Staffordshire and Stoke-on-Trent Integrated Care Board

Stoke-on-Trent and Staffordshire Safeguarding Children Health Forum

April 2021-March 2022

Annual Report

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

Contents

Safeguarding is Everyone's Responsibility

1.0 Introduction and context

This is the second Annual Report of the Staffordshire and Stoke-on-Trent Safeguarding Children Forum (SSSCHF) since its formation on 27th November 2019. An interim report was published in November 2021. Meetings have been held quarterly and have been virtual using the Microsoft Teams platform since the Covid Pandemic. This report will reflect the purpose and activity of the Forum from 1st April 2021 to 31st March 2022.

Rationale and Purpose

In April 2019 the newly formed Stoke-on-Trent and Staffordshire Safeguarding Children Board (SSSCB) was formed in response to the changes set out in Working Together (2018)[1] and the need to step down Local Safeguarding Children Boards replacing them with local partnership arrangements designed to safeguard children. The revised Board structure focussed on the Executive group of key partners: CCGs, Police and Local Authority and the Board agreed to delegate the function of performance and quality assurance to its newly formed Stoke-on-Trent and Staffordshire Safeguarding Children Partnership (SSSCP), which in early 2020 devolved to become two separate partnerships, Staffordshire Safeguarding Children Board Partnership (SSCB) and Stoke-on-Trent Safeguarding Children Partnership (SSCP).

Partnership membership has focussed on key partner representation to enable effectiveness and improved partnership working. New arrangements meant that those from the health arena who were previously part of the membership now required a channel for communication through a single 'health' voice. The opportunity arose to develop a Forum that would support and strengthen the health element of the Partnership and potentially reduce isolation and barriers for the health safeguarding providers.

The health forum fed back quarterly to the CCG Safety and Quality Committee, SSCB Scrutiny and Assurance Group and SSCP Quality Assurance Group.

[1] Working Together to Safeguard Children (2018). HM Government.

The purpose of the Forum is to enable and coordinate the health economy to improve the wellbeing of children and families, remaining engaged and committed to the new arrangements, ensuring that the relationships and co-production around priorities is owned and valued by all partners across the wider partnership. It specifically seeks to:

- Provide a communication network for safeguarding children health professionals, reinforcing relationships and sustaining reciprocal communication and collaboration between the Staffordshire and Stoke-on-Trent Safeguarding Children Board/ Partnership and health provider safeguarding teams.
- Facilitate the sharing of best practice and for members to promote this within their organisations.
- Provide an opportunity to discuss, share and reflect on current areas of safeguarding work. Identify areas of concern, gaps and themes that require local address and multi-agency solutions.
- Provide scrutiny and challenge to the Staffordshire Safeguarding Children Board Partnership and Stoke-on-Trent Safeguarding Partnership
- Provide an opportunity to escalate matters that require further scrutiny or investigation to the appropriate forums, or to the Safeguarding Boards of each partnership.

Health services are considered to play a significant role in protecting children from maltreatment, preventing impairment of children's health and development, ensuring children grow up in circumstances consistent with the provision of safe and effective care, taking action to enable all children have the best outcomes (Working Together 2018). Health services have a duty under section 11 of the Children Act 2004 to ensure they consider the need to safeguard and promote the welfare of children, a responsibility at the heart of everything the Forum aims to achieve.

1.2 Governance

The Staffordshire and Stoke-on-Trent Safeguarding Children Health Forum (SSSCHF) facilitates communication between the Staffordshire Safeguarding Children Board, Stoke-on-Trent Safeguarding Children Partnership and health partners in order to support the

local safeguarding agendas, including priority areas of safeguarding work.

Whilst this Forum is not a formal subgroup of the Safeguarding Partnerships, it is recognised as being a significant contributor to safeguarding priorities and their common goal 'to safeguard and promote the wellbeing of children across Staffordshire and Stoke-on-Trent'. As part of the revised structure, the SSSCHF will report into the Partnerships and the CCGs/ICB for the purpose of escalation and evidence of best safeguarding practice across the health systems. This will also provide assurance that the wider safeguarding system is effective in meeting the needs of children and families. The Designated Nurses and Doctors for Safeguarding Children will be the conduit and enabler of this collaboration and share information from the Partnership to the Forum on a quarterly basis.

1.3 Membership

The membership of the Forum is made up of health safeguarding leads across the Staffordshire and Stoke-on-Trent health economy and is chaired by Dr Janey Merron Designated Doctor for Staffordshire and Stoke-on-Trent CCGs/ICB.

- Designated Professionals Safeguarding and Looked After Children (Staffordshire and Stoke-on-Trent CCGs)
- Child Death Overview Process Nurse Practitioners
- Specialist Strategic and Operational Safeguarding Children Leads/Named Professionals for:
- University Hospitals of Derby and Burton
- University Hospitals North Midlands
- North Staffordshire Combined Healthcare NHS Trust
- Midlands Partnership Foundation Trust
- West Midlands Ambulance Service
- Out of Hours Services (NHS 111)
- Named GPs for Safeguarding Children, representing the primary care workforce.

2.0 Health Priorities

As a Health Forum, we collectively contribute to the development and delivery of safe and effective safeguarding of children across Staffordshire and Stoke-on-Trent, taking a '*Think Family*' approach, working collaboratively with safeguarding adult colleagues. This has been reflected in the way some organisations such as Midlands Partnership Foundation Trust have structured their safeguarding work force and teams. The Forum is represented by all key provider organisations enabling the Forum to share best practice and challenges experienced across the wider health economy. This will assure the Safeguarding Partnerships that children's safety and wellbeing (including women during the ante natal period) is at the heart of everything we do, where robust safeguarding practices are embedded across the workforce.

There are a number of health priorities associated with the local safeguarding agenda and aligned with the Safeguarding Partnership priorities that have been worked through as key areas of focus for the Forum as below:

2.1 CPIS Implementation

The Child Protection Information Sharing System (CP-IS) is the national alerting system between social work and health providers for children (and "child to be born") with a protection plan and children who are looked after. The first phase launched in December 2018 included unscheduled care settings such as hospital emergency departments, paediatric units and maternity units. The Forum is committed to the success of this programme which strengthens the ability for health and social care practitioners to protect children across the country.

CP-IS supports Primary Care and acute trust health providers to access child protection information and the Forum members will continue to be integral to the success of this implementation.

2.2 Training

The development and delivery of safeguarding training is one of many key objectives for all health providers, CCGs and Primary Care as part of their duty outlined in legislation to make

arrangements to safeguard and promote the welfare of children and young people. Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (2019)[2] provides an intercollegiate framework for health organisations to follow, including safe recruitment, staff induction and training requirements. The Safeguarding Children Health Forum provides an opportunity to develop and share training packages and evaluate best practice.

All health providers have well established safeguarding training programmes that are evaluated and peer reviewed. The Named GPs co-authored numerous training packages on topics including Domestic Abuse, Child Sexual Exploitation, Female Genital Mutilation, Fictional Induced Illness, Forced Marriage and Honour Based Violence, thresholds for referral, Harmful Sexual Behaviours, Online Abuse and Grooming and Early Help. Development forums for Practice Managers are held on a quarterly basis and 10 per year for Practice Clinical Safeguarding Leads. Monthly development forums are open to all practice staffs with a consulting role in primary care. Additional bespoke sessions are delivered as required led by local or national needs identified.

A database of content covered is maintained and data captured by way of polls within the virtual events. Training packages were incorporated into a Staffordshire and Stoke-on-Trent Health Safeguarding Website for access by all healthcare staff. Unfortunately, this was unexpectedly put on hold due to governance arrangements and will be launched in July as a microsite within the ICS website.

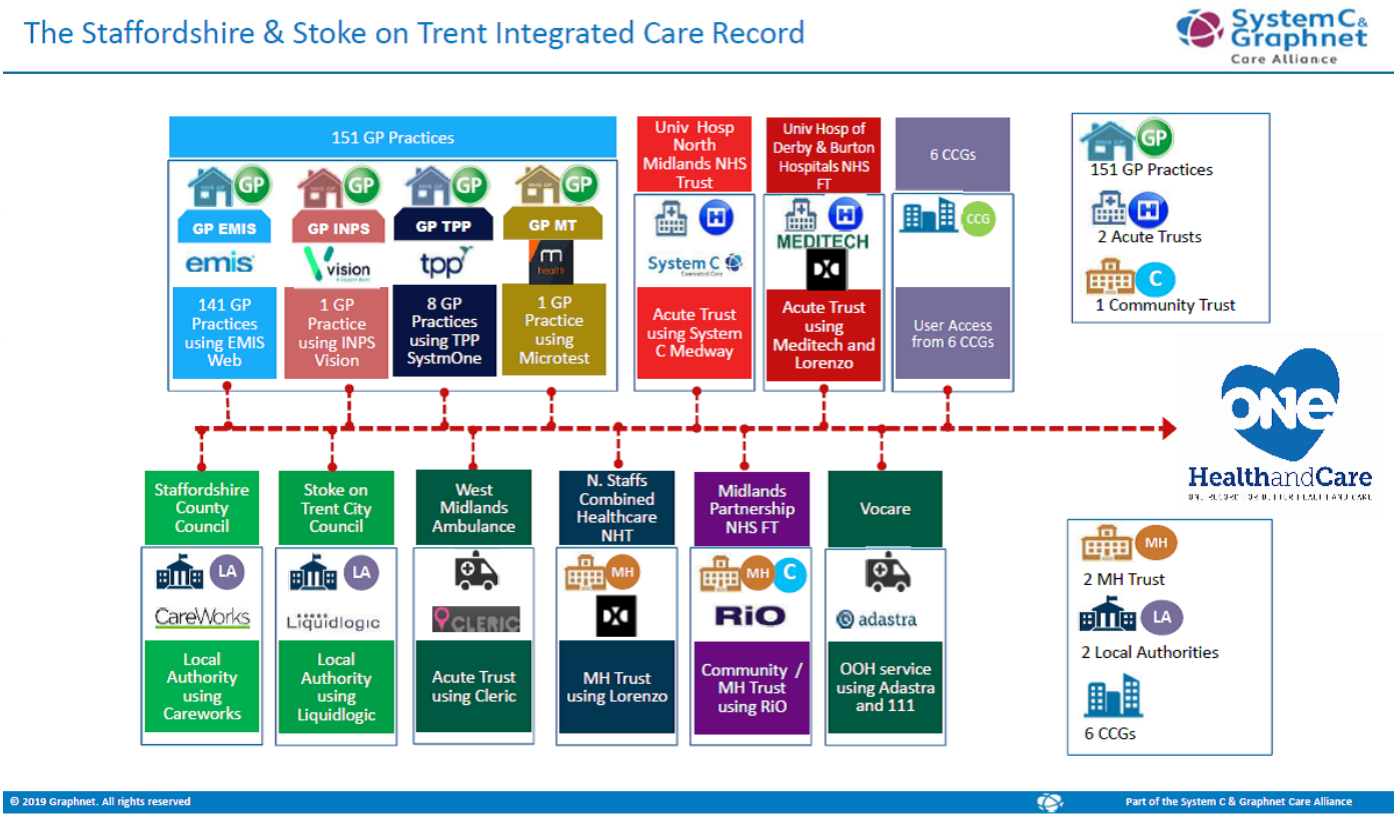
Members of the Health forum and community have supported the provision of training to multi agency staff via the partnerships.

2.3 One Health and Care

One Health and Care is the name for the new integrated care record (ICR) across Staffordshire and Stoke-on-Trent and was implemented into practice August 2020. The software will sit alongside individual organisation's own record keeping software. Organisations will be able to view data that has been entered by other organisations such as attendances, care plans and blood test results and an individual's summary of community, primary, secondary and social care. Safeguarding is represented at the wider

[2] Safeguarding Children and Young People: Roles and Competencies for healthcare Staff; Intercollegiate Document (2019). Royal College of Nursing.

digital design authority meeting to ensure the digital roadmaps consider the opportunities to support safeguarding. The Named GP's have been working with Primary Care and Local Authority colleagues and communication updates have been frequently shared across the wider health economy regarding use of the ICR. The Safeguarding Children Health Forum welcome this as a safe and effective way of information sharing across a complex health and social care system and will continue to support its implementation.



2.4 Children's Emotional Wellbeing

The Safeguarding Children Health Forum has provided a platform for health to raise their concerns around the difficulty that children with emotional ill health and mental health needs being able to access appropriate and timely treatment and support.

The Forum has identified gaps in provision and evidenced these gaps to commissioners and the Safeguarding partnerships. Concerns have been escalated to NHSEI regionally as this remains a national area of concern, in particular for looked after children.

Crisis – A System Issue'. This resulted in the reinstating of the Complex Care Panel Process having been suspended since the start of COVID-19. This has now been addressed through the CCG Governance process and there is now CCG presence with a delegated commissioner with financial responsibility and the Designated Nurse for Looked After Children with clinical health knowledge at the newly formatted Stoke Tri Partite Funding Panel.

The Named GPs have worked with the provider organisations across Staffordshire and Stoke-on-Trent to ensure that services are accessible to our children. Road maps of available services have been shared with health colleagues to help signposting to the appropriate service.

As a health forum we have received assurance from CAMHS that there are working groups within all priority pathways and we have been encouraged to feedback to the relevant team leaders to help improve service provision

Contributions have been made to the 'Kind Minds' newsletter by the health safeguarding team.

2.5 Child Exploitation

The Child Exploitation Task Group was set up in 2019-20 to develop the Child Exploitation Priority. The priorities set by the Stoke-n-Trent and Staffordshire Safeguarding Children Board were:

- Development of a Child Exploitation Strategy
- Development of a multi-agency performance framework to monitor the impact of the strategy.

To date the group has developed the strategy and is working with the Tackling Child Exploitation Project Team to develop the performance framework. The Designated Nurse for Looked After Children is a member of this group as are representatives from Staffordshire and Stoke-on-Trent health providers.

2.6 Neglect

Neglect remains the highest category of abuse for children subject to a child protection plan

in Staffordshire and Stoke-on-Trent. Following the learning from the most recent CSPR's in Staffordshire, this priority area for the Board again raises concerns over our collective response to neglect, particularly for those families that resurface following a period of intervention, whether that be early help or statutory support via a child in need plan/ child protection plan, only to be re referred once support is withdrawn.

Low level neglect can be hard to recognise and respond to, and we must improve our understanding of the impact if we are to change the lived experience for these children. The SSCB focus on neglect continues through its performance work and with the support of the SSSCP an understanding of how agencies currently operate within the system. The Safeguarding Children Health Forum has been integral to this understanding from a health perspective and has contributed to the performance framework development ensuring the appropriate questions are being asked and the quality of responses remains high.

Neglect has been an area of focus for Primary Care, with communications focusing on neglect sent out in newsletters and neglect featuring in the GP annual audit of primary care safeguarding. Practitioners are being encouraged to 'think family' and consider the lived experience of the child.

Graded Care Profile 2 - The new NSPCC Graded Care Profile 2 (GCP2) is an evidenced based tool to identify and assess neglect and a model for train the trainers to support its implementation.

A multi-agency steering group (including some of the Forum members) was responsible for the oversight of implementation, with reporting lines into the SSSCP. The GCP2 tool is now in use, providing a structured approach to identify and support children experiencing neglect. The impact of its use has yet to be evaluated.

The forum has been a valuable route into dentistry, supported by the Named GPs. As part of the focus on neglect, work has been ongoing with dental safeguarding leads to improve safeguarding training, recognition of safeguarding issues in relation to dental neglect with the aim of increased identification of neglect and subsequent referrals from dental practices across Staffordshire and Stoke-on-Trent.

A letter was sent to all dental practices in the region asking them to accept new registrations for Looked After Children.

2.7 Domestic Abuse

The Domestic Abuse Commissioning and Development Board oversees the delivery of the three year Domestic Abuse Strategy in Staffordshire and Stoke-on-Trent. Members of the Safeguarding Children Health Forum are involved with multiple work streams and task groups. The Named GPs in particular have changed the landscape for Primary Care in terms of supporting the early identification and consideration of non-physical indicators of abuse, referral processes and co-working with commissioned services. The forum enables sharing of best practice and progress on the strategy objectives. The Domestic Abuse Act 2021 declares children exposed to domestic abuse as victims in their own right. Workstreams are ongoing to facilitate the sharing of risks of all victims from MARAC to general practice.

2.8 Serious Violence

There is a three year Serious Violence Strategy in Staffordshire and Stoke-On-Trent, predicated on a public health approach, which has been developed and published by a multi-agency group of professionals including those from the health economy. As such, the aim of the Serious Violence Strategy is to "work together to strengthen the visibility, early identification and partnership response to prevent serious violence and its associated harms". It has five priority areas:

- Primary prevention – seeking to prevent the onset of serious violence or to change behaviour so that serious violence is prevented from happening.
- Secondary prevention – halting the progressing of serious violence once it is established. This is achieved by earl identification flowed by prompt, effective support.
- Tertiary prevention – rehabilitating people with established serious violent behaviour or supporting victims.
- Enforcement and criminal justice – developing innovation criminal justice practices that reduce offending behaviour and recidivism.
- Attitudinal change – changing attitudes and behaviour towards all types of serious violence at a societal, community and personal level.

Health are key to early identification and prevention and the Safeguarding Children Health

Forum provides the arena to collaborate on how this can be achieved. Key members of the Forum attend the Partnership and Strategic Boards, enabling a consistent flow of information and a means to share new ideas and objectives.

3.0 Learning from Serious Child Incidents

Involvement with statutory processes including rapid reviews, child safeguarding practice reviews (CSPRs) and domestic homicide reviews continues, constituting a significant volume of reactive workload. As a result of the review process the learning trends and themes shape the proactive work of the teams and Forum.

Workstreams include:

Improving child protection medical processes

Improving the response rate, timeliness and quality of GP conference reports

Promoting awareness of family support services and early help

Focus on postnatal period contacts and ICON (programme to reduce abusive head trauma)

Suicide prevention and mental health access for children and young people

Supporting those with frequent Emergency Department attendances

Early markers of neglect and failure of the family to provide for the needs of the child

Coding and record keeping to support contextual consultations

Understanding interagency IT data and using the ICR to support safeguarding

The Safeguarding Health Forum is an excellent arena to challenge practice, support collaborative working, reduce inefficiencies and adopt best safeguarding practice through learning from these reviews. Cross health safeguarding supervision and training supports the implementation of changes to practice.

4.0 Looked After Children

This is a standing item on the Forum agenda due to the local increase in numbers and ongoing concerns related to children who are looked after and requiring mental health crisis support particularly when placements break down.

The Designated Nurse for Looked After Children (LAC) works in partnership with health providers and Staffordshire and Stoke-on-Trent Local Authorities in order to improve processes and experiences for this vulnerable group of children. The COVID-19 period from March 2020 to present day has created challenges but also has provided opportunities to identify different ways of working. The numbers of children subject to care orders have increased therefore placing additional demand on health staff to complete assessments to timescale. This has placed additional pressure on those completing Review Health Assessments which has required a partnership approach to resolving.

Quality of health assessments has been a priority for the Safeguarding Team. This is key area of work for the Designated Nurse for LAC which feeds into the Forum as assurance feedback and updates.

Collaboration between health and Local Authority partners is ongoing to assess the current Strengths and Difficulties Questionnaire (SDQ) process and the potential for it to coincide with the Review Health Assessment, to maximise the opportunity for a timely and more meaningful health assessment.

The region hosts child and adult refugees and also asylum seekers. Some children will be looked after and known to the Local Authority. Some children and adults will be at risk of exploitation and/or trafficking and there is evidence of domestic abuse and mental health concerns within this group. There has been a regional safeguarding focus a result of the variation of accommodation provision and the contingency hotels made available to asylum seekers, refugees and their children. During the COVID-19 period families have become even more vulnerable due to the increase in numbers entering the UK and the inability to move forward in their lives. The Designated Nurse for Looked After Children has remained cited on this issue and the association with families in Staffordshire and Stoke-on-Trent with safeguarding representation at partnership groups.

5.0 Child Death and Injury Prevention

The CDOP Nurse Practitioners are a key partner to the SSSCHF and provide a preventative child death focus to the group.

This year CDOP has contributed significantly to prevention of harm. In particular, the 'protect your baby from birth and beyond' information booklet (created by CDOP) continues to be distributed to all families in Staffordshire, by the 0-19 practitioners, at the new birth visit. This includes information on preventing the 5 unintentional injuries in children under 5. It also includes information about child flu, sepsis, safer sleep/car seat safety and preventing shaken baby. The booklet is reviewed and updated intermittently, to include the most relevant information, and adapted to the cause of deaths locally. From feedback obtained, this is an extremely valued booklet.

From data identified within Staffordshire and Stoke-on-Trent certain localities had higher than national attendance to hospital for unintentional injuries. Adhering to the NICE guidance, Public Health England (PHE) and The Royal Society for the Prevention of Accidents (RoSPA), the key to public health campaigns in changing practices and reducing injuries is an 'every contact counts', continual, consistent feed of information from all partners. As such, unintentional injury training was initiated and offered to all professionals that come into contact with children and families. To enhance this, the CDOP Nurse worked in partnership and supported Midlands Partnership Foundation Trust (MPFT) community development practitioners to cascade the RoSPA message '*take action today put them away*' campaign, a national initiative, to reduce poisoning in children. Reduction in incidence rates have been evident since the training was initiated. From a national perspective, campaigns are ongoing in relation to Blind Cord, Safer sleeping, dangers of button battery ingestion and Nappy Sack deaths. This information is included in the safety booklet and incorporated into relevant local training. In addition, this information and links to resources are provided to professionals on a needs basis.

Sudden unexplained deaths remain a key area where modifiable factors are identified. The modifiable factors are usually in relation to the sleeping practices, positions used, and also include other risk factors, such as alcohol or smoking.

The CDOP Nurse has also supported Public Health commissioners with the development of the smoking in pregnancy campaign.

CDOP has identified an increase in local suicide and are working with Public Health to act on this. In addition, nationally through the National Child Mortality Database (NCMD), a thematic review of suicides has taken place and the outcome report will steer future work and commissioning in this area. Research by the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) reviewed suicides by children and young people in England across a 16 month period and identified ten common themes. Their report, *Suicide by Children and Young People in England*, agreed that some child suicides could be avoided with knowledge of these factors and timely intervention across multiple agencies. There is a real concern that the rate of child suicides could increase in light of COVID-19 and the lockdown restrictions and one of the ten common themes leading to child suicide, identified by the NCISH, is social isolation. The Forum will remain cited on this and continue to work in partnership with CDOP and Partner agencies to reduce child suicide.

The Safeguarding Children Health Forum enables a link to the CDOP, sharing of initiatives and information including newsletters, campaigns, awareness events and also key issues and learning from deaths reviewed locally.

5.1 ICON

This year ICON has been funded by NHSEI for all providers who have signed up to deliver this programme and the Health Forum has supported this roll out in the relevant areas in order to prevent infant head trauma and the repercussions of this type of injury.

ICON stands for ….
* I – Infant crying is normal
* C – Comforting methods can help
* O – It's OK to walk away
* N – Never, ever shake a baby

ICON is a programme delivered to parents using a variety of methods and tools. Including infographics, questionnaires, advice, crying plan and written information. ICON is all about helping people who care for babies to cope with crying. Its main aim is to prevent abusive head trauma by explaining the normal developmental levels of crying in all infants and mechanisms to cope through this period.

In delivering the programme there are various levels of engagement. As a minimum there are 3 core elements to the programme which are called touchpoints. These are:

1. Midwifery – after delivery on discharge home or straight after the home birth.
2. 0-19 service – at 3 weeks of age (done in whatever creative capacity or means that the service designs).
3. 6-8 weeks in primary care by a questionnaire, which also includes other required assessments such as mental health assessment.

The Forum has been promoting ICON based on the research based evidence that a co-ordinated, hospital based parent education programme targeting parents of all new born infants can significantly reduce the incidence of abusive head trauma in children less than 36 months [3](Dias et al, 2005).
Health providers have now embedded the ICON programme into practice, and one of our Designated Doctors and Named GP's are now national ambassadors for the programme and have recently broadcast on BBC local radio.
ICON training sessions are being delivered regularly as training sessions as part of SSCB and SSCP multiagency training programmes.

6.0 Moving forward into an Integrated Care System

The SSSCHF has established a proactive approach to moving towards an ICS from July 2022 and has set up monthly as a task and finish group, to establish health provision within all areas of health Safeguarding, looking at Policies and SOP, parallel processes and efficiency, current position statements from providers, streamlining practices and optimisation of resources, consideration of looked after children, building on strengths and identifying gaps within the health system. This workstream is progressive and ongoing.

6.0 Achievements and Challenges

The past twelve months have been extremely busy for the Safeguarding Children Health

[3] (Dias et al, 2005) Preventing Abusive Head Trauma Infants and Young Children: a hospital based prevention program Pediatrics 115: 470 – 477

Forum and the NHS in general due to this being a period of extreme pressure on services as a result of the COVID-19 pandemic. Despite this the Forum members have remained committed and focussed on the safeguarding priorities identified by the partnership and the completed and successful work streams are a testament to this. In particular, the complete roll out of phase 1 CP-IS and the One Health and Care record, progress towards keeping children and victims of domestic abuse safe, thanks to the valued work from the Named Professionals, progress towards the serious violence strategy and the collaboration between provider services and the CCGs to enable sign up to the concordat. Focus groups have been successful in their problem solving and resolution of the quality and timeliness of child protection reports, child protection medical protocols and thematic learning from serious child incidents requiring cooperation and collaboration with multi agencies.

There is still a lot to do however, and the Forum continues to strive towards high standards of safeguarding practice across the health economy. There is a current focus on early identification and prevention of neglect and the Forum is working in partnership with the Local Safeguarding Children Boards/partnerships in order to contribute towards the neglect performance framework as a means of providing assurance to them and their health organisation.