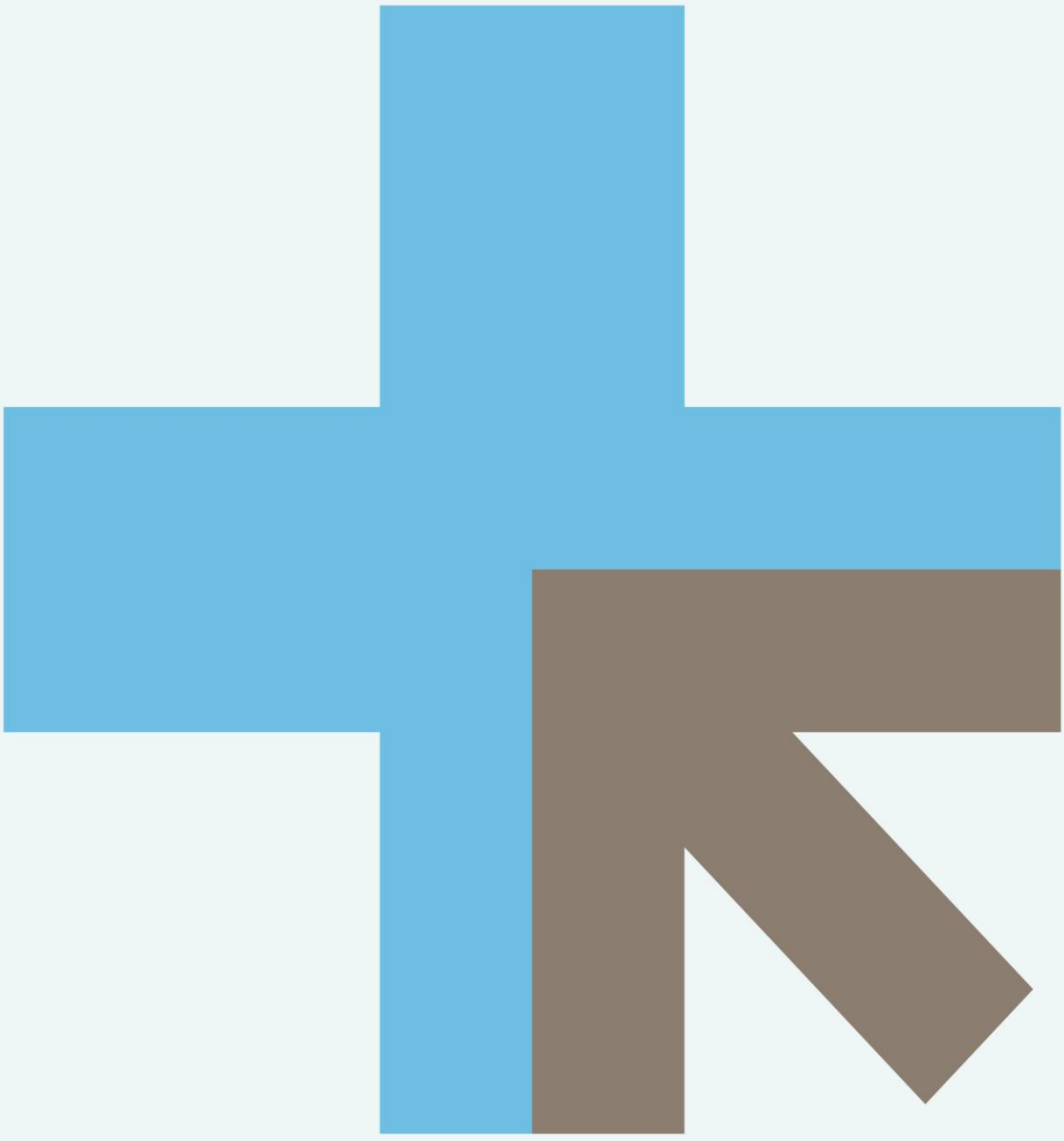
NHS
Greater Preston
Clinical Commissioning Group

Safeguarding Annual Report 2016/17



MyCCG, MyHealth

Executive summary

The annual safeguarding report provides an update on developments nationally and locally and demonstrates that the Clinical Commissioning Group (CCG) is continuing to meet its statutory responsibilities to safeguard and promote the wellbeing of children, adults at risk including Mental Capacity Act (MCA) implementation. The report sets out achievements made during 2016/17 and describes the priorities for the year ahead.

A particular highlight has been the CCG's involvement in the development of the pan-Lancashire 'media resource and e-book'. This work has showcased Lancashire health and social care economy as a proactive partner in improving learning opportunities and awareness of the MCA. The resource was successfully featured in the annual report of Baroness Finlay, Chair of the National MCA Forum. An exciting development for the year ahead will be responding to the findings of a ground breaking pan-Lancashire research study to determine how MCA is applied in everyday practice.

The CCG lead for Female Genital Mutilation (FGM) has worked in collaboration with external partners to raise awareness and to provide local guidance. Although the number of suspected FGM cases is not high; Lancashire has seen an increase in reported cases to Children's Social Care.

A programme of learning for Primary Care has been developed, this will continue in 2017/18, with a focus on key messages from learning reviews. Learning and development is at the heart of the team's values; having a practice educator as part of the team has afforded provision of a specialist placement for a final year MSc student social worker. This learning experience has been a success both for the student who went on to secure employment but also for the team's continuing development.

The CCG has been subject to considerable external scrutiny during 2016/17. A Care Quality Commission review has been undertaken in respect to safeguarding children and looked after children across health services of Lancashire and an audit carried out by NHS England of the CCG's safeguarding arrangements. Both reviews offered an opportunity to provide assurance and to serve as a prompt for any improvements. Although effective systems were found to be in place areas for improvement could be made. The action plans from both reviews have been progressed.

The team are dedicated to improvement of practice and are enthusiastic partners in a series of themed multi-agency audits commenced under the remit of Lancashire Safeguarding Children and Adult Boards. The Boards have adopted the Welsh methodology for undertaking both Serious Case Reviews and Safeguarding Adult Reviews, although at different stages of implementation significant progress has been made.

The challenge for the year ahead will be to continue to progress service developments through a period of national policy change, without losing sight of what matters the most; promoting the welfare of Lancashire's children and adults at risk.

1.0 Introduction

1.1 This is the fourth safeguarding annual report for the Clinical Commissioning Group (CCG). It outlines progress and developments from a national and local context from 1 April 2016 until 31 March 2017.

1.2 The report will focus on key areas and provide an overview of the CCG responsibilities in respect to safeguarding children, adults and Mental Capacity Act (MCA) implementation. The report will demonstrate how the CCG is meeting its statutory requirements and responses to local challenges across the health economy.

2.0 Safeguarding Governance and Accountability Arrangements

2.1 Safeguarding Arrangements within the CCG

2.1.0 Accountability for safeguarding rests with the Chief Officer of the CCG in meeting statutory and non-statutory constitutional and governance requirements. This includes having systems and processes in place to protect children and adults at risk within the commissioning process and by monitoring of health provider services commissioned by the CCG.

2.1.1 To ensure that the CCG is fulfilling its statutory responsibilities for safeguarding, a quarterly activity report is tabled at the joint CCGs Safeguarding Assurance Group, which in turn reports to the Quality and Performance Committee. The purpose of the group is to provide assurance on the effectiveness of the safeguarding arrangements ensuring that safeguarding is integral to quality and audit arrangements within the CCG.

2.1.2 The safeguarding team has developed considerably over recent years with seven members in 2016, see appendix 1. The new structure is working well: the team is jointly led by a Designated Lead Nurse for Safeguarding Adults / MCA and a Designated Lead Nurse for Safeguarding Children reporting to the Deputy Accountable Officer / Head of Quality and Performance.

2.1.3 The joint leadership roles bring together a combination of subject matter, clinical expertise and a collaborative approach in ensuring that the CCG complies with its statutory duties. The Designated Leads are supported by two Deputies who are integral in meeting the demand of the ever increasing safeguarding agenda. The recruitment of the Deputy Designated Nurse for Safeguarding Children has contributed to the safeguarding team achieving priorities for 2016/17.

2.1.4 The CCG employ a Named GP for Safeguarding, sessions have increased from one to two per week and include the role of safeguarding adult / MCA. This role is instrumental in the provision of advice and expertise to GP practices. The Named GP will continue to be supported by the wider safeguarding team to drive forward improvements and strengthen safeguarding arrangements within Primary Care.

2.1.5 A number of other statutory posts are commissioned from a provider organisation; including those of Designated Doctor for safeguarding children and Designated Doctor for Looked after Children (LAC).

2.1.6 The team provide specialist expert advice to the CCG, partner agencies and health organisations across the health economy. Safeguarding assurance is a key aspect of all contractual arrangements.

2.1.7 As a member of Lancashire Children and Adult Safeguarding Boards, the CCG contributes to the work of the Boards both financially and through the work undertaken by the CCG Safeguarding team. This includes membership of the subgroups of the Boards; contributing to multi-agency audits and peer reviews; providing the health perspective on a range of topics and contributing to statutory learning reviews.

2.1.8 A key success for 2016 included the CCG being utilised as a specialist placement for a final year MSc Student Social Worker. The benefit of having a Practice Educator within the CCG safeguarding team has afforded a multi-faceted learning experience to meet the requirements of the professional capabilities framework for social workers. The student secured full time employment at a Hospital Trust as the Safeguarding Adult Practitioner.

2.2 Safeguarding Assurance in relation to Commissioned Services

2.2.1 The CCG monitor all commissioned services including the care home sector and voluntary, community and faith sector (VCFS), against safeguarding standards. These standards are reviewed in line with current guidance and legislation and form part of the annual contract as a system of audit.

2.2.2 Outcomes of the audit have resulted in the development of a sample policy for VCFS to support smaller providers in their identification and response to safeguarding. In addition, safeguarding workshops have been implemented to support care homes and VCFS with the completion of their audits. The first session was delivered in February 2017 for care homes with positive feedback.

2.2.3 Safeguarding self-assessments have been included within the GP quality contract. On the basis of 50% of GP practices who returned their self-assessments, initial findings are included below:

- A majority of practices indicated an understanding of MCA
- Practices did not have a standalone domestic abuse policy
- Patient's views were not always sought when developing services, however there were good examples of gaining patient feedback through patient groups, satisfaction surveys and GP websites

2.2.4 Analysis identified good practice; however support is required in relation to strengthening the safeguarding arrangements within Primary Care and in completing future self-assessments.

2.2.5 Evidence indicators are being developed to support this process and collecting and analysing this data will be a priority for 2017/18. It is anticipated that the proposed GP Safeguarding Leads / Champion model will facilitate this process, see section 3.3.4.

2.2.6 The CCG continue to be a key partner in the development of the quality improvement process (QIP) to support care providers to maintain quality and safety in care homes. This has included leading QIP meetings and provision of additional services to support failing providers. This has been integral to keeping services safe and functioning during closure and alternatively supporting recovery preventing the need for closure; for further information see section 7.7.

2.2.7 There is a system of quality walk arounds for NHS provider trusts / Independent Hospitals with safeguarding and MCA being fully embedded within this process. Staff understanding and patient experience is explored in regards to safeguarding / MCA to identify gaps and future service development.

2.3 External Scrutiny of Safeguarding Arrangements

2.3.1 The CCG has participated in a series of NHS England assurance visits to demonstrate compliance with Safeguarding Vulnerable People in the NHS Accountability and Assurance Framework, April 2015[1] and wider objectives. This involved completion of a self-assessment and development of an action plan, which has been finalised during the reporting period.

2.4 CQC

2.4.1 A CQC review of safeguarding children and looked after children (LAC) across health services of Lancashire has been undertaken. The CQC report published in August 2016 provided a narrative account of the quality of health services for LAC and the effectiveness of safeguarding arrangements within health for all children. The report acknowledged good practice and made recommendations for improvement. Organisational action plans informed a Lancashire wide action plan, which was submitted to CQC with positive feedback.

2.5 Section 11 of the Children Act

2.5.1 Section 11 sets out agencies responsibilities in safeguarding children. The LSCB conducts an annual section 11 audit of all member organisations safeguarding arrangements and following submission is subject to scrutiny by the Quality Assurance and Performance Improvement sub group of the LSCB. The requirements have been revised by the LSCB and the CCG's submission demonstrated compliance in all areas except training. An action plan has been developed to strengthen compliance against Level 2 safeguarding children's training; this will to be a priority for 2017/18.

[1] Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework, NHS England, 2015

2.6 Lancashire Children Services Improvement Journey

2.6.1 Progress has been made to implement the Lancashire Children's Service Improvement Plan following an Ofsted Inspection, which took place 2015. The aim is for progress to be sustained, moving beyond compliance and towards a consistent application of good practice that improves outcomes for children. The established Lancashire Children's Services Improvement Board continues to monitor and direct progress towards improved performance. More information can be found here.

2.7 Key priorities 2017/18

- Achieve compliance with level 2 safeguarding childrens training
- Strengthen the GP self-assessment audit process, including the development of evidence indicators

3.0 Safeguarding and General Practice

Primary Care has been supported in a variety of ways during 2016/17 to promote safeguarding knowledge and awareness.

3.1 Training

3.1.1 The safeguarding team successfully delivered on the implementation of a GP rolling programme of training. Six sessions were provided for all clinical staff, topics included domestic abuse, Prevent and safeguarding children and adults. Training was delivered at level 3 to support with participants' appraisal and CQC requirements. The Named GP for Safeguarding delivered a similar, though lower level, half day programme for GP registrars as part of their educational programme.

3.1.2 The team also facilitated development sessions at the protected learning events on MCA / do not attempt resuscitation (DNAR) and Deprivation of Liberty Safeguards (DoLS) / death in custody. This area of practice was also strengthened by the development of a best practice guidance tool to support practitioners and patients in the management of DNAR consultations.

3.1.3 In addition, an expert speaker, high profile Barrister and Lecturer was commissioned to provide two sessions on MCA / DoLS, case law and Court of Protection (CoP).

3.1.4 All training sessions were well attended and evaluated positively. The rolling programme of training will continue to be a priority for 2017/18 with a focus on key messages from learning reviews.

3.2 Policy and Document Development

3.2.1 A sample GP policy for domestic abuse has been developed to support Primary Care in the identification and response to domestic abuse. The policy has been shared across pan-Lancashire CCGs to promote consistency and includes the referral process for the new Victim Support Services in Lancashire. This new service offers support for victims of domestic abuse, sexual violence, honour based abuse, forced marriage and female genital mutilation (FGM).

3.2.2 Safeguarding sample policies for both adults and children clearly set out responsibilities for Primary Care. The sample adult policy has been reviewed to reflect local and national developments. The policy provides an evidence based resource and links into the local safeguarding board. The review of the sample children's policy is a priority for 2017/18

3.3 Multi-Agency Working

3.3.1 Multi-agency working is integral to safeguarding though can be challenging. Communication systems have been developed to strengthen information sharing between health and children social care (CSC) in respect to safeguarding and LAC.

3.3.2 The team hold bi-monthly meetings with Child and Family Health Service (CFHS) managers specifically to discuss communication between Primary Care and the health visiting/school nursing service. GPs are now informed when a Common Assessment Framework is opened or closed by the CFHS to enable the GP to contribute.

3.3.3 Regular "Strengthening Links" meetings are in place. The role of GPs is included in the social worker's induction booklet and a process for linking social worker team managers with GP practices is ongoing as part of this work stream. Changes have been put in place to improve communication surrounding child protection conference invites and reports and this will be re-audited as a priority for 2017/18.

3.3.4 The safeguarding team are working towards implementing a Safeguarding Leads / Champion model across Primary Care. This will promote standardisation and consistency in line with other CCGs across Lancashire. A priority for 2017/18 will be to work with Primary Care to consider inclusion of the model within the GP quality contract and embed into practice.

3.3.5 The above developments meet the recommendations highlighted within the CQC Review, see section 2.4.1

3.4 Key priorities 2017/18

- Refresh the GP rolling programme of training
- Continuation of strengthening systems between Primary Care and CSC

- Work with Primary Care commissioning to consider inclusion of the Safeguarding Lead / Champion model within the GP quality contract

4.0 Safeguarding Children

4.1 The Wood Report - review of the role and functions of Local Safeguarding Children Boards[2]

4.1.1 The Wood Review commissioned by the Government in 2016, has made directions and intentions relating to areas relevant to the CCG's safeguarding responsibilities and organisational arrangements.

4.1.2 A fundamental review of the role and functions of Local Safeguarding Children Boards found that they were not sufficiently operational in ensuring effective safeguarding in their specific areas. The review found widespread agreement that the current system needs to change to a new model that will ensure "collective accountability" across the system.

4.1.3 The proposal is to introduce a "stronger but more flexible statutory framework" which will give the three key agencies (Police, Health and Local Authorities) the "freedom to determine how they organise themselves" to work together to safeguard and promote the welfare of children in their local area. In addition, the review makes reference to a number of areas, including services for LAC, proposed changes to the arrangements for Serious Case Reviews (SCRs) and Child Death Reviews.

.

4.1.4 There will be implications for the CCG as it is not clear what resources may be necessary to meet the proposed arrangements. Consideration of independent scrutiny and governance is unknown. The message from the Wood review is that local partnership working is essential. Therefore 2017/2018 may see the need to determine future multi-agency safeguarding arrangements across Lancashire.

4.2 Child Sexual Exploitation

4.2.1 Child Sexual Exploitation (CSE) can affect any child or young person and is one of the biggest risks to all our children and young people with devastating emotional and physical health consequences. February 2017 saw the review of the CSE definition and the introduction of a guide for practitioners, local leaders and decision makers working to protect children from CSE.

4.2.2 CSE definition was amended to state:-

"Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and / or (b) for the financial advantage or increased status of the perpetrator or facilitator.

[2] The Wood Report, review of the role and functions of Local Safeguarding Children Boards, March 2016

The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology."

4.2.3 Locally, the specialist safeguarding practitioner role based within the multi-agency CSE team, which was jointly commissioned with Public Health for a 12 month period, expired August 2016. Unfortunately, future joint commissioned arrangements with Public Health were not agreed. An additional, 12 months non-recurrent funding has since been agreed by both Chorley and South Ribble and Greater Preston CCGs to ensure continued CSE health provision across central Lancashire.

4.2.4 To influence future direction and address sustainability, the CSE task group of the LSCB is undertaking a time-limited piece of work that will scope services that are provided and funding streams. It is intended that the outcome of the work will be the development of a pan-Lancashire integrated service offer which will link seamlessly with the pathway for vulnerable children.

4.2.5 CSE will continue to be a key priority area for 2017/18.

4.3 Female Genital Mutilation

4.3.1 Female Genital Mutilation (FGM) refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. FGM has been illegal in the United Kingdom (UK) since 1985, with the law being strengthened in 2003 to prevent girls travelling from the UK and undergoing FGM abroad.

4.3.2 There have been significant legislative changes during 2015/16, which introduced a number of responsibilities for professionals, employers and organisations in respect to FGM. The reporting period has seen the introduction of the Multi-Agency Statutory Guidance on Female Genital Mutilation[3]. The guidance is issued under the FGM Act 2003. It encourages agencies to co-operate and work together to protect and support those at risk of, or who have undergone, FGM and outlines three main functions:

- To provide information on FGM
- To provide strategic guidance on FGM
- To provide advice and support to front-line professionals.

4.3.3 The guidance underpins the terms of reference for the recently introduced pan-Lancashire Multi-Agency FGM Task and Finish group chaired by the CCG FGM Lead. This work stream sits under the Forced Marriage / Honour Based Abuse / FGM Steering Group, which reports to the pan-Lancashire Domestic Abuse Board. Work under development includes: reviewing pathways and scoping single agency training provision across pan-Lancashire and the development of a multi-agency safeguarding pathway for FGM.

[3] Multi-Agency Statutory Guidance on Female Genital Mutilation, April 2016

4.3.4 NHS England North Regional FGM subgroup work plan is now in place to ensure the FGM priorities are delivered. These work streams will contribute to a regional repository as a resource for health professionals. The CCG FGM lead attends the regional sub group and has been pivotal in providing advice and support within the CCG and to wider partners. A FGM Conference is planned for 2017/18.

4.4 Child Protection Information Sharing project

4.4.1 Child Protection Information Sharing (CP-IS) is a national system (across England) that connects children's social care IT systems with those used by NHS in unscheduled care settings. CP-IS ensures that health and social care staff have a more complete picture of a child's interactions with health and social care services. This enables them to work more closely together and to provide earlier interventions for children who are considered vulnerable and at risk.

4.4.3 Lancashire is a good example of Local Authority (LA) and health working together. Lancashire Teaching Hospitals Trust (LTHTR) have been live with CP-IS for a number of years. During 2016/17 they have participated in a visit from NHS England to share their experience and the benefits of go-live with CP-IS. Subsequently, LTHTR have been approached to become a CP-IS 'champion', alongside other neighbouring Trusts, to demonstrate the benefits of the system and influence other healthcare settings to implement CP-IS.

4.4.4 The CCG have introduced plans for CP-IS implementation by ensuring CP-IS application formed part of the tendering process for a new Integrated Urgent Care Service. This will continue to be a priority during the mobilisation period.

4.5 Safeguarding and Looked After Children Activity

4.5.1 Child Protection

Table 1: Number of children, by social care district, subject to a child protection plan (CP) as of 30 March 2016 and March 2017, including rate per 10,000 population.

	March 16	Per 10,000	March 17	Per 10,000	% increase
Chorley and SR	205	45.2	190	41.6	-7%
Preston	239	77.9	239	77.4	0%
West Lancashire	109	48.8	80	36.0	-27%
Lancashire	1,443	59.0	1,394	56.8	-3%

4.5.2 The rates of children subject to CP plans have fallen from October 2016 following an increase in the previous year.

4.5.3 Looked after Children

Table 2: Number of children in the care of Lancashire County Council (LCC), by social care district, as of March 2016 and March 2017, including rate per 10,000 population

	March 16	Per 10,000	March 17	Per 10,000	% increase
Chorley and SR	193	42.5	222	48.7	15%
Preston	224	73.0	264	85.5	18%
West Lancashire	87	38.9	105	47.2	21%
Lancashire	1,691	69.1	1,864	75.9	10%

4.5.4 There is a continued upward trend of LAC locally, which is consistent with the rising numbers nationally. Lancashire LAC rate remains above the National average but below the North West average despite the 10% increase.

4.6 National Profile of Looked After Children

4.6.1 Demographical data regarding LAC has been taken from statistical first release which provides national and LA level information on the outcomes for children who have been looked after continuously for at least 12 months at 31 March 2016 by LAs in England.

4.6.2 At 31 March 2016, there were 70,440 LAC in England, an increase of 970 (1%) on 2015, and an increase of 3,370 (5%) on 2012. In 2012, 59 children per 10,000 of the population were looked after; in 2016 the rate was 60 children per 10,000 of the population.

4.6.3 The rise over time reflects the higher number of children starting to be looked after than ceasing. In particular, in the latest year, there has been a rise in the number of unaccompanied asylum seeking children (UASC) in care, with 3,440 UASC entering care and 1,980 leaving care. The removal of UASC from the count of LAC, shows a decrease in the LAC population of 500 (1%) since 2015.

4.6.4 Table 3: Indicates the number of LAC for central Lancashire as of March 2017

Number of LAC originating from Lancashire	596
Number of LAC originating from out of area but placed in Lancashire	283
Total number of LAC children	879

4.6.5 Interestingly, the numbers of out of area children placed in Lancashire have reduced slightly over the reporting period. A large number of out of area LAC originate from neighbouring LAs. There is scope for improvement in understanding the exact numbers.

4.6.6 A challenge has been the increasing number of independent providers opening new residential units within the central Lancashire area. At the time of reporting there were 45 independent and four LA Children Referral Units.

Many of the establishments offer provision for LAC with extremely complex needs and many of which originate from out of area.

4.7 Looked After Children Health Provision

4.7.1 During 2016/17 LCC has notified CCGs and providers of their intention to cease current funding arrangements in relation to LAC health assessments across Lancashire, from April 2017. This included the withdrawal of £41,100 from central Lancashire and a total removal of £103,000 from the overall LAC health provision across Lancashire.

4.7.2 The CCGs across central Lancashire commission initial health assessments (IHA), which are undertaken by community paediatricians. Review health assessments (RHAs) are mostly carried out by health visitors and school nurses as part of the 0-19 service, commissioned by the Public Health Directorate of the LA. The funding provided by LCC contributed to the health assessments / provision for those children who are out of main stream school and those harder to reach.

4.7.3 The CCGs responsibilities are outlined in 'Promoting the Health and Wellbeing of Looked After Children'; in particular the CCGs duty to cooperate with requests from LAs, to undertake health assessments and quality assurance of the health plans. In addition, it was anticipated that the impact of LCC's disinvestment would result in a considerable reduction in the system's capacity to meet the health needs of LAC.

4.7.4 In response the CCGs across central Lancashire agreed to meet the financial deficit. The current service specification has been reviewed to include additionalities around LAC who are harder to reach; subsequently enabling the continued delivery of high quality service in respect to LAC originating from and placed in central Lancashire.

4.7.5 Table 4: refers to the number of requests for initial health assessments (IHA) and review health assessments (RHA) during 2016/17 for central Lancashire

Health assessments requested and completed within timescale				
	Q1	Q2	Q3	Q4
No of IHA requested	32	50	66	44
No of IHA completed within timescale	18	24	30	27
No of RHA requested	76	166	95	107
No of RHA completed within timescale	32	128	77	85

4.7.6 RHAs continue to be completed within the statutory timeframes; however IHAs compliance rates remain low due to a series of co-dependant multi-agency challenges that are being addressed. There will be a continued drive through 2017/18 to improve the quality and performance of IHAs with a focus on partnership working arrangements. Performance is reported by exception as part of case tracking to support improvements.

4.7.7 Work streams have been established to streamline the notification and health assessment process. It is intended that this will include consideration of the SDQ pathway and care planning in a staged approach. This work streams sits under the Lancashire Multi-Agency LAC Action Plan group, which was initially established to support the joint recovery of the timeliness of health assessments. The group has since evolved to include other service improvement areas relating to LAC.

4.7.8 The introduction of a LAC pregnancy pathway to ensure robust and timely information is shared between relevant health organisations and LAC nurses is an area for improvement identified in the CQC review see section 2.4.1. The pathway will enable additional support for the LAC during pregnancy where vulnerability may be increased.

4.7.9 A LAC professional network group has been re-established to support pan-Lancashire's contribution to the work of NHSE Regional network for LAC, which feeds into the National work plan

4.8 Unaccompanied Asylum Seeking Children

4.8.1 Unaccompanied asylum seeking children (UASC) have been arriving in the UK under an ongoing Home Office programme as part of the resettlement scheme for vulnerable children. It is recognised that these children will have very different needs to other LAC. The complexities they may present with are not only physical but emotional; they may require intensive support and management of their emotional health and well-being due to the trauma they have experienced along their journey.

4.8.2 Health professionals and the wider health economy will play a vital role in the offer of support and provision of services related to meeting their health needs. Current numbers of UASC are increasing locally, a percentage are also the victim of human trafficking and have entered the country via harmful routes. It is difficult to determine a precise figure, as information known is limited. A priority for 2017/18 is to monitor the numbers of USAC placed within central Lancashire and the emerging health impact to inform commissioning arrangements.

4.8.3 Unaccompanied Asylum Seeking Children - Health and Wellbeing Needs Assessment was published October 2016. This document aims to anticipate the health and wellbeing needs of UASC, to identify strengths and gaps within the local child care systems and inform the development of services. In addition, an UASC Health Website has been launched providing health resources and guidance which can be accessed through this link www.uaschealth.org.

4.9 Pan-Lancashire Sudden Unexpected Death in Childhood Service Improvements

4.9.1 The Sudden Unexpected Death in Childhood Service (SUDC) nurse-led service is commissioned jointly by the eight CCGs covering pan-Lancashire.

The service is provided by Lancashire Care Foundation Trust and is aimed at both ensuring any unexpected child death meets with a multi-agency response and providing a SUDC response from a health perspective. Since the inception of the service eight years ago, the number of unexpected deaths each year has remained consistent, however 2016/17 has seen an increase in the total number of deaths to 58, this represents an increase of nine. This is the highest number of deaths pan-Lancashire has recorded to date. Out of these child deaths, 17 related to central Lancashire.

4.9.2 During the reporting period the service has been subject to a review commissioned by the Child Death Overview Panel (CDOP). The purpose of the review was to consider the SUDC service in line with the requirements and intended outcomes of the statutory guidance, Working Together to Safeguard Children, Chapter 5 (HM Government 2015)[4]. The review detailed that the service was not consistently involved in the initial response for two thirds of unexpected deaths 'out of hours' and the SUDC response deviated from the requirements of 'Working Together'.

4.9.3 An option to extend the current SUDC service to become a seven day service model has been favoured by the CCG Accountable Officers across pan-Lancashire. This development will improve the equity of response and increase the SUDC nurse involvement from the outset for more cases. Moreover, it will ensure compliance with 'Working Together' and improve practice in line with 'Baroness Kennedy SUDC guidelines' published November 2016 accessed here.

4.9.4 A steering group has been established to support the service improvements. The group is accountable to CDOP who reports into pan-Lancashire Children Boards. The group will make recommendations to inform CDOP's work programme. This will continue to be a priority into 2017/18.

5.0 Lancashire Safeguarding Children Board

5.1 The CCG supports the work of the LSCB and partner agencies, examples are outlined below:

5.2 The Lancashire Safeguarding Children's Board (LSCB) has led on an action identified as part of LCC's improvement process to refresh the thresholds guidance in relation to the continuum of need (CON). The refresh undertaken incorporated a risk assessment model and the changes were launched July 16. The LSCB has agreed the final version of the multi-agency risk sensible model toolkit, which has been developed to support professionals when considering risk/need, when undertaking a referral and work with families. The toolkit needs to be considered in conjunction with the CON to support with understanding thresholds of intervention.

[4] Working Together to Safeguard Children. A guide to inter-agency working to safeguard and promote the welfare of children, March 2015

5.3 Multi-agency audit activity is being undertaken in respect to the processes around safeguarding children and young people. Audits commenced in August 2016 as part of a themed rolling programme with child in need and early help. GP Practices have been involved and have engaged well with the process. This engagement has been mirrored in the second round of audits in respect to transitions. A third audit has been undertaken focussing on complex cases involving CSE in Lancashire.

5.4 Findings will be presented to the LSCB and shared with multi-agency partners to implement any identified learning. Early themes indicate consistent issues around information sharing. An emerging theme included a lack of professional curiosity around early CSE indicators. In response to the initial findings the sample GP policy for safeguarding children will be strengthened to include indicators of sexual abuse and exploitation and an on-line survey will be undertaken across Primary Care to identify barriers that may impact on information sharing.

5.5 Actions will be monitored by the LSCB quality assurance and performance improvement subgroup. Additional information on the work of the board, including board minutes, can be accessed here.

5.6 Serious Case Reviews

5.6.1 A SCR is a local enquiry carried out where a child has died or been seriously harmed and abuse and neglect is suspected, and there is cause for concern about professionals working together. There have been a significant number of SCRs reviews and referrals pending during the reporting period, which has expedited the need to review current practice in respect to undertaking SCRs. In response Lancashire have adapted the Welsh model learning and review framework for undertaking SCRs and there are plans for this way of working to be evaluated. The LSCB have recently been contacted by the Scottish Parliament and have been asked to present on Lancashire's interpretation of using the Welsh Model in respect to both a children and adults perspective; a date is set in the next reporting year.

5.6.2 During the reporting period Child LA's SCR report and learning brief has been published. The publication of Child G and Child LD's SCR report has been delayed due to parallel proceedings however learning briefs have been published for both.

5.6.3 **Child G** - 13 month old infant was found unresponsive in bed with their father in March 2014. The learning brief was published in October 2015; publication of the associated report has been delayed due to parallel proceedings. Learning has not been delayed pending publication, all agencies involved in the case have implemented action plans to address the identified learning. It is anticipated that Child G will be published June 2017 along with a number of other SCRs. The key learning points include:

- Thinking the unthinkable
- Importance of parental history to inform future risk assessment

- Rule of optimism
- The impact of adult behaviour on children considering what the child sees, feels, thinks and fears

5.6.4 **Child LA** - aged 17 years, sadly died at home after being found collapsed September 2015. Primary concerns related to neglect, CSE and missing from home episodes. The child and family were known to services.

5.6.5 **Child LD** - aged 22 months, sustained a suspected skull fracture and other injuries following a fall from an upstairs window of the family home, August 2015. The child and family were known to services and the criminal investigation is on-going.

5.7 Key learning for the CCG includes -

- Reminding staff of their legal responsibilities for children up to the age of 18 years of age
- Strengthening supervision arrangements
- Highlighting the importance of historical information to inform risk, including information about historical sexual abuse
- Raising awareness of and the ability to act in identifying and protecting children who are at risk or experiencing sexual abuse, including familial risk indicators

Further information is available on the LSCB website.

5.8 Key priorities for 2017/18

- Develop a sustainable CSE model for health provision across central Lancashire
- Development of a multi-agency safeguarding pathway for FGM
- CP-IS implementation in the new Integrated Urgent Care Service
- Review LAC service specification
- Improve the quality and performance of IHAs
- with a focus on partnership working arrangements
- Conduct on-line survey across Primary Care relating to information sharing and barriers to escalating concerns
- Strengthen the sample GP policy for safeguarding children
- Support the developments for improving the SUDC Nurse-led service

6.0 Mental Capacity Act and Deprivation of Liberty Safeguards

6.1 The MCA is a ground breaking piece of legislation, which establishes a framework of protection of rights for people who may through disability, injury or illness have impaired mental capacity, or who are at risk of being wrongly thought to lack mental capacity because of a diagnostic label or some aspect of their appearance or behaviour.

6.2 The Act, implemented in 2007, applies to everyone involved in the care, treatment and support of people aged 16 and over who may be unable to make all or some decisions for themselves. The Act applies to approximately 2 million people and sets out how professionals should support and care for people who may lack capacity. It also outlines how people can prepare in advance for a time when they may lack capacity.

6.3 The Law Commission's consultation paper on DoLS[5] was published in July 2016. The safeguarding team submitted a response to the consultation, outlining recommendations for the reform of MCA and DoLS. The Law Commission have since published recommendations replacing DoLS with the Liberty Protection Safeguards, further information can be found here.

6.4 The safeguarding team are instrumental in developing initiatives to support MCA implementation. This involves addressing local challenges from a regional and national perspective including sharing and dissemination of best practice. NHS England North Regional MCA subgroup work plan is in place to ensure MCA objectives are delivered. The LSAB MCA implementation group feeds local challenges into the regional group. The CCG MCA Lead attends the regional sub group and provides advice and support across the health economy.

6.5 The provision of expert advice is provided in managing complex and Court of Protection (CoP) cases. Further work is required to strengthen COP processes for Continuing Health Care (CHC) packages of care. Collaborative working with the LA is essential to support health and social care services, including multi-agency training using local leads, case law/ legal updates. In order to strengthen learning and development a multiagency MCA training strategy has been proposed for 2017/18.

6.6 A pan-Lancashire MCA research study commissioned by NHS England has been undertaken to determine how the Act is applied in everyday practice across LA and health commissioned services. This innovative research study will be reported in 2017/18.

6.7 Priorities for 2017/18

- Development and implementation of a CoP prioritisation tool for individuals in receipt of CHC packages of care
- Development of a process to strengthen and standardise CoP applications
- Consideration of the recommendations outlined in the Pan-Lancashire research study
- Development of a Lancashire wide MCA learning and development strategy

[5] Law Commission, Mental Capacity and Deprivation of Liberty A Consultation Paper 2015

7.0 Safeguarding Adults

7.1 Protecting adults at risk of abuse or neglect is a key part of the CCG's role along with a focus on quality and patient experience being integral to working arrangements.

7.2 The following section outlines key developments throughout the reporting period in respect to safeguarding adults at both a national and local level.

7.3 The Care Act 2014[6] statutory guidance was updated in October 2016, which has seen a number of amendments. This includes the management of self-neglect around the identification and management of risk being incorporated into the assessment process.

7.4 Domestic abuse has been strengthened to reflect the new offence of controlling and coercive behaviour, which closes the gap between intimate partners who still live together, providing better protection and allowing for earlier intervention and prevention.

7.5 Safeguarding Adults Boards are required to establish a framework for how allegations against people working with adults with care and support needs are managed. Work is progressing locally to strengthen practice in relation to maintaining compliance with the Care Act.

7.6 Making Safeguarding Personal

7.6.1 Making Safeguarding Personal (MSP) underpinned by the Care Act focuses on engaging with people about the outcomes they wish to achieve from a safeguarding intervention. The aim is to understand the range of interventions to utilise, depending on an individual's wishes and circumstances.

7.6.2 In the event of a safeguarding enquiry the individuals preferred safeguarding outcomes must be incorporated into recording systems and then monitored to see how effectively they have been met.

7.6.3 Challenges are evident in practice in supporting healthcare staff to develop skills and confidence around risk management in MSP and in changing practices from outputs to an outcome focus. Time and resources are required to embed MSP, along with skilling up the workforce in dealing with unrealistic views about specific outcomes

7.7 Care Homes

7.7.1 The CCGs are an active partner in the RADAR and Quality Improvement Process (QIP) offering safeguarding and MCA expertise, as well as access to community and primary care services for additional support. Over the reporting period there has been a reduction of care homes in the QIP process,

[6] The Care Act 2014, HM Government, 2014

which may be due to the implementation of additional early intervention; a joint targeted approach by the CCGs and LA.

7.7.2 Within the reporting period two care homes with nursing have been managed by the QIP process. Providers have demonstrated with additional support they are able to implement the required improvements, however there are continued challenges in ensuring providers embed and sustain the service improvements. Themes derived from QIP include:

- Poor leadership,
- Recruitment and retention pressures of registered nurses
- Lack of access to robust training and supervision
- Poor quality record keeping /care and support planning
- Inconsistency in MCA compliance

7.7.3 The Safeguarding / MCA champion model continues to grow from strength to strength. The model has proved to be an effective mechanism to enhance safeguarding and MCA practice across the care home sector within Lancashire. The development of workshops has enabled a forum for champions to network, share best practice and lessons learnt; along with presentations from expert speakers. This successful model has influenced the development and replication of a similar model across Primary Care.

7.8 Safeguarding Adult Activity

7.8.1 Safeguarding alerts received by LCC continue to increase year on year. The associated increase may be a result of a significant amount of service development and awareness raising in relation to roles and responsibilities of services, coupled with the LA message that 'no alert is a bad alert'. Subsequently making a safeguarding alert can sometimes be seen as a method to escalate concerns but not necessarily where there are safeguarding concerns. The CCG team have seen an increase in referrals where there is a health component to the safeguarding enquiry and at the initial stages of the alert prior to the alert being stepped up to a safeguarding enquiry. Work is required to support agencies use a risk based approach when making safeguarding alerts by the development of a best practice guidance document.

Table 6: Total number of safeguarding adult alerts received by LCC

	April 15 – March 16	April 16 – March 17
Chorley and SR	1834	2376
Preston	1520	1651
West Lancashire	846	942
Lancashire	9719	11343

7.8.2 Challenges remain in ensuring alerts are triaged and prioritised accordingly along with manging the backlog of referrals referred into the Multi-Agency Safeguarding Hub (MASH). Work is in progress to develop a guidance document for providers when raising safeguarding alerts, to support a

consistent approach. The purpose is to assist providers and practitioners to identify the level of support and response required when abuse is suspected or identified. Responses must be directed at reducing vulnerability and risk management to promote the wellbeing of adults at risk of abuse.

Table 7: Total number of alerts received progressing to a safeguarding enquiry from the 1 April 2016 to 31 March 2017

Social care district/service	Number of safeguarding alerts received by LCC per district	Alerts progressing to a safeguarding enquiry	% of alerts that substantiated
Chorley and SR	2376	916 (38%)	1126 (47%)
Preston	1651	659 (39%)	754 (46%)
West Lancashire	942	350 (37%)	459 (49%)
Lancashire	11343	4577 (40%)	5193 (46%)

7.8.3 On average less than 40% of the alerts progressed to a safeguarding enquiry. This may be attributable to the alerts not meeting the threshold for enquiry. In these cases referrals are signposted or referred on to more appropriate services, such as complaints teams and /or disciplinary procedures. In addition, agencies may require further staff training to support appropriate referrals into the LA.

7.8.4 Learning from substantiated safeguarding enquiries continues to identify organisational themes, some are outlined below:

- Professional and individual accountability including leadership
- Limited MCA / DoLS implementation
- Lack of robust care and support planning
- Poor management of resident to resident type incidents

8.0 Lancashire Safeguarding Adult Board (LSAB)

8.1 The Board is responsible for providing the strategic direction for safeguarding across the county; ensuring that all agencies work together to minimise the risk of abuse to adults at risk and to protect those subject to abuse.

8.2 Within the reporting period the board has strengthened arrangements within its combined business function, which has successfully supported the adult agenda and its subgroups. The development of a LSAB website has been instrumental in enabling agencies and the public to access key information.

8.3 The introduction of a new sub group for quality, audit and performance has facilitated the development and implementation of a programme of multi-agency audits. This has enabled a multi-agency forum where safeguarding quality assurance issues can be discussed. The first multi-agency audit completed, considered domestic abuse aged 16 and over and intimate partners.

8.4 Findings will be reported on during the next reporting period. Early themes indicate issues around information sharing and a lack of enquiry around domestic abuse in older adults where dementia may be a feature.

8.5 There continues to be gap in the multi–agency management of self-neglect. A task and finish group has been established to progress the development of a self-neglect pathway. The purpose of the pathway is to support individuals where there is no perpetrator of abuse and the adult has mental capacity to make choices about their care and support needs.

8.6 Additional information on the work of the board, including board minutes, can be accessed here.

8.7 Safeguarding Adult Reviews

8.7.1 Safeguarding Adult Reviews (SARs) are a statutory process as outlined within the Care Act 2014. The purpose of a SAR is to identify and apply lessons learnt from cases where there is reasonable cause for concern about how the Board, its members or other relevant organisations worked together in any particular case, so as to prevent risks of abuse or neglect arising in the future. Although determined locally according to the specific circumstance the criteria for undertaking a SAR is broad and a more streamlined criteria is required.

8.7.2 The role of the SAR panel has been promoted throughout multiagency partnerships. Within the reporting period a total of eleven referrals have been received by the SAR subgroup. Four met the threshold for a SAR and two are pending decisions.

8.7.3 There has been significant progress during the year based on the successful implementation of the Welsh methodology for undertaking SARs. The first SAR has been completed and is due to be published later in 2017. A further three SARs have been commissioned using a tendering process, along with the development of contracts for independent reviewers.

8.7.4 A resource pack has been developed which includes roles and responsibilities of panel members/ Independent Reviewer / Independent Chair and Business Coordinator, learning event briefing, certificate for learning event, and a seven minute briefing on the Welsh methodology. A system has also been set up to enable prospective chairs to observe a full SAR prior to undertaking the chairing role; this provides an opportunity for new chairs to receive shadowing opportunities prior to undertaking a full SAR.

8.8 Key priorities for 2017/18 include

- Strengthening MSP by development and implementation of an audit framework to provide assurance that MSP principles are embedded in local practice
- Development of guidance to support providers in raising safeguarding alerts

- A focus on older adults and the management of domestic abuse
- Implementation of the recommendations from multi-agency audit findings
- Review of the Welsh model to ensure it is specific to safeguarding adult review process and strengthen arrangements for monitoring multi-agency actions plans and dissemination of learning

9.0 Domestic Homicide Review (DHR)

9.1 DHRs were established under a statutory basis under section 9 of the Domestic Violence, Crime and Victims Act (2004)[7]. The DHR statutory guidance published December 2016 was amended to include NHS England and CCGs as statutory partners. The purpose is to contribute to a better understanding of the nature of domestic violence and abuse and to highlight good practice.

9.2 The Community Safety Partnership commissioned a DHR within the central Lancashire footprint following the homicide of a local male. The report has been submitted to the Home Office for approval and publication. Key findings include:

- A lack of awareness of male victims of domestic abuse, including female perpetrators of domestic abuse, which are under-represented in the field of research
- Strengthening risk assessment, information sharing and safeguarding procedures for adults, children and families and application to the whole family unit
- Domestic abuse screening and flagging records within the GP practice

10.0 Prevent

10.1 Section 26 of the Counter Terrorism and Security Act 2015[8] places a duty on health services to have due regard to the need to prevent individuals from being drawn into terrorism. The key challenge for services is to ensure that where there are signs that someone has been drawn into terrorism, health professionals are trained to recognise the signs and know how to access support.

10.2 Channel is a voluntary, confidential programme, which provides support to people who are vulnerable to being drawn into terrorism. It operates across the country through LA-chaired multi-agency panels and is not any form of criminal or civil sanction.

10.3 The CCG Prevent Lead works closely with the Regional Prevent Coordinator and acts as the single point of contact for referrals into the Channel panel.

10.4 Lancashire is participating in the 'Dovetail' pilot, trialling a new method of delivery for the Channel programme, which sees LA taking the lead on the

[7] Domestic Violence, Crime and Victims Act (2004), HM Government, 2004
[8] Counter Terrorism and Security Act 2015, HM Government, 2015

coordination of activities. Nine sites are testing a variety of models. The aim of the pilot is to assess the feasibility of transferring the Channel programme and its case management responsibilities to the LA, thus reducing the police's role in the Channel process.

10.5 Over the reporting period a rolling programme of Wrap 3 has been delivered, by the CCG safeguarding team to increase awareness of responsibilities within the Prevent agenda. The sessions have been well evaluated and themes have been highlighted during two of the sessions, which prompted two referrals. An increase in demand for Wrap 3 training has been seen due to the numbers of staff who require face to face training. In response, the CCG has approached the LA regarding the introduction of a joint training pool.

10.6 Referrals into the CCG to access Prevent advice remain low, further work is required to establish the cause.

11.0 Multi-Agency Safeguarding Hub

11.1 The LSCB led a multi-agency review of the functioning of the Multi-Agency Safeguarding Hub (MASH) diagnostic which concluded July 2016; with the outcome being that the MASH was in need of redesign. An independent consultant has been commissioned by the LSCB to scope the implications of the MASH diagnostic and to make proposals on how to progress a 'service re-design'. The establishment of work streams reporting to the MASH strategic steering group has been agreed and work commenced with all stakeholders. All partners are working towards a fully integrated MASH providing a single point of access for all children's social care and safeguarding adult referrals. This is a first step in the move to a single front door and will include a removal of the distinction between MASH and Children's Assessment and Referral Team. In the longer term, a single point of contact will:

- Reduce the number of processes
- Allow the potential of the exercise of professional judgement at the earliest stage
- Improve demand management
- Improve timeliness of communication
- Optimise the potential for decisions to be made within 24 hours of contact

11.2 Although there is a common understanding around the issues with processes and what needs to change there have been a number of challenges, despite this the pace of development of the MASH has increased.

11.3 Priorities for 2017/18 include -

- Continued delivery of the Wrap 3 programme
- Strengthen Prevent awareness through the care home Safeguarding Champion / GP Leads / Champion models
- Continue to influence the strategic direction of MASH

12.0 Conclusion

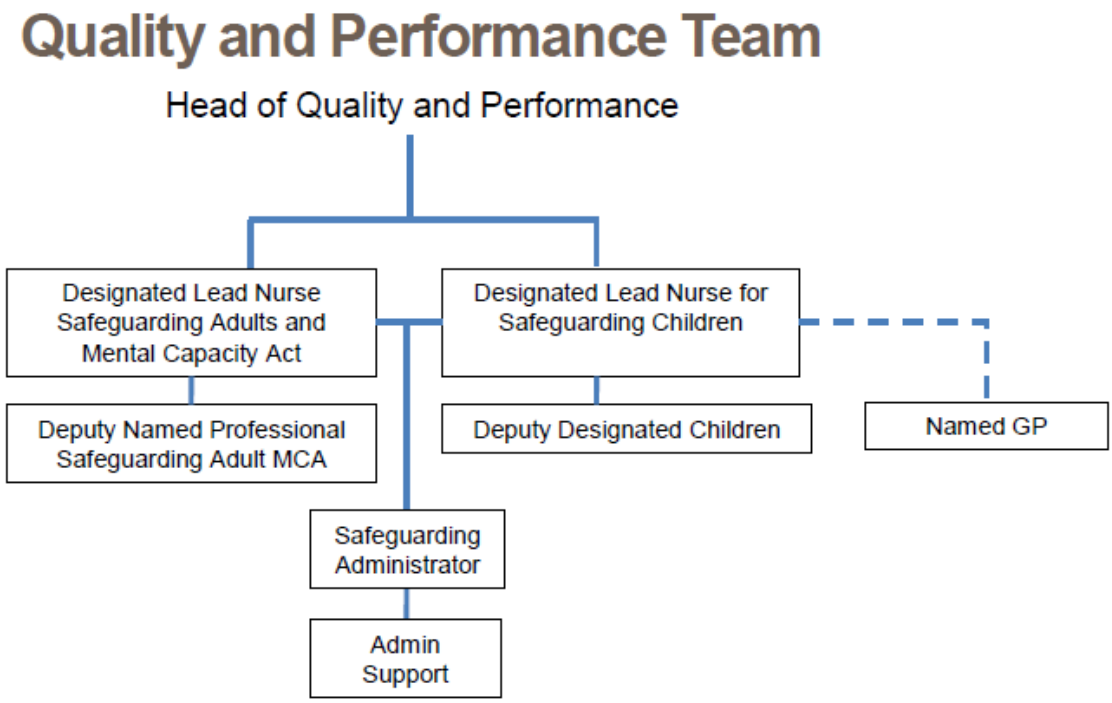
12.1 The safeguarding agenda is complex and arrangements are frequently under review, often due to national drivers and local challenges. Safeguarding is multifaceted and continues to evolve in line with national policy, legislation and findings from learning reviews.

12.2 The CCG will continue to work collaboratively, as effective safeguarding depends on multi-agency working to ensure all children, young people and adults at risk of harm are protected; and are at the centre of care and service development.

13.0 Contributors to this Report

Lorraine Elliott
Louise Burton
Linda Whitworth
Kristy Atkinson
Diane Kinsella

Appendix 1


Quality and Performance Team
Head of Quality and Performance
Designated Lead Nurse Safeguarding Adults and Mental Capacity Act
Designated Lead Nurse for Safeguarding Children
Deputy Named Professional Safeguarding Adult MCA
Deputy Designated Children
Named GP
Safeguarding Administrator
Admin Support