

## Item: 8.2

<b>Report to:</b>	NHS Hull Clinical Commissioning Group Board
<b>Date of Meeting:</b>	27 July 2018
<b>Subject:</b>	Safeguarding Children Annual Report
<b>Presented by:</b>	Lorna Morris, Designated Nurse Safeguarding Children
<b>Author:</b>	Lorna Morris, Designated Nurse Safeguarding Children

**STATUS OF THE REPORT:**

To approve	<input type="checkbox"/>	To endorse	<input checked="" type="checkbox"/>
To ratify	<input type="checkbox"/>	To discuss	<input type="checkbox"/>
To consider	<input type="checkbox"/>	For information	<input type="checkbox"/>
To note	<input type="checkbox"/>		

**PURPOSE OF REPORT:**

- To provide an overview of the arrangements in place to safeguard and protect children in Hull.
- To demonstrate how NHS Hull CCG, as a commissioner of services is fulfilling its statutory duties in relation to children in accordance with the Children Acts 1989 and 2004.

**LEVEL OF CONFIDENCE:**

**NHS Hull CCG**

PROCESS	Rating
There is a <b>HIGH</b> level of confidence in NHS Hull CCG discharging its duties in relation to safeguarding children. There are strong safeguarding assurance processes in place. There is an Executive lead, designated professionals and a Named GP in post. Regular safeguarding audits have found significant assurance.	<b>High</b>
<b>PERFORMANCE</b>	
There is a <b>HIGH</b> level of confidence in NHS Hull CCG discharging its duties in relation to safeguarding children. Following a reduction in training uptake owing to difficulties with ESR, reported to the Quality and Performance Committee, steps put in place to rectify the situation has resulted in a significant improvement.	<b>High</b>

### Hull & East Yorkshire Hospitals (HEYHT)

PROCESS	Rating
<p>There is a <b>HIGH</b> level of confidence in HEYHT discharging its duties in relation to safeguarding children.</p> <p>There are robust safeguarding processes in place with clear leadership, requisite professionals either in post or with interim cover arrangements in place and internal monitoring via a safeguarding committee with strong links to NHS Hull CCG.</p>	High
<b>PERFORMANCE</b>	
<p>There is a <b>HIGH</b> level of confidence in HEYHT discharging its duties in relation to safeguarding children.</p> <p>HEYHT has consistently maintained a safeguarding children compliance rate of over 80%. Significant progress has been made in relation to required inspection actions.</p>	High

### Humber Foundation Trust (HTFT)

PROCESS	Rating
<p>There is a <b>HIGH</b> level of confidence in HTFT discharging its duties in relation to safeguarding children.</p> <p>There are robust safeguarding processes in place with clear leadership, requisite professionals either in post or with cover arrangements in place and internal monitoring via a safeguarding committee with strong links to NHS Hull CCG.</p>	High
<b>PERFORMANCE</b>	
<p>There is a <b>HIGH</b> level of confidence in HTFT discharging its duties in relation to safeguarding children.</p> <p>Although progress has been achieved in relation to safeguarding children training uptake and required inspection actions.</p>	High

### City Health Care Partnership (CHCP)

PROCESS	Rating
<p>There is a <b>HIGH</b> level of confidence in CHCP discharging its duties in relation to safeguarding children.</p> <p>There are robust safeguarding processes in place with clear leadership, requisite professionals either in post or with cover arrangements in place and internal monitoring via a safeguarding group with strong links to NHS Hull CCG.</p>	High
<b>PERFORMANCE</b>	
<p>There is a <b>HIGH</b> level of confidence in CHCP discharging its duties in relation to safeguarding children. Progress has been achieved in relation to safeguarding children uptake and required inspection actions.</p>	High

### SPIRE

PROCESS	Rating
<p>There is a <b>HIGH</b> level of confidence in SPIRE discharging its duties in relation to safeguarding children.</p> <p>The self-declaration reported to CMB does not identify any deficits.</p>	High



<b>IMPLICATIONS:</b> (summary of key implications, including risks, associated with the paper)	
Finance	There are no financial risks associated with this report.
HR	There are no HR implications.
Quality	Risks not addressed may result in child welfare or protection concerns.
Safety	Risks not addressed may result in safety concerns for children and young people at risk of abuse and neglect.

**ENGAGEMENT:** (Explain what engagement has taken place e.g. Partners, patients and the public prior to presenting the paper and the outcome of this)

Engagement takes place with commissioned provider organisations via the Hull and East Riding Health Liaison Group and Contract Management Board. Engagement takes place with partner agencies via the Hull Safeguarding Children Board (HSCB) and the Hull and East Riding Health Liaison Group. Engagement with GPs takes place via the NHS Hull CCG Board and via the Named GP for Safeguarding Children.

**EQUALITY AND DIVERSITY ISSUES:** (summary of impact, if any, of CCG's duty to promote equality and diversity based on Equality Impact Analysis (EIA). **All reports relating to new services, changes to existing services or CCG strategies / policies must have a valid EIA and will not be received by the Committee if this is not appended to the report**)

	<b>Tick relevant box</b>
An Equality Impact Analysis/Assessment is not required for this report.	√
An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	
An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section xx in the enclosed report.	

## **THE NHS CONSTITUTION:** (*How the report supports the NHS Constitution*)

Safeguarding children is integral to the NHS Constitution and is framed by the values and principles which guide the NHS, with particular reference to the provision of high quality care that is safe, effective and focussed on patient experience.

Principle 1 – The NHS provides a comprehensive service, available to all.

Principle 2 – Access to NHS services is based on clinical need, not an individual's ability to pay.

Principle 3 – The NHS aspires to the highest standards of excellence and professionalism.

Principle 4 – NHS services must reflect the needs and preferences of patients, their families and carers.

Principle 5 – The NHS works across organisational boundaries and in partnership with other organisations in the interests of patients, local communities and the wider population.

Principle 6 – The NHS is committed to providing best value for taxpayer's money and the most effective, air and sustainable use of finite resources.

Principle 7 – The NHS is accountable to the public, communities and patients that it serves.

## **CCG Strategic Objectives**

<b>Objective No</b>	<b>CCG Strategic Objective</b>
1	Integrated commissioning
2	Integrated delivery
3	Delivery of statutory duties
4	Hull Place Based Plan
5	Vulnerable people
6	Children and families
7	Clinical leadership / innovation in commissioning
8	Working with partners to develop and implement a single quality improvement plan.
9	Implement a revised Organisational Development Strategy
10	Implement a revised Research Strategy
11	Improvement in clinical outcomes
12	To embed Patient and Public Involvement across the organisation and ensure that the CCG meets its statutory duty under 14Z2 of the Health and Social Care Act

# **SAFEGUARDING CHILDREN ANNUAL REPORT**

## **1. EXECUTIVE SUMMARY**

This Safeguarding Children annual report covers the period from April 2017 – March 2018 fulfilling the requirement for all NHS organisations to provide an annual report that links to the Children Act 2004 section 11 requirements.

### **Purpose**

The purpose of this report is to provide an overview of arrangements in place to safeguard and protect children in Hull, demonstrate how NHS Hull CCG as a commissioner of services is fulfilling its statutory responsibilities and to outline key achievements and risks.

### **Highlights**

NHS Hull CCG has fulfilled its statutory requirements as outlined in the NHS England Accountability and Assurance Framework 2015. An internal CCG audit has provided significant assurance.

NHS Hull CCG, as a commissioner of services has assured itself that, in respect of the organisations from which it commissions services, there are effective safeguarding arrangements in place.

All duties and functions have been fulfilled through NHS Hull CCG's governance and accountability arrangements, including quarterly reporting to the Quality and Performance Committee and regular reporting to the CCG Board.

Performance monitoring of the safeguarding self- declaration submitted by provider organisations as detailed in contracts takes place quarterly via the Contract Management Boards. This has enabled scrutiny of safeguarding arrangements and discussion with provider organisations regarding specific elements such as training uptake or findings from audit including how to progress issues. A priority has been to drive improvements through monitoring the Care Quality Commission Children Looked After and Safeguarding review 2017 action plan. This has led to progress against all recommendations within a positive inter-agency working environment.

NHS Hull CCG has continued to make a significant contribution to multi-agency partnership safeguarding arrangements through the Hull Safeguarding Children Board including fulfilling the role of chair of the Learning and Development and Guidelines and Procedures sub-committees and through the NHS Hull Quality and Performance sub-committee.

### **Key achievements**

A robust safeguarding audit process undertaken during 2017/18 identified significant assurance that governance, risk management and control arrangements are in place within NHS Hull CCG.

Monitoring and influencing progress in relation to the recommendations made by the CQC in their 2017 review of looked after children and safeguarding has resulted in the successful recruitment to the post of Designated Nurse for Looked After Children in the CCG, an important and strategic development in driving improvements in health outcomes

for a particularly vulnerable group of children. Early positive impact is already in evidence in renewed engagement with the local authority.

During 2017/18 the role of the Named GP for safeguarding children has become embedded within NHS Hull CCG and general practice. As a result there are significantly strengthened arrangements in place to support safeguarding children within primary care. The lead GP safeguarding forum is now recognised and well utilised; there is significant progress in relation to general practice contribution to the child protection case conference process; and safeguarding children training is well evaluated.

## **Challenges**

The Children and Social Work Act 2017 which details changes to multi-agency partnership arrangements, including the replacement of Local Safeguarding Children Boards (LSCBs) with new, flexible local safeguarding arrangements led by three safeguarding partners (local authorities, police and CCGs) is due to be fully implemented in 2019. During the interim period LSCBs must continue to carry out their statutory functions, whilst the three partners agree the new arrangements and identify appropriate contributing agencies. The strong leadership of NHS Hull CCG will be important to the success of future arrangements.

During the period from 2009 to the present the HSCB has commissioned or been involved in 10 Serious Case Reviews, 1 Fatal Accident Inquiry, 3 Learning Lessons Reviews and taken a role in 2 reviews led by other local authority areas. This represents a huge commitment by all agencies and presents challenges in relation to the monitoring of recommendations and actions.

## **2. INTRODUCTION**

The purpose of this report is to:

- a) Provide an update overview of the arrangements in place to safeguard and protect children in Hull.
- b) Demonstrate how NHS Hull CCG as a commissioner of services is fulfilling its statutory responsibilities in relation to children in accordance with the Children Acts 1989 and 2004.

The definition of safeguarding is necessarily broad and is defined within Working Together 2015 (HM Government) as:

- Protecting children from maltreatment;
- Preventing impairment of children's health or development;
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children to have the best outcomes.

### **3. BACKGROUND**

#### **3.1 Demographic data**

The population of Hull is 260,240 with 62,875 children and young people aged 0-19 years (Office for National Statistics 2016). Using the Index of Multiple Deprivation (IMD) 2015 score, Hull is the 3rd most deprived local authority out of 326.

The Children in Low Income Families Measure provides a broad proxy for relative low income child poverty. In total it is estimated that there are 18,455 (out of 59,455) dependent children living in poverty in Hull.

Infant mortality is an indicator of the general health of an entire population. It reflects the relationship between causes of infant mortality and upstream determinants of population health such as economic, social and environmental conditions. The total infant mortality rate (under 1 year) in Hull is 3.1 per 1,000 births which is now lower than the national figure of 3.9 per 1,000 and represents a significant improvement from 2016/17 (4.2 per 1,000 births). Similarly, the neonatal mortality rate (under 4 weeks) at 1.7 per 1,000 births is now lower than the national average of 2.8 per 1,000 births. However, perinatal infant mortality (still births and deaths under 1 week) is notably high in Hull (7.8 per 1,000 live births compared to nationally (6.6 per 1,000 live births). The perinatal infant mortality rate remains the same as the previous year.

Many teenage pregnancies are unplanned and can result in poorer health and social outcomes for both the teenage parent/s and child. The under 18 conception rate (per 1,000 females aged 15-17) is currently 30.6%, compared to 38.4% reported last year. The lowest level on record this represents a 64% reduction since the local authority launched its teenage pregnancy strategy in 1998. However, this rate remains significantly higher than the national rate (18.8 per 1,000 females aged 15-17) and is amongst the highest in England and Wales. The under 16 conception rate (per 1,000 females aged 13-15) is also notably high at 4.8 (6.5% in 16/17) compared to the national figure of 3.0%.

#### **3.2 Child welfare and protection data**

As of 31.03.18 there were 432 children with a child protection plan in the city (compared to 406 in March '17 and 377 in March '16). This rising number represents a significantly higher rate than the national average and that of statistical neighbours at 282.

The number of children looked after as of 31.03.18 is 754 (compared to our statistical neighbour average for 2016/17 of 425.5) and represents an increase of 8% from last year. A high proportion of looked after children remain placed within the local authority boundary or less than 20 miles away (reflecting the numbers of Hull carers living in the East Riding).

Overall this demographic data raises significant issues in relation to the professional capacity required in both commissioning and provider organisations to safeguard and promote the welfare of children.

### **4. LEGISLATIVE CONTEXT**

In addition to the legislative duties outlined in the Children Acts 1989 and 2004, the safeguarding responsibilities of CCGs are clarified within three national documents:



- Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework, NHS England 2015
- Working Together 2015 (HM Government)
- Intercollegiate Document: Safeguarding children and young people: roles and competencies for health care staff 2014 (Royal Colleges).

#### **4.1 Children and Social Work Act 2017**

The Children and Social Work Act received royal assent in April 2017. It includes provision regarding:

##### **Looked After Children**

It introduces corporate parenting principles to which local authorities must have regard including; the publication of a local offer for care leavers; extension of local authority support to care leavers up to the age of 25; and strengthening arrangements to enhance the educational achievement of previously looked after children. There will be increased emphasis on linking the effects of early child maltreatment on emotional and mental health needs with future care planning.

##### **Safeguarding Children**

- I. A Child Safeguarding Practice Review Panel is to be established to identify serious child safeguarding cases in England which raise issues that are complex or of national importance. When the panel considers it appropriate it will arrange for those cases to be reviewed under their supervision to identify any improvements that should be made by safeguarding partners or others to safeguard and promote the welfare of children. Review of additional cases will be decided locally. NHS Hull CCG will maintain a leading role in local case reviews.
- II. Local Safeguarding Children Boards are to be abolished and replaced by the introduction of local arrangements for safeguarding and promoting the welfare of children. The safeguarding partners responsible for forming these local arrangements are the local authority, the CCG and the police. It is important that NHS Hull CCG maintains a strong leadership role in the formation of these new local arrangements in order that current areas of strength are capitalised on rather than lost whilst embracing the opportunities presented by re-design. The executive lead for safeguarding children is a member of a small working group addressing both interim and long term future arrangements.
- III. Child death reviews remain the responsibility of local authority and health partners although the present Child Death Overview Panel (CDOP) arrangements may alter. NHS England is leading on a programme which is addressing the standardisation of CDOPs, the re-drafting of chapter 5 of Working Together (child death review process) and the creation of a national mortality database.

#### **4.2 Domestic Abuse Bill**

Government consultation was completed in May 2018. The forthcoming Act seeks to address every stage from prevention to rehabilitation to make domestic abuse everyone's business. It will include a package of practical action with the central aim of prevention through; promoting awareness, both public and professional; protection and support to enhance the safety of victims; pursuing and deterring by providing an effective response to

perpetrators; and improving the consistency in response to domestic abuse across all local areas. Locally, a 4 year multi-agency domestic abuse strategy has been agreed with identified priorities and work plan which is being implemented and monitored via a strategic domestic abuse group under the Community Safety Partnership.

### 4.3 Internet Safety Strategy Green Paper (October 2017)

This sets out the Government’s proposals relating to tackling unacceptable behaviour and content online. Cyberbullying and intimidating behaviour online, which can have negative impacts on mental health and wellbeing, particularly amongst children, is now all too commonplace. The additional protection required by children in relation to their online data is also incorporated in the Data Protection Bill, due to become statute in 2018. The Data Protection Bill sets out how the UK will apply the derogations available under the General Data Protection Regulation (GDPR) which came into force in May 2018.

## 5. NHS Hull CCG GOVERNANCE AND ACCOUNTABILITY ARRANGEMENTS

NHS Hull CCG has maintained the required safeguarding leads as outlined in "Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework" NHS England 2015.

Assurance and performance monitoring arrangements take place via the City Health Care Partnership (CHCP), Hull and East Yorkshire Hospital Trust (HEYHT), Humber Teaching NHS Foundation Trust (HTFT) and Spire Contract Management Boards (CMB). The Quality and Performance Committee receives quarterly safeguarding performance reports including exceptions.

### 5.1 Audit of safeguarding arrangements

During 2017/18 a risk based audit of safeguarding arrangements to establish whether NHS Hull CCG is fulfilling the requirements of the NHS England Accountability and Assurance Framework was undertaken by AuditOne (commenced November 2017, published May 2018). Over 93 pieces of evidence (relating to both children and adults) was scrutinised in a detailed, lengthy process. The audit found that governance, risk management and control arrangements provide substantial assurance that identified risks are managed effectively, with two recommendations:

- I. The two CHCP service specifications in relation to looked after children and the community paediatric medical service should be updated. (This process which was already underway is nearing completion and final sign off).
- II. The CCG should continue to actively promote safeguarding children training to achieve its 85% compliance target. (The Designated nurse has promoted compliance which is currently 83%).

### 5.2 CCG Q4 report

#### 5.2.1 Training compliance

2017/18	Q1	Q2	Q3	Q4
Level 1	47%	71%	73%	83%

Considerable progress has been achieved in relation to safeguarding children mandatory training uptake. It is anticipated that over 85% compliance will be achieved in Q1. In

accordance with the Intercollegiate Framework 2014 the designated nurse is due to deliver a safeguarding development session to NHS Hull CCG board members in June '18. The planned subject matter is serious case reviews.

### **5.2.2 Governance and Accountability**

Hull CCG remains compliant with the requirements for statutory safeguarding posts.

### **Achievements**

Following the Care Quality Commission (CQC) review of health services for children looked after and safeguarding in January 2017 and the recommendation that the Designated nurse for Looked After Children be independent of a provider health organisation, the Designated Nurse was appointed to NHS Hull CCG in April 2018. The post holder is also undertaking the role of Deputy Designated Nurse Safeguarding Children whilst the Designated Nurse Safeguarding Children has undertaken to retire and return part time on a fixed term contract in order to mentor the new role and implement succession planning in an area traditionally difficult to recruit.

Within a limited time period the Designated Nurse Looked After Children has re-established the Integrated Looked After Children (ILAC) health forum which has the priority of improving multi-agency working relationships to improve health outcomes for looked after children. The forum is in the process of agreeing an improvement plan with the local authority in relation to the ongoing challenges of obtaining notifications and consent and scheduling appointments which impacts on the timely completion of health assessments. These issues continue to be monitored through Contact Management Board and the Quality and Performance Committee.

### **5.3 Care Quality Commission Review of Services for Children Looked After and Safeguarding in Hull**

On 20.01.17 the Director of Quality and Clinical Governance / Executive nurse received notification from the CQC that a review of services for looked after children and safeguarding arrangements in Hull would commence on 23.01.17. The focus of the review, conducted under section 48 of the Health and Social Care Act 2008 was on evaluating the experiences and outcomes for children, young people and their families in receipt of health services in Hull, including those commissioned by Local Authority Public Health. Key areas of focus for the inspectors which link to "Not seen, not heard" 2016 were;

- hearing directly the experiences of looked after children and their families who receive safeguarding services
- leadership and management arrangements in NHS Hull CCG and provider organisations
- the role of healthcare organisations in; the early understanding of risk factors and identifying children in need and those in need of protection; communicating effectively with children and their families; liaising with other agencies; assessing and responding to need and; contributing to multi-agency reviews
- the contribution of health services in promoting and improving the health and well-being of looked after children including undertaking health assessments and providing appropriate services.

## **Achievements**

Although the final report contains 38 recommendations, verbal feedback at the time of the inspection was positive, with many areas of good practice identified. NHS Hull CCG submitted a detailed action plan to the CQC which has been monitored by the Hull looked after and safeguarding (HCLAS) group, chaired by the Designated Nurse. Progress reports have been routinely submitted to the Quality and Performance Committee, the NHS Hull CCG Board and the Hull Safeguarding Children Board (HSCB). Local Authority and Provider safeguarding leads have been well engaged with joint monitoring arrangements and report a greater understanding of the combined issues. All actions are complete or in progress with any actions rated incomplete mainly due to demonstration of embedding within an organisation, not inaction.

## **6. PROVIDER Q4 REPORTS**

### **6.1 City Health Care Partnership (CHCP)**

#### **Training compliance**

<b>2017/18</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
Level 1	75%	82%	90%	89%
Level 2	90%	92%	91%	89%
Level 3	83%	84%	83%	83%

#### **Governance and Accountability**

CHCP is compliant with the requirements for statutory safeguarding posts. The specification for the looked after children service has been revised, awaiting final sign off. It incorporates the requirement for a named nurse and doctor following the revision of Promoting the Health of Looked After Children 2015 (DOH/ DfE).

#### **Looked After Children**

Monthly reporting, including breaches against the required timescales for LAC receiving an initial health assessment to CMB continues. An escalation process is utilised including at executive level to the local authority.

### **6.2 Hull and East Yorkshire Hospital Trust (HEYHT)**

#### **Training compliance**

<b>2017/18</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
Level 1	85%	87.8%	90%	91.6%
Level 2	82%	82.5%	84%	85.8%
Level 3	87%	87%	87%	91.2%

#### **Governance and Accountability**

HEYHT currently has a vacant post for Named Doctor for Safeguarding Children. Support is being offered regarding this on an interim basis by the Designated Doctor Safeguarding Children whilst training is being undertaken by a registrar prior to taking up this position. After a short gap the Named Midwife for Safeguarding Children is now in post on a full

time basis. Priority actions include the revision of the pre-birth vulnerability pathway and the review of safeguarding supervision arrangements within the midwifery service.

### 6.3 Humber Teaching NHS Foundation Trust (HTFT)

#### Training compliance

2017/18	Q1	Q2	Q3	Q4
Level 1	83%	85.7%	86.6%	84.3%
Level 2	73%	73.2%	79.2%	84.3%
Level 3	69.9%	76.2%	76.8%	83.5%

Gradual progress has been achieved against training compliance and a contract performance notice in place at the beginning of the year has been lifted.

#### Governance and Accountability

HTFT is compliant with the requirements for statutory safeguarding posts. The position of Named Nurse Safeguarding children, filled during most of the year on an interim basis, is now a permanent post.

### 6.4 Spire

#### Training compliance

2017/18	Q1 (Q4)	Q2	Q3	Q4
Level 1	73.4% (39.8%)	80.6%	96.5%	61.9%
Level 2	73.4% (39.8%)	80.6%	96.5%	61.9%
Level 3		82%	86%	86%

The system of incremental month on month reporting results in a reduction in % uptake in Q4. The Designated leads for children and adults for NHS Hull CCG have met with contracting colleagues and Spire in relation to this issue which as a national reporting method, remains unresolved. It is of note, however, that the uptake compares favourably with Q4 for 2016/17.

#### Governance and Accountability

Safeguarding leads are in place within Spire. Reporting in line with the self-declaration for safeguarding children and adults is monitored and challenged via the contract monitoring process.

### 6.5 Yorkshire Ambulance Service (YAS)

#### Training compliance

2017/18	Q1	Q2	Q3	Q4
Level 1	95.9%	94.8%	94.9%	94.1%
Level 2	87.2%	88.8%	83.7%	73.9%
Level 3				

A Trust wide safeguarding e learning product for all YAS service lines has replaced the workbook training product and was introduced during Q4. This learning is supplemented

by a face to face session on roles and responsibilities. Compliance uptake is monitored on a monthly basis and YAS has set a trajectory of 85% compliance by Q1.

## **7. REVIEW OF PRIORITIES 2017/ 2018**

### **7.1 Implementing CQC recommendations**

Considerable progress has been achieved against the recommendations and actions identified (outlined in section 5.3).

#### **Outcomes**

Health provider's appreciation of their interlinking issues and priorities has led to joint working together to achieve outcomes. This has also included local authority colleagues in children's social care, the independent conference and reviewing team (ICRO) and the public health substance misuse service. Examples include joint working between the sexual health service and the ICRO team to strengthen information sharing to child protection case conference and joint auditing of referrals to children's social care by the substance misuse provider and CHCP.

### **7.2 Strengthening safeguarding support arrangements within primary care**

The appointment of the Named GP for Safeguarding Children has been crucial in progressing this agenda and the role is now well embedded and utilised. The Named GP continues to make support and advice available to GPs and also practice managers and nurses. This is now extended through regular email contact, disseminating relevant updates and information, along with communication regarding any changes to policies/guidance that affect general practice. The Named GP continues to provide valued representation and input at serious case review (SCR) panel meetings on behalf of general practice, including the completion and analysis of the practice reports and necessary support and advice to the GPs involved. The Named GP is also an active member of the Child Death Overview Panel. The Named GP has contributed on a regular basis to the multi-agency case audit process led by the Hull Safeguarding Children Board and has taken action on issues identified and is working to strengthen the safeguarding processes between organisations involved and general practice.

#### **Outcomes**

Involvement in the SCR, CDOP and multi-agency audit processes has led to enhanced communication and multi-agency understanding of the safeguarding issues pertaining to primary care. This work has recently been reinforced by the development of a 2 page leaflet by the Named GP, in conjunction with the HSCB and CHCP, to illustrate and clarify the different facets of "health" and the importance of two-way communication/ information sharing with GPs. Additionally, the Named GP has engaged in HSCB run events in order to disseminate pertinent information and specific local learning from cases to GPs.

The email group for practice lead GPs for Safeguarding Children has continued to be used as a first point of contact with practices for sharing and disseminating relevant information. There has been increasing engagement with this group, for example responses in relation to information regarding "read coding" for safeguarding entries and the sharing of police attendances at domestic abuse incidents (where children live at the address or are part of the household).

The Named GP co-trains the GP level 3 safeguarding children training sessions, revised with the Designated Nurses Safeguarding Children (Hull and East Riding), the CHCP safeguarding trainer, the Designated Doctor and the Named GP for the East Riding, via the Hull and East Riding Health Trainers Steering Group. There is excellent uptake of sessions with very positive evaluation.

Since November 2017, revised GP report forms for initial and review child protection case conference have been in operation alongside a revised administrative system, facilitated by the CHCP safeguarding administrative team. This ensures that case conference information is sent electronically to practices and forms are returned securely. Early indications are of increased numbers and timely reporting to case conference.

### **7.3 Undertaking a lead role in future multi-agency safeguarding arrangements**

As reported in section 4.1 the executive lead, supported by the Designated Nurse and Doctor for Safeguarding Children are key partners involved in the implementation of the revised arrangements under the Children and Social Work Act 2017.

#### **Outcomes**

The Executive lead, Designated Nurse/Doctor and Named GP all take active and lead roles in the relevant HSCB sub-committees including CDOP, SCR, Learning and Development and Policies and Procedures, roles which will be maintained during the interim, thus maintaining stability and impetus.

### **7.4 Safer sleeping arrangements**

Between 2005-2014 Sudden Infant Death Syndrome (SIDS) claimed the lives of 266 babies in the Yorkshire and Humber region. According to the Office for National Statistics while the overall SIDS rates for England and Wales showed a 17% decline since 2013, the rates in Yorkshire and Humber have shown an increase of 38% and are consistently higher than the national average.

#### **Outcomes**

Although SIDS is the sudden and unexpected death of a baby where no cause is found, there are preventative steps which can be taken to help reduce the chance of this tragedy occurring. The Designated Nurse Safeguarding Children is a member of the Hull and East Riding Safer Sleeping Steering Group. Membership includes health providers, particularly representing midwifery, neonatal care and health visiting, LSCBs, police, children's centre staff and public health colleagues. A comprehensive training programme is available which is targeted to key staff groups. The "Caring for your baby at night" leaflet for parents (a baby friendly initiative) and the key messages for staff document have been revised. During the Safer Sleeping week in March 2018 a safe sleep seminar, led by the Lullaby Trust was hosted by HEYHT. Analysis of learning from the 87 attendees was positive.

The HSCB is currently leading on a Learning Lessons Review (LLR), commissioned by the CDOP in relation to the death of a 6 week old baby where unsafe sleeping practices were a feature, although not the direct cause of death. Two key lines of inquiry incorporated within the terms of reference of the review are; to examine current safer sleeping activity; and to review the pre-birth vulnerability pathway. Learning and actions will be monitored via the HSCB and reported within NHS Hull CCG, including to general practice.

## **7.5 Strengthening safeguarding supervision arrangements within NHS Hull CCG**

Following a Quality and Performance Committee “deep dive” event into emotional and mental health and well-being the potential need for extending safeguarding supervision arrangements to NHS Hull CCG staff was identified. Following initial discussions with relevant staff groups/ members the Designated Nurse Safeguarding Children and Designated Professional Safeguarding Adults have produced a Safeguarding Supervision policy (agreed, awaiting Equality Impact Assessment sign off).

### **Outcomes**

Consulted staff groups are aware of proposed safeguarding supervision arrangements. The Designated Leads for Safeguarding children and adults, including Named GPs have instigated a quarterly safeguarding peer support/ supervision group.

## **8. ACHIEVEMENTS IN PARTNERSHIP WORKING**

The Executive lead, Designated Nurse and Designated doctor for NHS Hull CCG as well as the executive and Named leads for CHCP, HEYHT and HTFT are actively engaged in partnership working, particularly through the HSCB. Examples include:

- Leadership/ membership of sub-committees and work streams including child sexual exploitation and missing children and the MACE (multi-agency child exploitation) meetings.
- The development and publication of female genital mutilation (FGM) pathways and practice guidance.
- The development of pre-birth vulnerability pathways.
- Awareness raising of private fostering arrangements.
- Work in relation to strengthening how services and practitioners engage with men and fathers.
- Involvement in the development and delivery of multi-agency training including regarding vulnerable babies and emotional health.
- Revision of the multi-agency “thresholds guidance”.
- Development of a neglect strategy and toolkit to assist practitioners in decision making.
- Participation in the formation of the Early Help and Support Hub (EHASH).

## **9. SERIOUS CASE REVIEWS / LEARNING LESSONS REVIEWS**

During the period April 2017 – March 2018 the HSCB has published one Serious Case Review with a further 2 at differing stages of completion. A third SCR is awaiting publication. The HSCB is also leading on 2 learning lessons reviews (LLRs) and is involved in an LLR, led by Nottinghamshire which is due to be published imminently.

## **10. PRIORITIES FOR 2018/2019**

### **10.1 Strengthening arrangements for looked after children**

Some progress has been achieved against this 2017/18 priority area. However, it remains in place for 2018/19. In addition to developing the work of the ILAC forum (outlined in section 5.2.2, the Designated Nurse for Looked After Children is working closely with the NHS Hull CCG lead commissioner for children and young people on the revised LAC service specification. This also involves a service improvement plan incorporating key areas for improvement, including initial health assessments, the use of the strengths and



difficulties questionnaires (SDQs) to improve access to emotional wellbeing services and improving the health passport for care leavers.

Children looked after in Hull will continue to have their health needs assessed and co-ordinated by the LAC health team, provided by CHCP. This includes oversight of children placed out of area. Initial health assessments are undertaken by Consultant Paediatricians or Paediatric Registrars. CHCP are currently training two autonomous nurse practitioners who will support the service to offer appointments for initial health assessments with the aim of improving capacity within the service. Progress will be monitored through contracting arrangements and reported via the ILAC.

## **10.2 Maintaining safeguarding support arrangements within primary care**

Building on the activity and progress currently being achieved by the Named GP for Safeguarding Children (outlined in section 7.2), remains a key, strategic aim for the Quality and Clinical Governance team. Objectives include:

- I. The development and completion of a safeguarding self-assessment tool for use within general practice.
- II. The development of formal, standardised information sharing arrangements between GP practices and community health services.
- III. The development of a process or data cleansing in GP practices as a first step towards establishing a clear picture within every practice, of the numbers and extent of vulnerable children and families on patient lists.
- IV. An audit of the standardisation of the format for information sharing between the P practice and the local authority for safeguarding purposes, including information to child protection case conference.
- V. The development of a process which links primary and secondary care in relation to children who are not brought or medical appointments.

## **10.3 Undertaking a lead role in future multi-agency safeguarding arrangements**

Following the implementation of the Children and Social Work Act 2017 NHS Hull CCG will undertake a key statutory partner role, through the strong leadership of the Executive Lead and Designated and Named Professionals, to ensure that local safeguarding arrangements remain robust during the change process.

## **11. RECOMMENDATIONS**

It is recommended that the members of the NHS Hull CCG Board approve this report in relation to safeguarding children activity and the responsibilities and actions of NHS Hull CCG

### **GLOSSARY OF TERMS**

<b>CDOP</b>	<b>Child Death Overview Panel</b>
<b>CHCP</b>	<b>City Health Care Partnership</b>
<b>CMB</b>	<b>Contract Management Board</b>
<b>CQC</b>	<b>Care Quality Commission</b>
<b>DfE</b>	<b>Department for Education</b>
<b>DOH</b>	<b>Department of Health</b>
<b>EHASH</b>	<b>Early Help and Safeguarding Hub</b>
<b>FGM</b>	<b>Female Genital Mutilation</b>

<b>GDPR</b>	<b>General Data Protection Regulations</b>
<b>HCLAS</b>	<b>Hull Children Looked After and Safeguarding</b>
<b>HEYHT</b>	<b>Hull and East Yorkshire Hospital Trust</b>
<b>HSCB</b>	<b>Hull Safeguarding Children Board</b>
<b>HTFT</b>	<b>Humber Teaching NHS Foundation Trust</b>
<b>ICRO</b>	<b>Independent Conference and Reviewing Officer</b>
<b>ILAC</b>	<b>Integrated Looked After Children</b>
<b>IMD</b>	<b>Index Multiple Deprivation</b>
<b>LAC</b>	<b>Looked After Child</b>
<b>LLR</b>	<b>Learning Lessons Review</b>
<b>ONS</b>	<b>Office National Statistics</b>
<b>SCR</b>	<b>Serious Case Review</b>
<b>SDQ</b>	<b>Strengths and Difficulties Questionnaire</b>
<b>SIDS</b>	<b>Sudden Infant Death Syndrome</b>
<b>SLA</b>	<b>Service Level Agreement</b>
<b>YAS</b>	<b>Yorkshire Ambulance Service</b>