NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

Staffordshire and Stoke-on-Trent

Safeguarding Children Health Forum

April 2022-March 2023

Annual Report

NHS

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"Safeguarding is everyone's responsibility and everyone's core business"

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1.0 Introduction and Context

This is the third and final Annual Report of the Staffordshire and Stoke-on-Trent Safeguarding Children Forum (SSSCHF) since its formation on 27th November 2019. Meetings have been held quarterly and we continue to meet virtually using the Microsoft Teams platform. This report will reflect the purpose and activity of the Forum from 1st April 2022 to 31st March 2023. Future meetings will take the form of a Provider Collaborative, working with providers who deliver a safeguarding children and adult role and the next annual report will reflect this transformation.

1.1 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).

Staffordshire and Stoke-On-Trent Integrated Care Board (ICB) was established 1st July 2022 following the abolition of the CCGs, as a result of the new legislation, Health and Care Act (2022)[2] which contains the biggest reforms to the NHS, laying the foundations to improve health outcomes by joining up NHS, Social Care and public health services at a local level and tackling health inequalities. Membership has therefore changed from CCG to ICB safeguarding staff with a focus on developing a robust safeguarding presence across the Integrated Care System (ICS).

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

[1] Working Together to Safeguard Children (2018) HM Government
[2] Health and Care Act (2022) Department of Health & Social Care

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 and continues to do so under revised governance arrangements following the transformation to the ICS.

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. As a health forum, membership is clear about the roles and responsibilities of individuals working in providers of NHS funded care settings and NHS commissioning organisations and as such adhere to the requirements of the Safeguarding Accountability and Assurance Framework (2022)[3], introduced as a replacement for the Safeguarding Vulnerable People in the Reformed NHS framework. The forum 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

[3] Safeguarding children, young people and adults at risk in the NHS: Safeguarding accountability and assurance framework (2022) NHS England

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[4] 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 co-chaired by Dr Janey Merron Designated Doctor for Safeguarding Children, Stephanie Nightingale and Paula Carr, Designated Nurses for Safeguarding Children, Staffordshire and Stoke-on-Trent CCGs/ICB.

- Designated Professionals Safeguarding and Looked After Children (Staffordshire and Stoke-on-Trent CCGs/ICB)

[4] Children Act (2004) HM Government

- 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. 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 Phase 2

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. CP-IS links IT systems used across health and social care to help organisations share information securely. As it covers 100% Local Authorities in England, it's the only national register of social care status, and the only system to provide information when a child is out of area. It already covers over 1,000

unscheduled health care sites. CP-IS is endorsed by the Care Quality Commission (CQC) and is included in the key lines of enquiry during CQC inspections. It's also included in the standard contract for providers of NHS unscheduled care. The first phase launched in December 2018 included unscheduled care settings such as hospital emergency departments, paediatric units and maternity units and during the past year there has been a focus on the design and implementation of early adopters for the second phase of CP-IS. Phase 2 will include expansion of the current service into the following health care settings:

- Primary Care: General Practice
- Mental Health: Child and Adolescent Mental Health Services
- Sexual Health: Sexual Assault Referral Centres
- Sexual Health: Termination of Pregnancy Services
- 0-19 Services: School Nursing & Health Visitors
- Community Paediatrics: planned and direct access to wards
- Dentistry: emergency and routine appointments

The Forum remains committed to the success of this programme which strengthens the ability for health and social care practitioners to protect children across the country and aim to support local workstreams to ensure effective implementation.

2.2 Training

The development and delivery of safeguarding training is one of many key objectives for all health providers, ICB 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)[5] 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 ICB provides needs led development and supervision forums for Practice Clinical Safeguarding Leads every six weeks. Bi-monthly development forums are open to all clinical practice staff with a consulting role in primary care. Each of the three general practice vocational training schemes have received a half day face to face

[5] file:///C:/Users/lowest/Downloads/007-366.pdf

safeguarding workshop. Additional bespoke sessions are delivered as required led by local or national needs identified. A database of the content covered is maintained.

Members of the Health forum and community have supported the provision of training to multi agency staff via the partnerships and has commenced the development of a system training platform which will provide resources for all health staff and a means of collating evidence as part of revalidation requirements.

2.3 One Health and Care

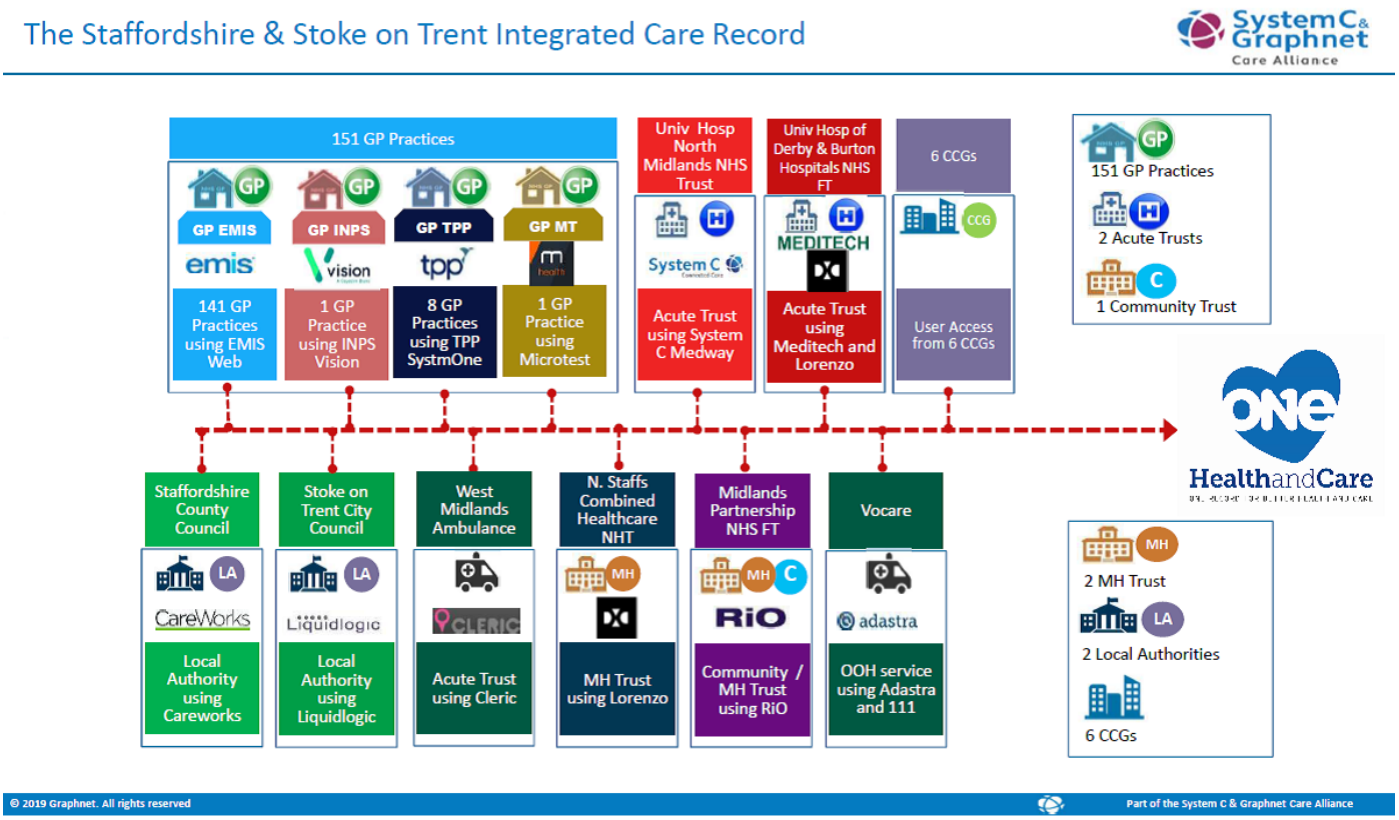
One Health and Care is the name for the new integrated care record (ICR) across Staffordshire and Stoke-on-Trent and was implemented into practice August 2020. The software will sit alongside individual organisation's own record keeping software. Organisations will be able to view data that has been 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 digital design authority meeting to ensure the digital roadmaps consider the opportunities to support safeguarding. The Named GPs 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 Integrated Care Record. 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.

2.3.1 The Integrated Care Record

The Integrated Care Record (ICR), One Health and Care, now has live data feeds from secondary care, primary care, community services and both adult and children's social care. The intention is that agencies can have visibility of key information about that individual to facilitate their care. However, a pan health review of the ICR demonstrated that vital information that is pertinent to safeguarding and risk was often not visible. The ICR safeguarding lead (a named GP) has membership of the Digital Design Authority meeting with the remit of supporting the digital solutions design which could facilitate all practitioners being aware of the risk/safeguarding status of their patients.

As a result of a cross partnership working group, a number of key risks and alerts were identified as critical for inclusion. Work is ongoing with the commissioned ICR provider

(Graphnet) to allow this key data to be visible on the ICR. Use of the ICR has been heavily promoted by safeguarding leads in partnership organisations though further promotion and adoption is required.



2.4 Multi Agency Safeguarding Hub (MASH) Developments

In common with many local authority areas the current Staffordshire and Stoke on Trent MASH was developed in 2011. A MASH co-locates a range of agencies, including police, children's social care, education, probation, and health staff, to share information and spot emerging problems early, potentially saving lives.

In March 2019, an inadequate judgement in respect of Stoke on Trent Childrens Services led to an examination of various elements of practice within the authority and a report by Eleanor Brazil, who was appointed Childrens Services Commissioner by the Secretary of State pointed to the MASH as an area for improvement. Whilst the original Ofsted judgement had not criticised the MASH per se it did comment on the authority's interaction with it.

Alongside these recommendations, and views came a clear indication from interim and permanent senior managers in Stoke on Trent that they wished to leave the current arrangements in Lindum House and create separate arrangements in their local authority. This statement brought about a MASH review. Subsequently partners in Staffordshire Adult Protection and Stoke on Trent Adult protection have also signalled an intention to leave the current MASH arrangements, which creates a clear opportunity for Staffordshire Childrens Services to develop a standalone Staffordshire Childrens multi-agency safeguarding arrangement.

There is agreement for separate MASH/info sharing arrangements across the 4 areas (Stoke Child, Stoke Adult, County Child, County Adult). The discussions about the practical arrangements for the new approach are being managed through 4 working groups which feed into a MASH Project Board. A key area being explored is new IT arrangements to replace the Information Sharing Log (ISL). There is also work ongoing to explore the opportunity of bringing in a wider range of partners to new arrangements. There is no anticipated reduction in staffing.

2.5 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. This national and local crisis remains a priority for the wider children's system due to multiple impact on a variety of services such as Health, Children's Social Care, Education and Police. This year services have cared for extremely complex and young children, where appropriate provision has been a challenge due to a lack of specialist paediatric intensive care beds.

As a health forum we have received assurance from CAMHS that there are working groups within all priority pathways, demonstrated by the CAMHS ICS Children and Young People's Mental Health System Improvement Board presentation in 2022. This relationship between members of this Board and the Safeguarding Forum has enabled transparency and effective working together as part of the wider health system, in particular the suicide prevention development work has involved members of the Forum who's experience in this specialist area has been extremely valuable.

2.6 Child Exploitation

Forum members continue to contribute to the work streams associated with reducing child exploitation, in particular North Staffs Combined Healthcare Trust (NSCHT). The development of the Intensive Support Hub (ISH) and joined up work with Catch 22[6] to address complex risks with child exploitation and high levels of missing episodes within mental health services (such as CAMHS and ISH) has proved effective evidencing positive impact and outcomes.

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.

2.7 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 CSPRs 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

[6] Catch 22 has been working with children for over 200 years and focus on designing and delivering services that build resilience and aspiration. Catch 22 has vast experience of delivering effective missing and child exploitation / gangs services throughout the UK including Staffordshire.

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.

Recognising neglect has been an area of focus for Primary Care. Development sessions are underpinned with the Think Family approach, considering the biopsychosocial wellbeing of the adults in the home and the impact of poor wellbeing on the ability of the adult to tend to the needs of the child/ren. Considering 'Life in their shoes' is promoted, for not just the children in the home but the adults too. The child protection conference report format was redesigned to capture the family as a whole. Communications focusing on neglect have been shared via the GP bulletin and neglect featured in the GP annual self-assessment of primary care safeguarding.

Primary Care have been made aware of the benefits of the new NSPCC Graded Care Profile 2 (GCP2), this is an evidenced based tool to identify and assess neglect with a strengths based approach. 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. Clinicians have been encouraged to refer to family support or early help to allow access to GCP2 assessment.

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. We currently have a process in place with an identified Dentist should access be proving difficult.

Early Help

Staffordshire Early Help and Place Based Approach Operations Group, some of whom are members of the Forum have been developing the updated Early Help Strategy, focussing on the right help, at the right time in the right place. Delivery of the strategy will be led by the Early Help and Placed Based Approach Partnership who will be held accountable by the

Family Strategic Partnership Board. Early Help is everyone's responsibility and is a collaboration requiring engagement from multi agencies of which health services is part of. Health professionals are encouraged to consider the early help model, taking a whole family approach and identifying need at its earliest time to prevent deterioration and crisis. This is incorporated into training programmes and supervision. The launch of the Early Help Strategy 2022-2027[7] will be in May 2023.

2.8 Domestic Abuse

The Domestic Abuse Commissioning and Development Board oversees the delivery of the three year Domestic Abuse Strategy 2021-2024 (Breaking the Cycle of Domestic Abuse)[8] in Staffordshire and Stoke-on-Trent. Members of the Safeguarding Children Health Forum are involved with multiple work streams and task groups and contribute to the Domestic Abuse Performance Framework. Reported metrics focusses on prevention of violence and abuse, provision of services, perpetrator support development and safe accommodation for victims. 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 and according to the latest Domestic Abuse Needs Assessment, children are believed to be present at just over a third (35%) of all police recorded domestic crimes and incidents. A phased roll out of MARAC to primary care communications started in December 2022 allowing clinicians in primary care to have visibility of coded information that a child or adult is subject to MARAC. The Named GP for Safeguarding Children and Adults has been involved with the MARAC pilot in Newcastle where GPs now receive letters associated with the child, victim or perpetrator which has evaluated well so far and is progressing to wider roll out across Staffordshire.

2.9 Violence Reduction across Staffordshire and Stoke-on-Trent

Serious Violence is acknowledged as a national and local priority. Serious violence, as defined in the national and local Serious Violence Strategy[9], includes "homicide, knife crime

[7] Staffordshire-Early-Help-Strategy.pdf (staffsscb.org.uk)
[8] https://www.staffordshire.gov.uk/Community/Communitysafety/Domestic-Abuse-Strategy-2021-2024.pdf

[9] https://staffordshire-pfcc.gov.uk/serious-violence-board-launches-milestone-strategy/

and gun crime, and areas of criminality where serious violence or its threat is inherent, such as in county lines drug dealing… and other forms of serious assault'. Data analysis of violent incidents focusses on the last 4 years to allow for multiple years impacted by Covid 19. Between 2018-2021 there have been 7186 occurrences within Staffordshire. This accounts for 2.4% of all offences and the impact is significant.

Serious Violence Duty

The Serious Violence Duty (2022)[10] was introduced as part of the Police Crime, Sentencing and Courts Bill on 31 January 2023. The Staffordshire and Stoke-On-Trent Violence Reduction Alliance became the accountable body for the delivery of the new Serious Violence Duty. The Duty requires specified authorities including Police, Probation, Integrated Care Boards, Local Authorities, Youth Offending Teams and Fire and Rescue to work together to plan, share data, knowledge and intelligence to produce an evidence-based strategy to prevent and reduce serious violence in our local area. As part of the statutory requirements associated with this Duty, the ICB had to evidence its readiness as part of home office expectations which an assessment has now been completed as part of the joint readiness screening process. This evidence included preparation work the health providers were completing in order to be compliant. A Senior Responsible Officer was appointed to lead the strategic agenda, the ICS Chief Medical Officer and Deputy Chief Executive Officer, Paul Edmondson-Jones and he will continue to work together with the Designated Nurse Lead for Serious Violence, Stephanie Nightingale to ensure the local Serious Violence strategy is realised and actioned across the ICS and remains committed to the five priority areas:

- **Primary Prevention** – Seeking to prevent the onset of serious violence (SV) / change behaviours to prevent SV from happening.
- **Secondary Prevention** – Halting the progression of SV once established. Early identification and effective support.
- **Tertiary Prevention** -Rehabilitating people with established SV behaviours; supporting victims.
- **Enforcement and Criminal Justice** -Developing innovative criminal justice practices that reduce reoffending.

[10] Serious Violence Duty – Preventing and reducing serious violence Statutory Guidance for responsible authorities, England and Wales (2022) Home Office.

- **Attitudinal Change** – Changing attitudes and behaviours towards all types of SV at a societal, community and personal level.

Currently the ICB Safeguarding Team lead on the violence reduction agenda and have contributed to multi agency partnership development of the Serious Violence Strategy since 2021. Population Health and Prevention of Inequalities aligns well with the public health approach to violence reduction and health inequalities are related to violence and potential exploitation (especially in children) as these inequalities can make people more vulnerable to being involved with violence (for example through childhood adversity or poor mental health and can lead to being exposed to more family loss and hardship including unemployment and homelessness. Violence reduction, whilst it has a safeguarding preventative element attached to the main focus of reducing harm to young people in Staffordshire and Stoke-On-Trent, there is an associated connection to the design, commissioning and delivery of services that span across the wider ICS and therefore may have overlapping connections with other ICB portfolios including Primary Care, mental health, learning disability and autism and maternity care and therefore the wider health system 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.

Those organisations directly involved in secondary prevention and contribute to the serious violence dataset are UHNM and WMAS. The dataset provided by these organisations are valuable to the Violence Reduction Alliance and supports development and planning of services to combat violence across our city and county. UHNM host the Navigator scheme provided by Catch 22. This service comprises a prevention led education programme, an early intervention team to offer individuals and families case work support to stop issues escalating and support workers for those already affected by serious violence. The service aims to monitor numbers of 18-25 year olds attending A&E in the near future, following key findings from the strategic needs assessments data.

The Serious Violence Strategic Needs Assessment Key findings from health services data demonstrates 19-29-year olds are the highest age group for A&E admissions and ambulance call outs, although we know that 16% (130) of all reported victims involved in knife crime

are under the age of 18 years old; males are more likely to be patients for violence incidences for ambulance call outs and A&E admissions (between 58-60% throughout the years); Stoke-on-Trent CCG (Clinical Commissioning Group, now Staffordshire and Stoke-On-Trent ICB) saw significantly higher ambulance call outs than all other areas but all groups have seen a reduction in call outs annually, with Stoke-On-Trent figures now being the closest they've ever been to other CCGs at the end of 2021.

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. We also share best practice and learning from national reviews and in particular The Child Safeguarding Practice Review Panel reports such as Child Protection in England (2022)[11] and the Annual review of local child safeguarding practice reviews (2022)[12]

Representation from the health system contributes to both the Staffordshire Safeguarding Children Board (SSCB) and the Stoke-On-Trent Safeguarding Children Partnership (SSCP) CSPR sub groups. This membership is integral to the embedding of learning identified from reviews and also the work streams that result from them.

The SSCB members have completed 6 Rapid Reviews, 4 of which resulted in the commissioning of local CSPRs. Three of those CSPRs are in the final draft stage, one is due to commence. There are 4 outstanding CSPRs that are completed and awaiting publication due to ongoing criminal proceedings. Neglect and associated non accidental injuries in babies under one year remain thematic and there have been 3 cases of intergenerational and intrafamilial child sexual abuse. CSPRs awaiting publication involve children subjected to potential forced marriage, baby under 1 subjected to non-accidental injury and intrafamilial child sexual abuse. SSCP published the Thematic Review of Under 1s Executive Summary[13] in 2022 and can be found on the NSPCC learning portal. Learning from this

[11] Child Protection in England – National Review into the murders of Arthur Labinjo-Hughes and Star Hobson(2022)The Child Safeguarding Practice Review Panel.
[12] Annual review of local child safeguarding practice reviews (2022) The Child Safeguarding Practice Review Panel.
[13] https://library.nspcc.org.uk/HeritageScripts/Hapi.dll/retrieve2?SetID=6D7737AA-D28E-4178-A023-721A9882263E&LabelText=Case%20review&searchterm=%2A&Fields=%40&Media=SCR&Bool=AND&SearchPrecision=20&SortOrder=Y1&Offset=7&Dispfmt=F&Dispfmt_b=B27&Dispfmt_f=F13&DataSetName=LIVEDATA

review has been embedded now and the action plan continues to have assurance oversight from both Safeguarding Boards.

Learning identified for multi agencies include some recurrent themes as well as new findings: lack of professional curiosity; insufficient professional challenge and reluctancy to engage escalation by partners; lack of a multi-agency approach to managing risk (hidden men); recognition and response to intrafamilial child sexual abuse where the threshold for criminal intervention is not reached; lack of babies and child voice; potential cultural bias; lack of understanding about the 'one chance rule' and professional response to potential forced marriage; lack of understanding of the child's lived experience; think family not fully embedded; lack of information sharing; family norms accepted and overruled with little challenge or enquiry; challenge of cross border working; the impact of covid lockdown for families. Workstreams include:

- Updating the Bruising in non-mobile babies local guidance which is now on both LSCB websites and the key points can also be accessed via a 7 minute briefing.
- Improving the training uptake and application of neglect and the GCP2 assessment tool, in particular GPs ensuring think family is well embedded.
- Improving the content of local domestic abuse training according to the Domestic Abuse Act (2022), such as the child is a victim and coercion and control are criminal offences, increasing recognition of the impact on the unborn, baby and child.
- Domestic Homicide Reviews (DHR) to clearly include the impact on the child, when involved, ensuring the child's lived experience, wishes and feelings are captured and recorded. Task and Finish Group commenced to improve this.
- Improving child protection medical processes. Now includes family history information.
- Improving the response rate, timeliness and quality of GP conference reports and virtual attendance.
- Strategy discussions protocol revised to invite key partners to enable an expert health voice and provide opportunity for professional challenge.
- Implementing an alert on the child's, parents / carers and significant family members health records when there has been a serious incident notification submitted to the

National Panel. Ongoing work continuing to improve the information attached to the Integrated Care Record.

- Development of a multi -agency audit panel and tool to evidence the quality and impact of multi- agency working and learning.
- Ongoing increased focus on postnatal period contacts and ICON (programme to reduce abusive head trauma) which has been rolled out across Staffordshire and Stoke-On-Trent. Early recognition of adverse behaviour in infants and its distress meaning.

The SSCP members have completed 3 Rapid Reviews and one published CSPR during this period. Two cases involved babies under 1 year, one of which suffered non accidental injuries where delay in identification occurred and the other baby died of suffocation due to unsafe sleeping practices on a sofa, which will be managed via the CDOP process. A third Rapid Review involved the poisoning of a child age 5 years where ongoing need in the family was evident. A local CSPR is being commissioned due to significant learning identified. The CSPR involved non accidental injuries caused to a 2-year-old child whilst subject of a child protection plan.

Learning identified for multi agencies include early identification and accurate assessment of bruising in non-mobile babies; poor use of the escalation process and how staff professionally challenge; value of chronologies for Initial Child Protection Conference (ICPC) and absence of the history of previous injuries in children's records; frequent attenders to A&E were not being identified; children who are not registered with a GP were challenging to identify

Work streams continue to develop solutions to these issues such as:

- Updating the Bruising in non-mobile babies local guidance which is now on both LSCB websites.
- Review and updating of the SSCP Professional Disagreement and Escalation Policy (2019).
- Development of impact chronologies for all ICPCs.
- Develop a system where children having experienced previous injuries trigger an alert for practitioners to be aware of their injury history.

- Frequent attenders will be flagged and a notification together with a guidance letter sent to the child's GP. This gives them another prompt to do a review of the child/family. Frequent attenders were defined as 4 attendances in 6 months, 6 or more in 12 months at A&E.
- Children attending emergency health and out of hours providers who are not registered with a GP are now being identified. For the walk-in centres, a letter is given to parents when children are identified as not registered with a GP, containing information about the importance of registering with a GP and signposting about how to register with a GP. The emergency department also developing the same process. Work is ongoing to apply alerts to the digital integrated care record.
- ICON is now being offered as a multiagency training module on a monthly basis across health, social care and police workforces.

4.0 Looked After Children

During this time period a decision was made to discontinue Looked After Children as a safeguarding forum agenda item but to receive safeguarding related exceptions as appropriate. This is due to already established governance arrangements pertaining to looked after children business.

Staffordshire and Stoke-On-Trent, as part of the Health and Looked After Care Partnership, discuss looked after children business at the Children's Improvement Board, CAMHS Transformation Board, Healthy Care Partnership, Corporate Parenting Board and the newly formed Children's services Improvement Plan Collaborative Partnership. Operational complex cases are discussed at the weekly Tripartite Panels.

5.0 Child Death and Injury Prevention

The Nurse Practitioners for the Child Death Overview Process contribute learning from child deaths and acts as a preventative focus to the health forum. 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.

This year has seen the launch of the new edition of the "Protect your little bundle from birth and beyond" booklet. This booklet is produced by the Child Death Overview Panel (CDOP) in response to local concerns around child safety and prevention of unintentional injuries in the 0-5 age group. The booklet has been in use across Staffordshire and Stoke-On-Trent for some time and is distributed to all families through the Health Visitor and 0-19 teams at the new birth visit. It has recently been reviewed and updated to ensure that the information shared is current and up to date and focuses on the issues of concern. The new version includes the ICON messages to prevent abusive head trauma in infants. The ICON programme, which was launched in May 2021, is now embedded in practice with key touchpoints being delivered by Midwives, Health Visitors and GPs at routine contacts with babies and new parents. The delivery of the programme has been evaluated with practitioners feeling that this evidence-based programme fits with their role in promoting safety for babies and enhances the messages that they share. Next steps with ICON will be developing understanding across the wider community to ensure that this programme is widely recognised across the whole of the area.

A key focus this year has been on increasing awareness and refreshing knowledge of safer sleep practices for infants. Sadly, there have been several sudden infant deaths within the local area where unsafe sleep practices and other risk factors may have contributed to the death. Therefore, there has been a focussed increase in awareness from a variety of angles. These have included a very well received new multi-agency training package of face-to-face sessions which enabled staff to be updated about the evidence base around safer sleeping practices but also to analyse the issues seen in practice and begin to problem solve using a collaborative approach. There are plans for these sessions to be continued due to overwhelming interest and positive feedback. These have been in addition to well established and regular training around reducing unintentional injuries in the under 5s (in partnership with MPFT 0-19 Community Development Practitioner) and the safer sleep workshop which are delivered online by the CDOP nurse through Staffordshire Safeguarding Children Board.

The Lullaby Trust Safer Sleep Week took place in March 2023, with a local theme of involving the wider community and sharing the safer sleep message with extended family, friends, and future parents as well as the key demographic of new parents. Local schools, nurseries

and health care settings were encouraged to join a Pyjama Day to increase awareness and interest around safer sleep. The CDOP Nurse Practitioner supported personal, social, health and economic (PSHE) educational leads to develop a package for PHSE to be delivered in high schools which incorporated information about how babies should sleep safely to be included with existing sleep hygiene and awareness sessions. Funding has been secured to develop a package of multimedia local resources including digital displays, leaflets and also a video to demonstrate the key advice about safer sleep. This has been produced in conjunction with the CDOP Nurse Practitioner and supported by the Designated Doctor for Unexpected Child Deaths. This will be launched for use across the area in 2023 and forms a basis for further development. ICON and safer sleep workstreams are being amalgamated under the keeping babies safe umbrella and the CDOP Nurse Practitioner will remain focussed on this key area into 2024.

During the 2021-2022 period CDOP identified an increase in local suicide. CDOP had previously undertaken a local review into child suicides which was fed into the Children and Young People Mental Health Board. The recommendations were considered during service development and contributed to a National Child Mortality Database (NCMD) thematic review of suicides. The CDOP Nurse Practitioner joined the Staffordshire and Stoke-On-Trent Suicide Prevention Partnership to ensure that children and young people are considered within this strategy. This increase has not been replicated in 2022-23, with one suicide being reported to Staffordshire CDOP (this was a child who was being looked after outside of the area).

6.0 Safeguarding Provider Collaborative Development

Staffordshire and Stoke-On-Trent Integrated Care System is working towards the vision of a Provider Collaborative for Safeguarding. As a safeguarding provider collaborative, we will be committed to fulfilling our statutory and regulatory duties and responsibilities in relation to safeguarding by promoting the welfare of children, young people, adults and their families or carers within our communities who encounter our services. Acting as one health voice allows us to have a shared set of standards and outcomes across the system to provide consistency and improve quality whilst working collaboratively towards the safeguarding agenda across the Staffordshire and Stoke on Trent Integrated Care System.

What the provider collaborative will mean:

- One voice for health (authority to speak for all organisations)
- Improved prevention through shared learning and sharing of best practice
- Reduced duplication
- Consistent set of standards in safeguarding practice

Each organisation will maintain their individual organisational accountability in relation to safeguarding that in turn reports into the ICB Chief Executive Officer as Senior Responsible Statutory Officer for Health through the ICB board.

7.0 Joint Target Area Inspections (JTAI)

Stoke-on-Trent Local Authority children's services continue to be scrutinized and supported by appointed external commissioners by way of a Children's Improvement Board and plan to improve their OFSTED inspection rating where all areas were deemed inadequate. Collaboration meetings between the Local Authority, Police and Health are being undertaken weekly to ensure an integrated approach. This has been agreed and adapted locally to ensure standardised assessment, governance, ensuring recognised good practice and streamlined processes. Areas of concern, challenge or progress are shared as part of the Safeguarding children Forum.

During the Covid 19 pandemic the Joint Targeted Area Inspection (JTAI)[14] schedule was stepped down. This has now restarted with 2 themes being identified for 2023.

- Multi-agency response to identification of initial need and risk (or the 'front door' of child protection.
- Multi-agency response to the criminal exploitation of children.

Members of the Safeguarding Children Health Forum have developed joint JTAI preparation documents as part of the inspection process requirements.

8.0 Achievements and Challenges

The Safeguarding Children Health Forum continues to collaborate well and has made

[14] https://www.gov.uk/government/news/new-frameworks-for-joint-targeted-area-inspections-jtais

progress in planned development workstreams likely to have a positive impact for children and young people across Staffordshire and Stoke-On-Trent. Progress towards keeping children and victims of domestic abuse safe, thanks to the valued work from the Named Professionals and progress towards the delivery of the serious violence strategy and child exploitation.

Child Protection Conference Engagement - Excellent partnership working between the ICB and Children's Social Care has resulted in progress towards the quality and timeliness of child protection reports, demonstrating improved conference report returns from GPs, increase in good quality returns from 17% - 48% and an increase in attendance due to the hybrid offer of face to face and virtual attendance to case conferences.

Section 11 Audit – Section 11 of the Children Act 2004 places duties on a range of organisations, agencies and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children. The SSCB and SSCP have a duty to hold organisations to account in terms of their safeguarding arrangements and practices through a variety of ways. Peer and self-assessments were completed in 2022 providing evidence of how organisations had aligned their individual strategies and operational plans to the Board's and Partnership's priorities and how learning from the system was being embedded across the wider safeguarding Partnership. Most organisations were compliant with the Section 11 requirements that were assessed (listening to children and young people; professional challenge and escalation; information sharing and staff training and development) with some organisations partially meeting standards. The application of GCP2 remains a challenge as the tool was thought to be less appropriate for some organisational settings such as acute hospitals, GPs and Police. Forum members have started to explore how their organisations can either use aspects in line with the licence and/or apply the principles and identify when a GCP2 would be beneficial. Another key challenge remains the ability to evidence the impact of multi-agency working.

Primary Care Intranet - Every desktop and laptop in primary care has the intranet page as a landing page. This is known as *GP365* and is *Sharepoint* (a web based collaborative platform that integrates natively with Microsoft 365) based. In the past three months The

ICB Safeguarding Team have created a primary care safeguarding site, accessible from every computer in primary care. This is a resource for pathways and referral processes along with contact details for advice and guidance. To date there have been more than 150 views for each of the adult and child sites, however, the site requires further promotion as a resource for all primary care staff.

Child Protection Strategy Meeting Processes – Staffordshire Children's Services introduced the singular strategy discussion process for all new referrals that met the section 47 threshold within Staffordshire Children's Advisory Service (SCAS) on the 26th July 2022. This was an improvement work stream that was due to learning from a Serious Case Review (SCR). The singular strategy discussion process has improved multi-agency information sharing and decision making, involved professionals at an early stage to share, know and understanding the family situation, history, support needs and strengths and supports the district-based model. Discussions are focused and structured to promote agreed multi agency decisions and actions taking place in a timely manner, ensuring the views and expertise from Children's Social Care, Health and Police are part of a standard approach to strategy meetings.

There is a challenge for some health professionals attending a strategy meeting and there is a variation to how Stoke-On-Trent approach strategy meetings which requires further attention, particularly if there is a requirement for increased resources being made available. Health have a duty under working together to safeguard children 2018 to contribute to strategy discussions, however health services across our region are made up of multiple health providers and therefore this can feel like a complex system for our local authority and police colleagues to navigate. As a health system we have come together to contribute to strategy discussions as one health voice, we have developed a memorandum of understanding that is agreed by all health partners to act as one to ensure that the most appropriate health provider attends strategy meetings, we have utilised the one health and care record to access all health providers information and share on behalf of the health economy. We have allocated appropriate resources utilising economies of scale to use our resources effectively and ensure that health statutory responsibility is upheld.

Safeguarding Policies and Guidance – The SSCB made the decision to remove some key

safeguarding policies and guidance from their website in 2021. Evidence suggested professionals were not accessing these policies very often and there was concern that the update of policies would not take place due to a lack of a system offer to do this work, which is considerable. Forum members escalated this due to concerns for frontline staff not being able to access information when needed and the decision not to make this information available was challenged. There has been some negotiation to reinstate some documents and the SSCB has creatively applied alternative methods of learning to their website as a way of supporting frontline staff understanding of systems and processes.

The Safeguarding Children Health Forum continues to strive towards high standards of safeguarding practice across the health economy and will continue to focus on system wide priorities whilst transforming to a Safeguarding Provider Collaborative in the future.