to support improved understanding of the CCGs responsibilities for safeguarding children, to ensure the CCGs were compliant with requirements arising from the PREVENT agenda and to raise awareness of the role of the Designated Professionals Team. Consequently the Designated Nurses arranged a number of ‘face to face’ training events, across all four CCGs. Although this programme of training has not been completed the feedback to date has been very positive. As a direct consequence the Designated Professionals have noted an increase in contacts from CCGs staff requesting expert advice on specific cases and also regarding safeguarding children input into relevant CCG work streams.

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 2015-16

4.2.2 Summary of CCG representation at CYSCB 2015-16:

City of York Safeguarding Children Board Attendance 2015-2016

Date	Chief Nurse	Designated Doctor	Designated Nurse
29.04.15	✓	✓	✓
24.06.15	✓	✓	✓
19.08.15	✓	✓	✓
21.10.15	✓	x	✓
16.12.15	x	✓	✓
17.02.16	x	x	✓

4.2.3 **Supporting the Board Restructure:** The Designated Professionals have provided support throughout the restructure of the CYSCB Business Unit during 2015-16. The Designated Nurse continues to support delivery against Board priorities via the Priority Delivery and Scrutiny Group and numerous sub groups. The Designated Nurse has also undertaken the role of Chair of the Case Review Group since June 2015 (formerly the Serious Case Review Panel).

4.2.4 **CYSCB ‘Its not OK’ campaign:** In the Spring of 2015 the Board launched a year-long campaign aimed at raising public (including children and young people) and professional awareness of the issues associated with Child

Sexual Abuse (CSA) and Child Sexual Exploitation (CSE). The Designated Professionals have supported the planning and implementation of this campaign. Vale of York CCG has also provided additional funding to ensure the campaign reached the widest possible audience.

4.2.5 Case Reviews:

- A case involving a young child who had experienced significant neglect was submitted to the Case Review Group (CRG) for consideration in September 2015. It was agreed that although the case did not fit the criteria for a Serious Case Review (SCR) there were some areas of learning for agencies, including one NHS provider organisations. The draft report is due to be presented to the CRG in September 2016 and CYSCB in October 2016.
- The CRG has continued to monitor the recommendations arising from a Health Single Agency Review and a Multi-agency Learning Lessons Review (LLR). As Chair of the CRG the Designated Nurse has been in a strong position to support, and where required, challenge the progress against health provider recommendations/action plans.

4.2.6 The Annual Report for CYSCB is due to be published in July 2016 and will be accessible via the LSCB website: 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 2015-16. One of the Designated Nurses continues to undertake the role of Vice Chair to NYSCB.

“As Chair of the North Yorkshire Safeguarding Children Board I would like to welcome the annual report from the CCG. The NYSCB aims to co-ordinate, enhance and assure multi-agency working to protect children and young people across North Yorkshire. Working with the CCGs is an essential element of this work and the good relationships we have are fundamental in delivering effective services. In North Yorkshire we have the challenge of working across a large area and in addition we are all facing the challenges of austerity. The annual report provides an helpful marker in assessing how well we are working and in helping us in facing the challenges of the future.”

Prof Nick Frost, Independent Chair, NYSCB

4.2.8 Summary of CCG attendance at NYSCB 2015-16

North Yorkshire Safeguarding Children Board Attendance 2015-2016

Date	Executive Nurse	Designated Doctor	Designated Nurse
22.6.15	✓	x	✓
21.9.15	x	✓	✓
7.12.15	✓	✓	x
21.3.16	✓	✓	✓

4.2.9 This past year has seen a period of significant change for the North Yorkshire LSCB as it re-designed its Business Plan and streamlined its sub-groups. The new overarching vision for the LSCB is a commitment 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 In response to feedback from partner agencies, the LSCB now only supports two main sub-groups: the Learning and Improvement Sub-Group, and the Practice Development Sub-Group. The Designated Professionals have supported the LSCB throughout this period of reconfiguration and are actively involved in the work of the new sub-groups. These two new structures have taken forward any outstanding action plans from previous groups to ensure that important strategic priorities are not lost, and the Board receive regular reports which support monitoring and scrutiny of the Business Plan.

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

4.2.12 NYSCB continues to cooperate with City of York LSCB in the functioning of the Child Death Overview Panel and to receive regular reports.

4.2.13 Case Reviews:

There have been no Serious Case Reviews or Learning Lessons Reviews commissioned by NYSCB over the last year.

4.2.14 The Annual Report for NYSCB can be accessed via the LSCB website: www.safeguardingchildren.co.uk

4.2.15 **CSE Sub Group:** From September 2015 one of the North Yorkshire and York Designated Nurses agreed to undertake the role of Chair of the NYSCB Child Sexual Exploitation Sub Group. As part of this role she worked with senior colleagues in the Police and Children’s Social Care (CSC) to introduce Vulnerable Exploited Missing and Trafficked (VEMT) Practitioner Groups (VPGs) in four localities across North Yorkshire. The purpose of these groups is to facilitate early identification and response to indicators that a young person may be vulnerable to CSE. Additionally, it provides a forum for sharing

multiagency intelligence information to support police 'disruption activities'. Early evaluations suggest this model of working is seeing some positive outcomes and the intention is to develop these groups further to include other areas of vulnerability. Progress will be reported via the CCG quality structures and the LSCB.

4.2.16 Practice Guidance: The Designated Professionals have supported and provided health expertise into the development of Multiagency Practice Guidance, including CSE and Female Genital Mutilation. Work has now commenced in respect of the management of injuries in Non-Independently Mobile Children.

4.3 Strategic Priority 3: Looked After Children (LAC)

4.3.1 Looked After Children NHS England Assurance Process and Outcome: In November 2015, NHS England North commenced a benchmarking exercise to review CCG arrangements for children who are looked after against the revised statutory guidance (2015). The Designated Nurses for Safeguarding Children met with NHS England project leads and submitted evidence for the assessment. It is of note that three of the four CCGs across North Yorkshire and York are listed in the "top 20" for compliance (SR CCG, HRW CCG and HaRD CCG). Vale of York CCG had three additional 'ambers' which had already been recognised prior to the assurance process with measures already in place to address the identified issues. A key objective for the Designated Professionals Team during 2016-17 will be to ensure the identified areas for development are robustly addressed.

4.3.2 Transition of administration of Initial Health Assessments (IHA): During the early part of 2015-16 the Designated Professionals supported the transition of Initial Health Assessments from York Teaching Hospital Foundation Trust to Harrogate District Foundation Trust (HDFT) Specialist LAC Team. This allows for a more streamlined and consistent administrative process with the aim of improving timeliness of LAC Health Assessments, particularly for children in City of York.

4.3.3 No Wrong Door:

- The award-winning “No Wrong Door” project in NYCC has continued to deliver exceptional service to some of our most complex and troubled young people, either in care or on the edge of care. In his recent report into residential care in England, Sir Martin Narey wrote:

“The quality of residential care provided in North Yorkshire is of exceptional quality...and the Ofsted commentary – alongside the Outstanding rating - is remarkably positive. I found No Wrong Door staff to be passionate about residential care, insisting that it had a critical role to play in providing the time and opportunity to nurture relationships.”

Ref: “Residential Care in England: Report of Sir Martin Narey’s independent review of children’s residential care” July 2016

- The NYY CCGs continue to support this initiative via representation on the project steering and operational groups and through commissioning of the specialist Looked After Children team in HDFT. Work is currently underway in conjunction with the evaluation team from Loughborough University to evaluate health indicators and identify emerging themes, particularly around the Speech, Language and Communication Needs of this group of young people.

4.3.4 Initial Health Assessment Video - in 2015, the Designated Professionals recognised that a number of our young people in care chose not to access the offer of an Initial Health Assessment. Work with the young people identified a number of reasons for this, including anxiety about what an “assessment” actually involves. The outcome was a successful collaborative project between the CCGs, NYCC, CYC, the Designated Professionals, Named Nurse for LAC from HDFT and care-experienced young people from North Yorkshire and City of York. The project has produced a video clip which explains what health assessments entail using graphic presentations suitable for children of primary school age upwards. The project is now nearing completion and will be launched later in 2016.

4.3.5 Introduction of Health Passports - the Designated Professionals have led on the staged introduction of Health Passports for children in care across City of York. The aim of this initiative is to support children and 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. It is anticipated that this staged introduction will be complete in by the end of 2016-17. A similar pilot exercise was

undertaken across North Yorkshire in 2014/15, with the delivery of health passports now agreed and in place.

- 4.3.6 City of York Strategic Plan for Children in Care** - the Designated Professionals have supported the development of a refreshed City of York Strategic Plan for Children in Care (2016-19). As well as ensuring the specific health elements are reflected in this plan the Designated Professionals have ensured appropriate health representation on the newly formed Strategic Partnership for Children in Care Group.
- 4.3.7 North Yorkshire Strategic Plan for Children in Care** – the North Yorkshire overarching strategic plan has been regularly reviewed since its publication in 2013 and demonstrates good progress towards strategic objectives. The strategy is now being refreshed in a three year vision to align it more closely to other key strategic plans.
- 4.3.8 City of York Local Authority innovation project ‘*Making York Home*’** - the Designated Professionals have supported the ‘*Making York Home*’ project which aims to ensure LAC Children and Young People from City of York remain, wherever possible, in foster placements in the City. A key aspect of the project has been to develop and improve support offered to foster carer’s. The Designated Professionals have developed improved links between the York Foster Carer’s Association and colleagues in the HDFT Specialist LAC Team.
- 4.3.9 Initial Health Assessment Training** - in 2015-16 there have been some changes to the paediatric workforce carrying out IHA’s. The Designated Doctors have responded to this by offering individual sessions for new paediatricians which have focused on ensuring they understand the additional health needs of looked after children, the purpose of the initial health assessment and the approach that needs to be adopted to ensure the children and young people get the most from these. Once these paediatricians are established the annual workshops will be reintroduced by the Designated Doctors.
- 4.3.10 North Yorkshire Audit of Initial Health Assessments** - the annual audit of IHAs demonstrated an increase in the timeliness of carrying out IHAs. The percentage of IHAs completed within 20 working days of a child becoming looked after increased from 22% in 2014 to 44.6% in 2015. Work is ongoing to increase this further.
- 4.3.11 City of York Audit of Initial Health Assessments** – a service evaluation audit focusing on the information received by YTHFT from York Local Authority regarding Initial Health Assessments identified a number of issues in terms of timeliness of notifications and the quality of information received. Additionally, there were some issues regarding availability of paediatric appointments to undertake the assessments. The findings from the audit were shared with the City of York Strategic Partnership meeting in May 2016. Actions were agreed to improve timeliness and quality of information shared with YTHFT by the Local Authority. YTHFT has increased the number of clinic slots available for IHAS by increasing the number of Paediatricians available to undertake the assessments.

“As Lead Member for Children’s Services I value the annual report from the CCG and the support they have given to this authority. They have provided an important presence at a variety of meetings and events at a time when our children’s services have been undergoing large scale transformation.

Their presence has been particularly notable at the Looked After Children’s Member Group where they have presented regular reports and stimulated a vibrant exchange of mutually beneficial ideas.”

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

4.4 Strategic Priority 4: Supporting Safeguarding Practice in Health provider Organisations

4.4.1 Safeguarding App:

- The NYY Safeguarding Children app continues to be used by practitioners across county and city. The app was entered into the Medipex NHS Innovation Awards 2015 and was recognised by being one of three finalists in the category of GP and Primary Care.
- Whilst use of the app is promoted and minor amendments are made to ensure that information is current, further development of the app will depend on securing appropriate resource from the technical team at the Commissioning Support Unit.



“Pull up” stand produced as part of award ceremony



Medipex NHS Innovation Awards Ceremony, October 2015

- ### 4.4.2 Challenge training
- dissemination of the “Challenge in Safeguarding Practice” training (originally developed by the Designated Nurses in response to recommendations from national and local Case Reviews) has continued over the past year, and has now been shared widely across Yorkshire and the Humber, as well as with safeguarding colleagues from Teesside. A number of key provider organisations are now promoting the practical application of this training, including incorporation of key elements into local Level 3 training packages.

4.4.3 **Safeguarding Children Supervision:**

- A core function of the Designated Professionals role is to offer safeguarding supervision to colleagues across the health economy (RCPCH, 2014). The Designated Nurses and Nurse Consultant for Primary Care have provided 58 supervision sessions to safeguarding professionals from NHS provider organisations across North Yorkshire and York during 2015-16.
- In line with best practice, the Designated Nurses and Nurse Consultant for Primary Care have also established a peer supervision process 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 have supported NHS Provider organisations across North Yorkshire and York to develop their safeguarding supervision processes by providing supervision skills training. As accredited trainers they have facilitated two day courses with a total of 50 attendees.

4.4.5 **Safeguarding Children Training for Paediatricians in Training:** As accredited faculty members for the Advanced Life Support Group (Safeguarding Children Recognition and Response Training) the Designated Professionals have supported two local courses for Paediatricians in training.

4.4.6 **Developments in Primary Care:**

During 2015-2016 26 Primary Care 'Hot Topics' safeguarding training events were delivered by the Nurse Consultant and Designated Nurses, in a variety of settings across the four CCG's. Important updates and new emerging issues relevant to safeguarding and Primary Care, including FGM, Private Fostering and Child Sexual Exploitation, were discussed and explored with reference to Serious Case Reviews, Learning Lessons Reviews and anonymised cases from local practice. 739 Primary Care staff attended these sessions which evaluated well and received positive feedback.

Due to the success of this training ,in 2016-2017 a training programme of dates, times and locations of 'Hot Topics' events has been advertised to all Primary Care staff.

"Interesting and very relevant. Engaging speakers with audience participation and case discussion "

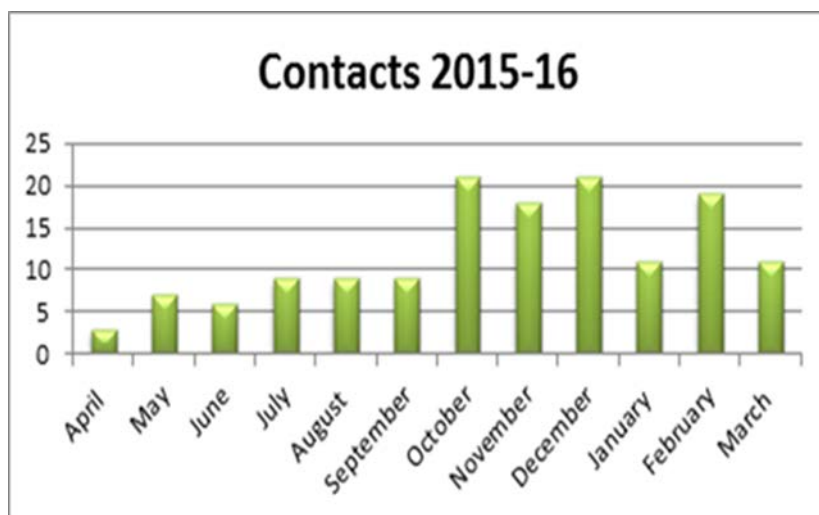
"A good update and relevant bite sized information"

"The best safeguarding training I have attended and very relevant to my role"

All four CCGs have now successfully recruited to the role of Named GP, and a Named GP forum has been established and is chaired by the Nurse Consultant. The aim of the Named GP forum is to bring together the knowledge and expertise, develop a joint strategic action plan to address risks and gaps and strengthen safeguarding practice in Primary Care as well as to provide a forum of peer support. Safeguarding Leads Forums have been established in each CCG area for sharing safeguarding information, developing local practice and offering peer support and education. These meetings are well attended and have received positive evaluation and feedback.

"I learn more here than any other education session" (from practice safeguarding leads)

- The Nurse Consultant and Designated Professionals continue to provide support and advice to Primary Care practitioners in relation to individual cases. There has been a steady increase in the number of calls to the Team throughout 2015-16.



- The Nurse Consultant for Primary Care has promoted the adoption of the NHS England Yorkshire and the Humber Safeguarding Standards Self-Assessment Tool in Practices across the four CCGs. Support and advice has been provided in the completion of this tool through the Safeguarding Leads Forums, attendance at Practice Managers meetings, and practice visits as requested. During 2016 - 2017 a structured programme of Practice visits by the Nurse Consultant will commence and practices will be asked to submit their completed assessment to the Nurse Consultant and Named

GP's thereby enabling a mapping of where gaps and risk may need addressing.

- During 2015-16 an initial Primary Care development plan was developed by the Named GP's and Nurse Consultant which aimed to address specific high risk issues within Primary Care and develop more effective multi agency partnership working. During this period a number of key initiatives have been delivered;
- A standard Primary Care Safeguarding Children Policy has been developed for use in practices – this was ratified by the LMC;
- A Safeguarding Children Training Strategy for practices has also been approved by the LMC and is in the process of ratification across the four CCGs;
- Work has been undertaken in establishing the electronic transfer of child protection information between Children's Services and Practices;
- Guidance on standard coding for safeguarding information in general practices has been explored;
- Work on developing pathways of information flow between General Practice and the Domestic Abuse Multiagency Risk Assessment Conference (MARAC) process has been undertaken.

"This is a FANTASTIC result, there was no other way any agency could get in to work with the male and offer any type of support. Had it not been for GP involvement we would not have been able to offer this male a superb service" (MARAC coordinator)

4.4.7 **Child Sexual Abuse Assessment Service (CSAAS) YTHFT:**

The Designated Professionals have continued to support the development of the CSAAS which has been fully operational in York Hospital since November 2015. During this period 60 children and young people have been seen and there have been no instances where a child has needed to travel out of County/ City for an urgent forensic assessment.

4.4.8 **Safeguarding Children Health Professionals Network (SCHPN):**

The Designated Professionals have led on the development of the bi-monthly North Yorkshire and York SCHPN. This meeting provides a key mechanism for Safeguarding Professionals working in CCGs and provider organisations across North Yorkshire and York to share local and national safeguarding information. It provides opportunities to discuss and agree how national and regional developments in relation to safeguarding children may impact on practice across relevant health organisations in North Yorkshire and York. These meetings also provide an opportunity to promote good safeguarding children practice across provider and commissioner organisations.

4.4.9 Supporting Implementation of the Child Protection Information Sharing System:

“Serious case reviews have demonstrated that children living in abusive and neglectful home environments are more likely to be moved across different local authority boundaries, yet most child protection information is only held locally in the area where the child lives and is not shared nationally. This means that healthcare practitioners often lack access to the information that could help them to form a clear assessment of a child’s risk.”

(HSCIC, 2015)

- CP-IS is a national project sponsored by NHS England which aims to support effective and timely information sharing about children and young people with specific vulnerabilities. The project connects information systems from LA with NHS unscheduled care settings and facilitates very basic details about three groups of children:
 - Children with a Child Protection Plan,
 - Children who have ‘Looked After’ status (i.e. children with full and interim care orders and voluntary care agreements),
 - Pregnant women whose unborn child has a pre-birth Child Protection Plan.
- As part of Service Contract Standards 2915/16, all providers are required to cooperate with the introduction of CP-IS in their locality. Likewise, Designated Professionals are required to work with local providers, relevant Local Authorities and LSCBs to support local implementation.
- Over the last year, much progress has been made regarding CP-IS introduction across North Yorkshire and there is an expected “go-live” date at the end of July 2016. Work has been ongoing with providers to ensure readiness to access the safeguarding information held on the system, although this is a time-consuming process. Work in City of York has been delayed due to the introduction of a new electronic record system, but it is hoped to be in a position to progress this over the next year.

4.5 Strategic Priority 5: Development of CCGs Safeguarding Children Team and establishing roles and responsibilities

- 4.5.1 **Changes to Designated Professionals Team:** This year has seen further changes to the Designated Professionals Team. Dr Barbara Stewart left her post as Designated Doctor for Safeguarding and Looked After Children in September 2015. Dr Stephanie Govenden was then appointed on an interim basis until Dr Sarah Snowden was appointed to

the substantive post for Looked After Children in February and then as Designated Doctor for Safeguarding Children in May 2016.

4.6 Strategic Priority 6: Child Death Overview Process:

4.6.1 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) as they now receive cases from the Friarage catchment area of North Yorkshire.

4.6.2 As part of the Rapid Response (RR) process, multi-agency meetings are conducted to look into the circumstances surrounding the unexpected death of a child. This includes a 'Phase 1' meeting which is usually conducted within 72 hours of the death, and instigated by the lead professional involved (usually the Paediatrician). Agencies taking part would usually include health (Paediatrician, ambulance crew, GP, midwife etc.), Children's Social Care, and the police. Since 2011 there has been a year on year increase in the numbers of RR meetings successfully completed, from 59% in 2011 to 89% in 2015.

An online training package related to the use of the Sudden Unexpected Deaths in Infancy (SUDI) boxes has been developed. SUDI boxes are being used successfully in York and Scarborough. A further meeting with HDFT is planned for early 2016-17 to support further development of the SUDI box in Harrogate District Hospital.

5. Challenges and Opportunities for Forthcoming Year

- 5.1 The Wood Report – 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 makes 34 recommendations in total – 19 around LSCBs, 10 around SCRs and 5 in respect of CDOPs. It is understood that supporting legislation is already being put before parliament. With regard to LSCBs, a fundamental change is 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.”

Much work will now be required by all LSCB partner organisations to review the detail of the report and subsequent legislation, to understand its implications and to determine how it may be operationalised across North Yorkshire and City of York.

“The City of York Safeguarding Children Board are committed to support and continue to develop strong multi-agency partnerships across North Yorkshire and the City of York. The strength of working in partnership is to have a common purpose – to promote joint working and co-operation between partners to safeguard children. Across all agencies we need to ensure there is a culture of scrutiny and challenge, partners work together to avoid duplication and ensure consistency and listen to stakeholders, including children and young people about what needs to improve. We are entering a significant period of change with Government introducing new flexibilities in safeguarding arrangements. In York and North Yorkshire, we need to ensure that the current effective commitment of a wide range of partner agencies is not diminished through unintended consequence of forthcoming legislative changes.”

Simon Westwood

Independent Chair, City of York Safeguarding Children Board

5.2 Assurance and Support for safeguarding across Primary Care:

The appointment of the Nurse Consultant Primary Care for North Yorkshire and York in May 2015 aimed to provide assurance and support for safeguarding across all Primary Care organisations. Over the past year work has concentrated on supporting General Practice in all activities necessary for them to meet their safeguarding responsibilities, and champion issues for GPs in the wider health and multiagency economy across North Yorkshire. Over the coming year work will commence to scope and map the safeguarding

provision of the other Primary Care organisations including Pharmacists, Dentists and Ophthalmologists.

5.3 Mandatory Reporting and Acting on Child Abuse and Neglect: Government Consultation:

Currently HM Government are consulting on options for the reform of the child protection system in England, specifically in relation to reporting and acting on child abuse and neglect. This includes consideration of the introduction of 'mandatory reporting' or an alternative 'duty to act', which focuses on taking appropriate action in relation to child abuse and neglect. This consultation also seeks views on whether the scope of these possible changes should extend to vulnerable adults. The outcome of this consultation, which concludes on the 13th October 2016, will potentially significantly impact on safeguarding practice across North Yorkshire and as such the Designated Professionals will consider the implications of statutory changes to practice and determine how these may be embedded across North Yorkshire.

5.4 Unaccompanied Asylum Seeking Children (UASC)

Since July 2016, the Designated Professionals have been involved in the regional approach which is being planned by Local Authorities to accept a high number of Unaccompanied Asylum Seeking Children over the coming months. Both Designated Doctors, one of the Designated Nurses and our Named Nurse for Looked After Children (Children in Care) attended and participated in a Yorkshire and Humber Regional UASC Reception Scheme workshop on 3rd August 2016 in York. The workshop was presented by the Regional Assistant Director (Safeguarding) group in partnership with Migration Yorkshire on behalf of the Yorkshire and Humber ADCS. Proposals were discussed for a regional multiagency response to the Home Office's Unaccompanied Asylum Seeking Children: National Transfer Scheme. Helpful discussions took place about how best to approach the plan to safely and effectively welcome these children to the region. The Designated and Named Professionals will continue to take an active role in the development of local pathways for assessing and managing the health needs of these very vulnerable children who are likely to have extremely complex needs.

Appendix (i)

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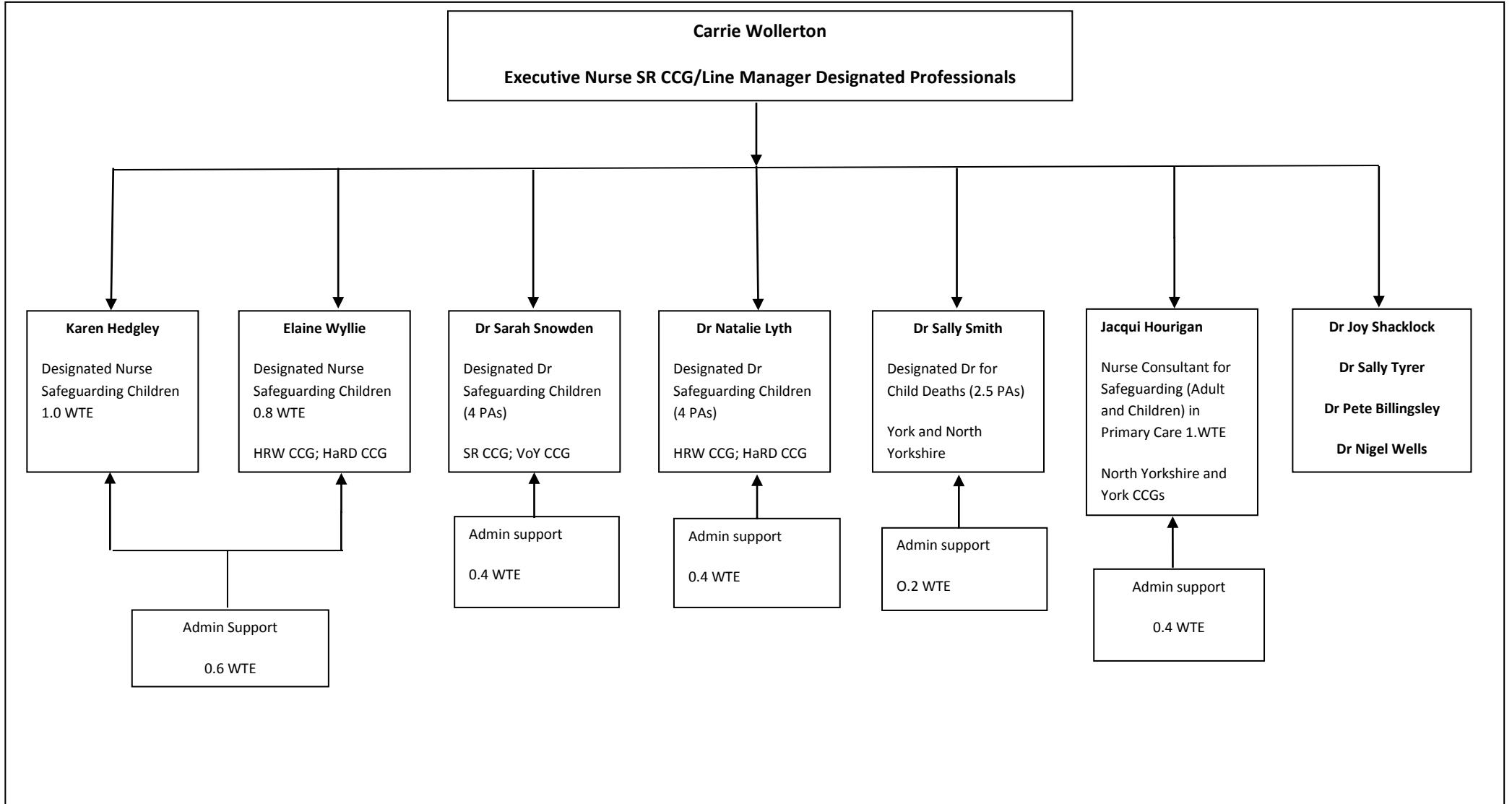
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Appendix (ii)

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



Appendix (iii)

Abbreviations used in this report:

BAAF	British Association for Adoption and Fostering
CCG	Clinical Commissioning Group
CDOP	Child Death Overview Panel
CDDFT	County Durham and Darlington NHS Foundation Trust
CLAS	Children Looked After and Safeguarding
CSC	Children's Social Care
CSE	Child Sexual Exploitation
CQC	Care Quality Commission
CYC	City of York Council
CYSCB	City of York Safeguarding Children Board
FGM	Female Genital Mutilation
HaRD CCG	Harrogate and Rural District Clinical Commissioning Group
HRW CCG	Hambleton, Richmondshire and Whitby Clinical Commissioning Group
HDFT	Harrogate and District Foundation Trust
IHA	Initial Health Assessment
IMR	Individual Management Review
LAC	Looked After Children
LAC SNT	Looked After Children Specialist Nursing Team
LSCB	Local Safeguarding Children Board
LYPFT	Leeds and York Partnership Foundation Trust
NSPCC	National Society for the Prevention of Cruelty to Children
NYAS	North Yorkshire Audit Service
NYCC	North Yorkshire County Council
NYSCB	North Yorkshire Safeguarding Children Board

PCU	Partnership Commissioning Unit
RHA	Review Health Assessment
SARC	Sexual Abuse Referral Centre
SCR	Serious Case Review
SR CCG	Scarborough and Ryedale Clinical Commissioning Group
STHFT	South Tees Hospitals NHS Foundation Trust
SUDI	Sudden Unexpected Death in Infancy
TEWV	Tees, Esk and Wear Valley NHS Foundation Trust
VoY CCG	Vale of York Clinical Commissioning Group
YTHFT	York Teaching Hospitals NHS Foundation Trust