

Greater Preston Clinical Commissioning Group

Safeguarding Annual Report

April 2017 – March 2018



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Introduction

Purpose of the Report

There is little doubt that the scope of safeguarding has widened; safeguarding for both adults and children has transformed in recent years with the introduction of new legislation creating new duties and responsibilities. In response partners are working together to keep children, young people and adults at risk safe from harm, through a collaborative approach and collectively responding to multi-agency challenges.

The CCG safeguarding annual report provides a summary of activities and developments that have taken place over the year. It demonstrates assurance regarding the CCG's statutory functions in relation to compliance with Section 11 of the Children Act (2014), the Mental Capacity Act (2005) and the Care Act (2014).

The report outlines how the CCG has contributed to the partnership arrangements across the rapidly changing landscape and takes account of national changes, which influence local developments.

The report will focus on key areas of core business:

- 1. Delivery of the statutory safeguarding functions**
- 2. Developing and strengthening pathways and services**
- 3. Influencing partnerships**
- 4. Using intelligence and information to inform decisions**
- 5. Safeguarding quality and improvement**

Core business involves coordinating and driving improvements across the health system and working in partnership alongside reflecting on achievements and areas that require improvement. This approach is central to any system of keeping people safe in order to:

- Keep them free from harm, abuse or neglect
- Protect their wellbeing and human rights
- Protect their health

The narrative and pictorial sections throughout this report provide an overview of how the CCG has delivered against the key areas of core business. The report will conclude by looking forward to the year ahead, identifying key priorities for 2018-2019.

The Designated Professional / Nurse Network across Lancashire work closely together to promote a standardised approach, in respect to safeguarding and Mental Capacity Act (MCA), this includes sharing good practice and striving for service improvements where possible across Lancashire.

The report highlights the growing complexity of safeguarding and the continued proactive nature of the team to meet the demands. There is acknowledgement that this is emotionally difficult work, set against increasing austerity within the multi-agency systems and the evolving new NHS structures. The safeguarding team will continue to provide the necessary leadership and safeguarding expertise to facilitate improved assurance of safeguarding arrangements.

Key Achievements 2017/18

- ✓ Revised and agreed service specifications and performance targets for Looked After Children and Sudden Unexpected Death of a Child (SUDC)
- ✓ Review of the SUDC commission to extend the delivery to a seven day service. This was undertaken following a review of the service by the Child Death Overview Panel
- ✓ Develop a sustainable Child Sexual Exploitation model for health provision across central Lancashire
- ✓ Development of a multi-agency Female Genital Mutilation pathway agreed across pan-Lancashire
- ✓ Making Safeguarding Personal single agency audit tool completed by the CCGs across Lancashire
- ✓ Review of the Welsh model for children and adult learning reviews including strengthening arrangements for monitoring multi-agency actions plans and dissemination of learning
- ✓ Contribution to the development of a Lancashire Court of Protection prioritisation tool used by all of the CCGs, promoting a standardised approach
- ✓ Development and implementation of a Mental Capacity Act Learning and Development Framework
- ✓ Contribution to the Lancashire Safeguarding Adult Board multi-agency Safeguarding Concerns Guidance
- ✓ Representation at the Strategic Domestic Abuse Board and contribution to the associated work streams to provide strategic leadership across partnerships to co-ordinate the response to all age domestic abuse
- ✓ Strengthened the GP self-assessment audit process, including the development of evidence indicators
- ✓ Refresh of the GP rolling programme of training for Primary Care

1. Delivery of the Statutory Safeguarding Functions

Accountability for safeguarding rests with the Chief Officer of the CCG in meeting statutory and non-statutory constitutional and governance requirements. The CCG safeguarding team incorporates the designated statutory safeguarding roles. To ensure that the CCG is fulfilling its statutory responsibilities for safeguarding, a quarterly activity report is tabled at the Safeguarding Assurance Group, which in turn reports to the Quality and Performance Committee (see appendix one).

The NHS England Accountability and Assurance Framework (2015) outlines the safeguarding roles, duties and responsibilities of all organisations commissioning NHS Health and Social Care. It reports on how health organisations will be held to account both locally and nationally in respect of their safeguarding arrangements; including how professional leadership and expertise will be developed and retained in the NHS.

The CCG has continued to demonstrate compliance against the Safeguarding Vulnerable People in in the NHS Accountability and Assurance Framework and Section 11 requirements. The self-assessment is subject to scrutiny by the Quality Assurance and Performance Improvement Sub Groups of the Lancashire Children and Adult Safeguarding Boards. Throughout 2017/18 the CCG has demonstrated compliance in most areas. An action plan has been developed regarding Level 2 safeguarding training for both children and adults to strengthen this area for improvement.

In accordance with the Framework, the CCG is required to demonstrate that they have appropriate systems in place for safeguarding, these include:

<ul style="list-style-type: none">• Ensuring a clear line of accountability for safeguarding is reflected in the CCG governance arrangements. This includes Designated Lead roles for safeguarding and an approved nurse led service for responding to unexpected deaths in childhood• Having in place clear policies setting out a commitment to safeguarding, including safe recruitment practices and arrangements for dealing with allegations against people who work with children and adults• To fully support the safeguarding inspectorate teams to promote improvement across the system	<ul style="list-style-type: none">• Ensuring that staff are competent to carry out their responsibilities for safeguarding through effective supervision and training• To ensure effective inter-agency working with Local Authorities, Police, Third Sector, Children and Adult Safeguarding Boards and Health and Wellbeing Boards• To work with partners to ensure effective systems and services are in place to enable agencies to respond to abuse and neglect of children, young people and adults
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Policy Development

Within the reporting period the CCG safeguarding policy has been reviewed to reflect changes in current legislation and guidance. The policy was strengthened following recommendations from the NHS England self-assessment against the Accountability and Assurance Framework. Shared sample policies to support safeguarding arrangements include domestic abuse for Primary Care and MCA implementation for the regulated care sector. These reflect national and local developments and provide an evidence base for practice. To support small providers a sample policy was developed and workshops held to assist in meeting the standards outlined within the Safeguarding Assurance Framework.

Supervision

Supervision is fundamental to effective safeguarding practice across a range of settings and should therefore lead to better outcomes for children, young people and adults with care and support needs. Within the reporting period the designated lead nurses attended specialist safeguarding training facilitated by the NSPCC and NHS England. Subsequently a CCG supervision framework was developed and implementation is planned for 2018/19. This framework will provide a structure for safeguarding supervision to support the improvement of working practices.

Learning and Development

The CCG has a duty to ensure that staff have access to appropriate safeguarding training and learning opportunities to recognise child and adult abuse and to take effective action. In addition, the CCG must ensure that staff are familiar with the legal requirements of the MCA and its implementation. The team provide supervision and support to the Named Nurses for safeguarding within provider organisations. All provider staff including Primary Care can access ad hoc supervision for case management and support. Over the last year the team have supported staff across all providers to manage a number of complex cases, bringing services together and where necessary applying escalation processes where there is professional dispute.

An adult safeguarding Intercollegiate document is due to be published 2018/19 and will provide a framework for roles and competencies for healthcare staff. Although this will not have a significant impact on the CCG; a staged approach for implementation will be necessary for commissioned services.

The CCG safeguarding team have been involved in the coordination of training on behalf of the pan-Lancashire CCGs; supported by funding from NHS England. This included a carer's event to raise awareness of the principles outlined within the MCA, two multi-agency learning events focussing on case law and court of protection and a Female Genital Mutilation (FGM) Conference. The CCG also provides a rolling programme of training to support learning and development within Primary Care.

Promote Improvements within the Safeguarding System

- A pan-Lancashire collaborative approach to the Safeguarding Assurance Framework has continued to be achieved. The safeguarding standards have been revised in line with legislation and guidance and these are reflected both in the CCG's safeguarding policies and contractual processes
- Launch and continued support of the safeguarding and MCA multi-agency domiciliary champions model
- The team are active members of the Children and Adult's Safeguarding Boards and Sub Groups
- Membership of the regional Looked After Children, FGM and MCA working groups
- Proactive work around the dissemination of learning and recommendations from learning reviews
- CCG representation at Lancashire Improvement Board supporting Lancashire's improvement journey following their OFSTED Inspection 2015

External Scrutiny

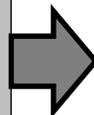
In June 2016, following the CQC review of Health Services for Children Looked After and Safeguarding in Lancashire, a Lancashire wide action plan was developed. The established CQC Action Plan Steering Group continued to meet to monitor the plan, which was finalised in September 2017. The action plan will continue to be scrutinised via the local area inspection teams.

Safeguarding Assurance of Commissioned Services

The safeguarding standards audit tool form part of the Safeguarding Assurance Framework and are integral within the annual contract for commissioned services. A full review of the safeguarding standards has been completed and revised in light of new legislation. The audit tool is used to support the monitoring of safeguarding arrangements alongside quality visits, audits and triangulation of findings from inspections and safeguarding enquiries. The examples below highlight how the safeguarding team have supported commissioned services towards strengthening their safeguarding arrangements.

Themes highlighted for improvement:

- Safeguarding policies and procedures
- Implementation of the MCA
- Compliance with supervision requirements
- Lack of auditing of safeguarding
- Compliance with training requirements
- Identifying and responding to domestic abuse



Safeguarding Arrangements Strengthened:

- Provided sample policies to support safeguarding arrangements
- Delivered training in relation to MCA and Deprivation of Liberty Safeguards (DoLS)
- Provided educational opportunities and support through the GP rolling programme and Safeguarding Champions workshop to the regulated care sector
- Strengthened arrangements across Lancashire for RADAR and Quality Performance and Improvement Planning (QPIP) so that concerns are picked up early and partnership support is mobilised
- Proactive supportive visits to support providers in demonstrating compliance
- Strengthened contractual process by implementation of performance notices to regulated care sector for non-compliance

Learning Lessons from the Review Process

A learning review is completed when a child / adult has died or been seriously harmed and abuse or neglect are suspected to have contributed, or there are concerns about the way in which agencies have worked together. This can take the form of a Serious Case Review (SCR), Safeguarding Adult Review (SAR), Practice Review and Multi-Agency Learning Review.

The CCG continues to engage with the Lancashire Safeguarding Boards through the work of the SCR / SAR sub groups to disseminate and embed learning from reviews and share good practice. Lancashire has adopted the Welsh Model learning and review framework for undertaking reviews, which has been evaluated within the reporting period. The report was presented to the Boards and the findings indicated significant advantages of the Welsh Model compared to the Traditional Model, including clarity of purpose, resource, time and economic cost. The triangulated data suggests the Welsh reports are shorter in length whilst not losing rigour and clarity; are significantly less resource intensive and cost less to commission.

The Lancashire Safeguarding Boards have also presented Lancashire's interpretation of using the Welsh Model to the Scottish Parliament.

Serious Case Reviews

Lancashire Safeguarding Children Board (LSCB) has been busy with a number of SCRs commissioned in the previous reporting year being published across Lancashire. In 2017/18, 11 referrals were made for SCR and four SCRs met the criteria for Review and were subsequently commissioned by the LSCB. There have been no SCRs commissioned relating to the Preston area within the reporting period.

Safeguarding Adult Reviews

Lancashire Safeguarding Adult Board (LSAB) has seen an increase in referrals to the sub group for a SAR with 12 referrals over the year and four SARs meeting the criteria and commissioned, one of those SARs is ongoing in the Preston area. Two Lancashire CCG Safeguarding Adult Reviews, Adult A and Adult D were published during the reporting year. The full reports and learning briefs are available on the [LSAB website](#).

Summary of Published Reviews

Common themes amongst the learning from the published SCRs across Lancashire include:

- **Professional curiosity:** professionals need to exercise an appropriate level of professional curiosity during assessment – this is crucial to understanding family environment and dynamics
- **Engaging with Fathers:** professionals need to recognise the importance of engaging with fathers and encourage fathers to talk about developing their relationship with their child. Fathers should be included in assessments and their presence/absence recorded
- **Concealed/denied pregnancy:** professionals should always consider a psycho-social assessment, mental capacity assessment and referral to children's social care when a woman has concealed or denied a pregnancy

Common themes identified from the learning regarding SARs include:

- **Voice of the adult/family:** when undertaking any assessment professionals should always seek to incorporate family member views (particularly if they are actively involved in the care of the service user) and, where appropriate, share with other agencies
- **Information sharing:** this not only applies to other professionals involved with the service user, but also to the service user and their family members
- **Domestic Abuse:** should be considered by professionals working with adults and older couples. This includes assessment of controlling and coercive behaviour which could be long standing within a relationship
- **Mental Capacity:** professionals should always be mindful of completing a mental capacity assessment when working with individuals when there are concerns regarding mental wellbeing and confusion
- **Self-neglect and hoarding:** professionals should identify self-neglect and/or hoarding at the earliest opportunity and consider if a co-ordinated multi-agency approach is required

Domestic Homicide Reviews

Domestic Homicide Reviews (DHRs) were established on a statutory basis under section 9 of the Domestic Violence, Crime and Victims Act (2004). 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.

Within the reporting year there have been three DHRs and learning has resulted in the following developments:

- Development and dissemination of a sample GP domestic violence and abuse policy
- Awareness raising via the GP rolling programme of training of male victims of domestic violence and abuse, including female perpetrators of domestic violence
- Ensuring that the Care Act requirements regarding assessment of people with care and support needs are understood by agencies and are being implemented
- Clinical guidance in relation to the management of self-harm and suicide is followed in Primary Care

Safeguarding Children

The CCG as with all other NHS bodies has a statutory duty to ensure that it makes arrangements to safeguard and promote the welfare of children and young people that reflect the needs of the children they deal with. Safeguarding and promoting the welfare of children is defined as:

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

Lancashire Safeguarding Children Board

The CCG continues to work collaboratively to support the delivery of the LSCB priorities and statutory objectives, this is evident throughout the body of this report. Additional areas to note include:

- The Multi-Agency Risk Sensible Model Toolkit has been developed to support professionals when considering risk/need when undertaking a referral and work with a family
- The LSCB have carried out a campaign in respect to cannabis, to increase awareness of the potential risks and impact on parenting
- The CCG continues to participate in the LSCB's themed multi-agency audit programme
- A multi-agency conference has been held to support the implementation of learning from Reviews
- A joint pan-Lancashire Communication and Engagement sub group has been established

Voice of Children and Young People

In January 2018, a group of children and young people from across Lancashire came together to tell the Safeguarding Board about what "safeguarding" means to them. The group shared their experiences and what it means to be safe, and helped create a film to share their views. The children and young people involved were in care or leaving care, some were young carers or have a disability, and others have a parent in prison. The film can be viewed on the LSCB website. [What is Safeguarding? - Lancashire Safeguarding Children Board](#)

A 'Mind of My Own' (MOMO) is a user-friendly application that helps children express their views, wishes and feelings in a fun digital way, has been piloted in Lancashire during 2017 and is being used for a range of purposes. It is available to any children and young people involved with Children's Social Care, including children subject to child protection plans and Looked After Children. It is currently licensed for lancashire.gov.uk email addresses and a contract has been extended to 2021. Work will continue to evidence the impact of MOMO in capturing the voice of children/young people in the year ahead.

Safeguarding Children Activity

Table 1

Child Protection Plans	Mar-17	Per 10,000	% increase since Mar-16	Mar-18	Per 10,000	% increase since Mar-17
Preston	239	77.4	0%	214	69.0	-10%
Chorley & South Ribble	190	41.6	-7%	179	38.9	-6%
West Lancashire	80	36.0	-27%	94	42.9	18%
Lancashire	1,394	56.8	-3%	1,243	50.4	-11%

The Lancashire rate is above the 2016/17 national rate, which has been the case since 2015/16. There has been a decline in the numbers of children subject to child protection plans since 2016. Currently, child protection plans in Preston remain high however are at a similar rate as in 2015; suggesting that the rates in Preston may be the average number for a city of its size and demographic. Work is required to reduce the numbers of children who are subject to child protection intervention for extended periods of time. A plan for 2018/19 will include Children Social Care and health partners undertaking an audit of cases where children have been subject to child protection plans for over twelve months.

Looked After Children

As of March 2018, Lancashire County Council were looking after 1968 children in care, this equates to a rate of 79.5 per 10 000. This is a 5.6% increase in the number of Looked After Children compared to the previous year. In addition, there are almost 1,000 Looked After Children from other local authorities placed in Lancashire, residing in Private/Independent Children's Homes or with foster carers; many of whom originate from neighbouring local authorities.

Across central Lancashire at March 2018, there were 916 Looked After Children, with 317 originating from out of area and 591 originating from within central Lancashire boundaries.

The numbers of Looked After Children continue to rise, this is mirrored across Lancashire; it is understood that more children being placed at home on care orders is a contributory factor.

Table 2

Looked After Children	Mar-17	Per 10,000	% increase since Mar-16	Mar-18	Per 10,000	% increase since Mar-17
Preston	264	85.5	18%	298	96.0	13%
Chorley & South Ribble	222	48.7	15%	264	57.4	19%
West Lancashire	105	47.2	21%	127	57.5	21%
Lancashire	1,864	75.9	10%	1,968	79.7	6%

Health of Looked After Children Across Central Lancashire

CCG responsibilities to support Looked After Children are mandated through the Children's Act 1989, 2004 and 'Promoting the Health and Wellbeing of Looked After Children 2015, both of which set out a duty to comply with requests from the Local Authority in support of their statutory requirements for the completion and quality assurance of health assessments.

The CCG commissions the acute provider to complete Initial Health Assessment (IHA) and there are inbuilt arrangements with the 0-19 teams to under Review Health Assessments (RHAs), with the exception of those Looked After Children who are harder to reach. The quality and timeliness of health assessments is monitored by the CCG via quarterly and exception reporting by the community provider. RHAs have seen an improvement and are on the whole completed within the statutory timeframes; however compliance rates for IHAs remain low due to a series of co-dependant multi-agency challenges. Case tracking meetings are well established with Children's Social Care partners to address any issues that prevent the timely completion of statutory health assessments. There will be a continued drive to improve the quality and performance of health assessments with a focus on partnership working arrangements.

Subsequent to Lancashire County Council's disinvestment and agreement by central Lancashire CCGs to bridge the funding deficit; the Looked After Children Specialist Service specification has been reviewed to include additionalities around Looked After Children, who are not in main stream school or who have complex needs.

A looked after child benchmarking exercise developed by NHSE was completed by CCG at the end of 2016. Each CCG has recently been requested to review the self-assessment and feedback to the Looked After Children regional lead. A response has been provided from a Lancashire and South Cumbria perspective identifying good practice and key areas that require strengthening which include:

- Strength and difficulties questionnaire's not being used to inform health assessments to allow health to contribute in a meaningful way
- Reporting on themes and trends regarding health needs and outcomes to influence commissioning and development through the joint strategic needs assessment
- Tracking of Looked After Children in and out of area, particularly those in residential settings and specialist commissioned placements

The key areas identified are co-dependent on our partners in the Local Authority. It is anticipated that the strengthened governance arrangements outlined below will support improvements consistently across Lancashire and South Cumbria.

Governance Arrangements for Looked After Children

The CCG receives quarterly performance data on Looked After Children from Lancashire Care Foundation Trust. These detailed reports include health performance, and children's case studies highlighting positive experiences, learning and links to service improvements.

The establishment of the pan-Lancashire Looked After Children Professional Network group supports the delivery of statutory responsibilities in relation to LAC and the co-ordination and delivery of the North Regional Looked After Children work plan. The regional group supports the delivery of the National Looked After Children forum work plan and the pan-Lancashire Looked After Children Professional Network cascades information, shares good practice and feeds into the regional group and its workstreams.

The Looked After Children Recovery Action Plan Group was disbanded in 2017 and governance has been strengthened by the introduction of the Permanence and Corporate Parenting Board within Lancashire Children Services. The purpose of the Board is to improve the care experience for children and young people; from initial placement planning through to securing placement, permanency and leaving care. The designated nurses along with providers form part of a strong health membership to support the continuous drive to improve the quality and performance of health assessments and wider initiatives to ensure the holistic health needs of Looked After Children are met.

Voice of Service Users

In Lancashire, LINX, the Children in Care Council, along with the Care Leavers Forum offered their ideas about what is vital and what needs to happen quickly for Looked After Children. They have engaged in a number of activities to support and strengthen service delivery. PROUD is one of the biggest events of the year with young people being nominated for awards by a wide range of key workers and agencies. Approximately 60 young people and their guests attended PROUD in February to celebrate their wide ranging efforts and achievements. Their presence at the event reminded us of their resilience and continued dedication to being the best they can be.

Safeguarding Adults

The CCG is committed to promoting wellbeing in their safeguarding arrangements, by working together with individuals and partner agencies to establish what being safe means to them and to determine how that can be best achieved. In April 2015 the Care Act (2014) came into force which placed adult safeguarding onto a statutory footing. The Care Act (2014) defines an adult at risk as:

- has needs for care and support (whether or not the Local Authority is meeting any of those needs)
- and is experiencing, or at risk of, abuse or neglect; and as a result of those needs is unable to protect her/himself against the abuse or neglect, or the risk of it

Lancashire Safeguarding Adult Board

The CCG works closely with Lancashire Safeguarding Adults Boards (LSAB's) in achieving their priorities set out in the 2016-18 business plans. Priorities were set based on the 15 Care Act responsibilities under 6 Key Safeguarding Principles: Empowerment; Prevention; Proportionality; Protection; Partnership; and Accountability, significant progress has been made:

- All sub groups of the Lancashire Board consider issues of diversity throughout work programmes and during development of policy and practice
- In Lancashire the MCA Sub Group have developed a framework for learning, providing a suite of packages in order to support the implementation of MCA across the workforce
- The existing Lancashire Section 11 process has been amended to enable the collection of information regarding all-age safeguarding. This provides the Board with assurance that arrangements are in place to safeguard adults effectively
- In October 2017, the new online Lancashire Safeguarding Policies and Procedures manual were launched
- Across the Board progress has been made in reviewing policies in relation to: People in Positions of Trust; Self-Neglect and Hoarding; Making Safeguarding Personal; and SARs

The CCG have worked collaboratively with the LSAB in the development of operational guidance for safeguarding concerns to support providers in identifying when safeguarding referrals should be made. The guidance aims to assist practitioners in making appropriate referrals and assist in the management of risk, by enabling agencies to rationalise decision making around the level of support and response required to the allegation of abuse. The guidance and its appendices have been successfully embedded across the health workforce during 2017/18 and a review of its first year has been undertaken via an online survey of practitioners. Overall, the findings indicated a positive response and highlighted that the resource is well regarded by partners. The guidance can be found [here](#) and should be used in conjunction with providers' multi-agency procedures.

Safeguarding alerts received by Lancashire County Council (LCC) continue to increase year on year. In 2017/18, 11,341 adult cases were received by the Lancashire MASH, a 5.4% increase from the previous year of 10761. The associated increase may be as a result of service development initiatives, awareness raising across multi-agency partners and multiple referrals made by different agencies regarding the same concern for a service user.

Historically the focus on safeguarding alerting was based on the principle of ‘no alert is a bad alert’ however due to increasing demand and the complex nature of safeguarding referrals, it has been recognised that many safeguarding concerns will not meet the threshold for a statutory section 42 safeguarding enquiry and rather will follow an alternative care pathway. Following the implementation of the safeguarding referral guidance the number of referrals made into MASH have been identified as appropriate.

Interestingly the number of referrals made to the central Lancashire locality has seen a reduction in numbers within the reporting period. The reason for this is not clear at this time.

The charts below show the percentage of alerts received across Lancashire with the key themes:

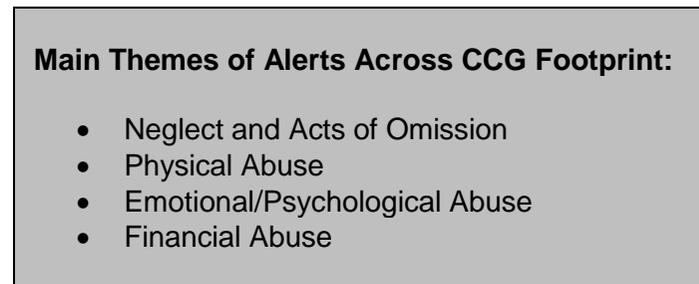
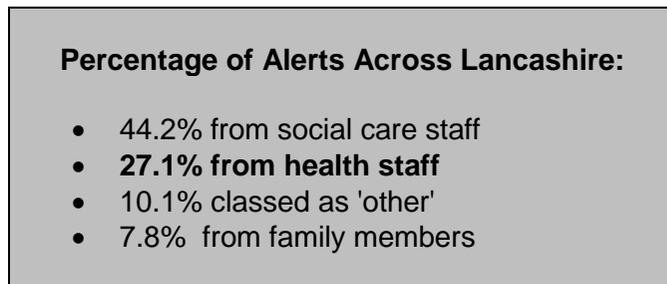


Table 3 – Total number of safeguarding adult alerts received by LCC

	Apr-16 – Mar-17	Apr-17- Mar-18
Chorley and South Ribble	2376	2042
Preston	1651	1602
West Lancashire	942	826
Lancashire	11343	10884

Table 4 - Total number of alerts received progressing to a safeguarding enquiry from the 1 April 2017 to 31 March 2018

	Number of Safeguarding Alerts received by LCC per District	Alerts Progressing to a Safeguarding Enquiry	% of Alerts that Substantiated
Chorley and South Ribble	2042	803	34
Preston	1602	636	31
West Lancashire	826	297	32
Lancashire	10884	4332	30

Self-Neglect and Hoarding Framework

The Care Act statutory guidance has seen a number of amendments to those who self-neglect, including further clarification of enquiries under Section 42 of the Act. Ordinarily it is not appropriate for people who are failing to care for themselves to undergo a safeguarding enquiry due to Section 42 being aimed at individuals who are suffering from abuse or neglect from a third party. Self-neglect across Lancashire is managed with the support of Adult Social Care and can be challenging and complex due to the multi-faceted nature of individuals who self-neglect.

Self-neglect can be a result of a conscious decision to live life in a particular way that may result in having an impact on a person's health, wellbeing or living conditions and may have a negative impact on other people's environments. Often in these circumstances people may be unwilling to acknowledge there might be a problem and/or be open to receiving support to improve their circumstances. There are various reasons why people self-neglect. Some people have insight into their behaviour, while others do not; some may be experiencing an underlying condition, such as dementia.

Themes from a local SAR identified that despite the Care Act including hoarding as a category of self-neglect under the heading of abuse and neglect, professionals working with individuals living with hoarding may not identify hoarding as a safeguarding concern and can often face strong resistance from the individuals involved. Professionals are not always confident of how to respond leading to inconsistent interventions. Therefore the LSAB recognised the need to develop a Lancashire Self-Neglect Framework to support agencies working with individuals who present risks to themselves and/or others. The purpose of the framework is to provide a process guide for all partner agencies on how to respond when concerns of self-neglect have been identified. The framework will apply when there are:

- Significant concerns by agencies about an individual's safety and/or wellbeing as a result of self-neglect
- Significant concerns about the safety and/or wellbeing of others (risk of serious harm, injury or death)
- Existing agency involvement with appropriate multi agency working which has been tried and unable to resolve the issues.

Making Safeguarding Personal

The implementation of the Care Act and the Making Safeguarding Personal (MSP) agenda has resulted in a change in approach to how safeguarding concerns are addressed which focus on the rights of adults to autonomy in decision making where they have the mental capacity to do so. The outcome is to engage with individuals about the outcomes they wish to achieve from a safeguarding intervention depending on their wishes and circumstances.

The LSAB has been encouraging the development of an MSP approach across all agencies. As part of these work streams the CCG has undertaken an audit to understand how effectively MSP was embedded in commissioned NHS services and the work required to further enhance service user voice in the safeguarding process. The resulting actions identified areas requiring strengthening, which were:

- Incorporating MSP within safeguarding mandatory training across the CCG & within Commissioning Support Unit
- Strengthening the process of capturing service users experience following safeguarding procedures, which can enable and influence the CCG's learning
- Incorporating MSP into the Safeguarding Assurance Framework audit tool
- Promoting the use of Advocacy services within commissioned services and Primary Care

An action plan has been developed against the above recommendations for all CCG's across Lancashire and is being progressed and monitored through the LSAB Quality Assurance Sub-Group. Progress will be reported in 2018/19.

Views of Service Users

The Lancashire Board engaged with a group of service users to develop an Easy Read Guide: 'What is safeguarding and how to report your concerns', which aims to help vulnerable adults understand what 'safeguarding' is; what 'abuse' is; the different types of abuse, and what to do if they are worried or concerned. This was developed in partnership with the Learning and Disability Partnership Board, and was published to the LSAB website in September 2017.

The Boards routinely consult with and seek the views of family members in relation to SAR's to ensure their views are appropriately reflected. Family members are always considered during decision making around publication and any possible effect publishing may have on an individual.

Additional information on the work of the board, including board minutes, can be accessed [here](#).

2. Developing and Strengthening Pathways and Services

The Changing Landscape of Safeguarding

	<p>Child Protection – Information Sharing</p>	<p>Child Protection Information Sharing Project (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. By linking the different IT systems, CP-IS is enabling staff to securely share information and work more closely and to provide earlier interventions for children who are considered vulnerable and at risk.</p> <p>The CCG have supported CP-IS implementation by ensuring CP-IS application was included in contracting processes with Acute Provider services and have received assurances against progress. Plans are in place for Urgent Care settings to get their system accredited to enable CP-IS functionality, meanwhile interim arrangements are in place.</p>
	<p>Domestic Abuse</p>	<p>The CCG are represented on the pan Lancashire Domestic Abuse Strategic Board, providing a strategic health perspective in the development and future implementation of the pan-Lancashire Domestic Abuse Strategy, underpinned by an action plan to support the delivery.</p> <p>Within the reporting period Lancashire Victim Services was commissioned to support victims of crime. The model brings together services for victims of hate crime, young victims, sexual abuse and domestic abuse as well victims of more general crime types and of repeat anti-social behaviour.</p> <p>In March 2018 the government launched a consultation on domestic abuse, seeking new laws and stronger powers to protect and support survivors. The CCG participated in the consultations by representation at the event and contribution to the on line consultation seeking views on the measures to be included in the governments draft Domestic Abuse Bill.</p> <p>It has been recognised that approaches to domestic abuse across the adult agenda need to be strengthened to support adults with care and support needs including dementia. A multi-agency policy is in development to improve arrangements for victims of domestic abuse, along with work streams to strengthen information sharing to primary care.</p>

	<p>Female Genital Mutilation</p>	<p>FGM refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. There have been significant legislative changes over recent years introducing a number of responsibilities for professionals, employers and organisations in respect to FGM.</p> <p>The CCG has led on the pan-Lancashire FGM work stream to develop a multi-agency safeguarding pathway which was launched at a FGM multi-agency conference to raise awareness, identification and response to FGM across Lancashire.</p> <p>Recent progress has been made locally with the first stage of implementing the FGM Information Sharing (FGM-IS) across maternity units in England. It is a national system that allows authorised healthcare professionals to systematically share information about a family history of FGM; the second phase will be to introduce the project alongside EMIS in Primary Care and 0-19 services.</p> <p>Commissioning service standards for commissioning FGM care produced by NHS England have been recently introduced to improve care offered to girls who have undergone FGM. The guidance describes service standards expected to be commissioned for children under the age of 18.</p>
	<p>Child Sexual Exploitation</p>	<p>The CCG commissions for early assessment and support to those at risk of child sexual exploitation (CSE) to provide the best possible health outcomes for young people at significant risk of CSE within the local area.</p> <p>Throughout 2017/18, following a referral into the local multi-agency CSE Team (Deter), 352 young people had health assessments undertaken. Common themes include: sexual health, substance misuse and emotional health and wellbeing, comprising of a wide range of issues including; self-harm, suicide attempts, eating disorders, depression, anxiety, stress and sleep. A co-ordinated response to these health needs is provided working closely in partnership with agencies.</p> <p>CSE continues to remain a high profile and over recent years there has been a national drive to strengthen accountability and change the culture from one of denial to one of action, and improve joint working and information sharing in order to protect vulnerable children. More recently there is increasing recognition of the changing nature of exploitation of children with recent guidance for England from the Department for Education (2017) advocating that CSE should not be separated from other forms of child sexual abuse, trafficking, gendered violence or going missing.</p>

	<p>Modern Slavery & Human Trafficking / County Lines</p>	<p>Modern slavery is an international crime involving a substantial number of source and transit countries. Organised crime groups systematically exploit large numbers of individuals by forcing and coercing them into a life of abuse and degradation.</p> <p>The CCG is represented on the pan-Lancashire Anti-Slavery Partnership (PLASP) hosted by Lancashire Constabulary. PLASP are in the process of developing a localised action plan to create multi-agency pathways and training, working in partnership with both statutory and third sector agencies.</p>
	<p>Prevent</p>	<p>Section 26 of the Counter Terrorism and Security Act 2015 places a duty on health services to have due regard to the need to prevent individuals from being drawn into terrorism. The 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.</p> <p>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 Local Authority-chaired multi-agency panels and is not any form of criminal or civil sanction. The aim of Channel is to safeguard people from the harm which radicalisation can cause, before they come to harm themselves or become involved in criminal behaviour that harms others. Lancashire has participated in the 'Dovetail' pilot, which was successful in trialling a new method of delivery for the Channel programme, which saw Local Authorities taking the lead on the coordination of the key activities. Nine sites tested a variety of models and Blackburn with Darwen Borough Council was selected to host the pilot on behalf of the pan-Lancashire Local Authorities.</p> <p>Within the reporting period NHS England reviewed the Prevent Training and Competencies Framework found here. The framework was developed in order to meet the Prevent Duty (2015) and to encourage a consistent approach to training and competency development regarding Prevent across the healthcare system. A training needs analysis was undertaken which identified staff members required to undertake Prevent basic awareness and Wrap 3 training as part of their role. The CCG achieved 90% compliance in basic awareness training and 100% compliance in Wrap 3.</p>

Mental Capacity Act Implementation and Deprivation of Liberty Safeguards

The MCA 2005 is an important piece of legislation and one that will make a real difference to the lives of people who may lack mental capacity. It empowers people to make decisions for themselves wherever possible and protects people who lack capacity by providing a framework that places individuals at the heart of the decision-making process. It enables individuals to participate as much as possible in any decisions made on their behalf and ensure that these are made in their best interests. All agencies have a responsibility to ensure that the services they provide pay regard to the MCA and the principles outlined within the Act.

The CCG is committed to ensuring that best practice information is available for service users, and the public about the MCA and about the promotion of the rights of individuals who may lack capacity to consent to care and treatment. Service user views are incorporated into practice development initiatives where possible.

All health and social care staff have statutory responsibilities to adhere to when acting or making decisions on behalf of individuals who lack the capacity to make those decisions for themselves. The CCG safeguarding team led on the development and implementation of a MCA Learning and Development Framework approved by the LSAB. The framework incorporates the recommendations from the pan Lancashire MCA Research project (2017) and sets out a suite of training packages which supports the achievement of MCA across the Health and Social Care Economy and contributes to agency effectiveness over the coming years. The packages can be found [here](#) and are recommended as a best practice guide for agencies to use or to benchmark their own training arrangements with.

Deprivation of Liberty Safeguards

The House of Lords Select Committee recommended in March 2014, that the current deprivation of liberty safeguards (DoLS) were 'not fit for purpose'. The Law Commission was asked to review this recommendation in March 2017 and published a detailed report along with draft legislation. This will include a new system being introduced to replace the DoLS framework with the 'Liberty Protection Safeguards' and an amendment to the MCA. There will be implications for the CCG with additional responsibilities in the authorisation of DoLS for individuals funded by Continuing Health Care packages of care.

In 2017-18 the Local Authority received 3425 DoLS authorisation's applications across Lancashire these figures are unable to be broken down per locality. There an increasing number of DoLS applications that have not been processed. This number has increased year on year and although exact figures are not available within the reporting year; this is in the region of 5000 plus. Demand continues to exceed capacity and statutory timeframes are not being met however this position is replicated in some areas across the country. There remains a clear prioritisation process in place to ensure the highest risk/more complex cases are processed expeditiously. The Local Authority is seeking additional resource and the CCG is working collaboratively to manage presenting risks across the system and in maintaining patient safety.

The Policing and Crime Act (2017) amended the Coroners and Justice Act 2009, with the effect of relieving coroners of the duty to undertake an inquest into every death, where there was a DoLS authorisation. The change applied from; deaths where a DoLS is in place occurring on or after April 2017 were no longer subject to a mandatory investigation and inquest.

Court of Protection

The Court of Protection (COP) was set up under the MCA to deal with decision making for adults (and children in a few cases) who may lack capacity to make specific decisions for themselves. The COP deals with property and affairs and serious decisions affecting healthcare and personal welfare matters, including deprivation of liberty, and has the same authority as the High Court.

Following the 'Cheshire West' Supreme Court judgment (2014) which set out an 'acid test' for what constitutes a DoL, has brought thousands more people within scope of the COP.

A COPDoL is an application to the court for people who are not safeguarded under the current DoLS legislation. The DoLS legislation safeguards people who are deprived of their liberty of whom reside in care homes or hospitals; however this legislation does not include people in domiciliary care settings and, in a person's own home. CCG's and local authorities are responsible to apply to the court for a COPDoL to seek authorisation to continue to support and care for the person, in their best interests, that results in a deprivation of their liberty.

The Court of Protection Collaborative

The COP Collaborative Group was initiated in July 2017, originally to formalise the dialogue between health and social care to ensure involvement in court proceedings is as timely and effective as possible. The CCG safeguarding team represents all the Lancashire CCG's together with colleagues with lead responsibilities for coordinating, overseeing, managing and/or making applications to the COP (or exceptionally the High Court) from the Local Authority and the Commissioning Support Unit.

The COP Collaborative Group is concerned with adults (and in some cases children) who may lack capacity (or 'Gillick competency' in the case of children) to consent to serious health and welfare decisions, including the provision of care under circumstances that amount to a deprivation of their liberty. The purpose of the group is to exchange information about individual COP cases which involve both health and social care services, to facilitate timely intervention along with implementing best practice in relation to COP work and developing policies and procedures.

The group have successfully achieved the priorities outlined within the previous annual report by standardising the process for COP applications and developing a prioritisation tool; based on ADASS guidelines to manage the increased volume of cases to progress through the COP. The CCG are working with the Commissioning Support Unit (CSU) to understand the resource requirements across the Lancashire CCGs.

A priority for 2018/19 will be to implement a preventative process of managing CHC DoLS authorisations with the aim of progressing recommendations arising from DoLS authorisations and reducing section 21a challenges to the COP. Section 21a challenges can often result in an unsatisfactory patient experience and increase the potential of litigation to the CCG.

Within the reporting period there have been challenges in practice regarding the GP requirement to confirm the diagnosis of 'unsound mind' in cases where a COPDoL is required within a domiciliary setting. A lack of confirmation of the diagnosis can result in care and treatment delays for patients within the Transforming Care pathways requiring discharge from hospital to a community placement. Transforming care is all about improving health and care services so that more people can live in the community, with the right support and close to home. Work is in progress in partnership with the Local Medical Committee to support understanding and legal responsibilities around the role in confirmation of 'unsoundness of mind'.

Child Death Overview Panel

The Child Death Review Panel (CDOP) became statutory in April 2008. The pan-Lancashire CDOP is a subgroup of the three Local Safeguarding Children Boards and has a statutory responsibility to review all the deaths of all children up to the age of 18 years. The team have maintained an active representation on CDOP business meeting to support the improvement of practice and prevention of future deaths.

From April 2016 there has been an increase in suicides across pan-Lancashire with 11 being reported to CDOP resulting in a further suicide thematic review being undertaken in collaboration with South Cumbria. There has been a continued decline in the number of deaths where unsafe sleeping arrangements are a feature. In May 2017, the Sudden Unexpected Death in Childhood (SUDC) prevention group hosted the 'Make Every Second Count' conference to support and increase the confidence of frontline practitioners when delivering safe sleep messages to parents. In addition, the 'Safer Sleep Campaign' continues to support professionals in providing consistent messages regarding safe sleep arrangements.

Sudden Unexpected Death in Childhood – Responding to Child Deaths

Chorley South Ribble CCG leads on the collaborative commissioning arrangements for the pan-Lancashire SUDC) nurse-led service. The service provided by Lancashire Care Foundation Trust leads on the implementation and co-ordination of the rapid response processes following the unexpected death of a child. The number of unexpected child deaths in 2017/18 was 43, the lowest numbers reported for several years. Pan-Lancashire has experienced an average of around 53 annually, since the inception of the service in 2008, this has remained fairly consistent. During 2017/18 in central Lancashire there have been six deaths; a decrease in 11 from the previous year. Due to the unpredictable nature of child deaths, there is no current explanation for the decrease in numbers.

Service Development

The findings of a review commissioned by CDOP in 2016, highlighted good practice in the response provided but gaps in provision during out-of-hours. To strengthen arrangements an option to extend the service to a seven day model was agreed by the eight CCGs across pan-Lancashire working in partnership with the provider. A steering group has been established to provide multi-agency co-ordination to support the new developments. It is expected that the seven day model will be operational by the end of 2018.

An event to acknowledge the 10 year anniversary of the SUDC nurse-led service and the launch of the seven day service is planned towards the end of the year.

Safeguarding in Primary Care

The rolling programme of safeguarding training recommenced in June 2017. A new workshop style model has been developed focussing on key messages from learning reviews. The workshops have adopted an analytical approach in exploring risk factors and participants are encouraged to apply professional curiosity. Positive responses to both style and content were reported on evaluation. The sessions enable an opportunity to

share information resources and tools to support practice, including case specific discussion. This supports a two way dialogue between the CCG and Primary Care.

The safeguarding team are working with the Primary Care team to roll out the Safeguarding Leads/Champion Model. The model supports safeguarding leads within Primary Care by strengthening safeguarding skills and knowledge. It will also promote standardisation of practice across Primary Care in line with other CCGs across Lancashire.

Additionally, the Named GP for Safeguarding supports the CCG to progress initiatives that include:

- Practice supervision visits following learning from reviews or complex cases
- Production and dissemination various forms of communication
- Including the role of GPs within the social workers induction handbook
- Continued drive to improve communication surrounding child protection conference invites and reports
- Updating policy and procedures

An online survey was conducted in response to the findings of the Lancashire Safeguarding Children / Adult Boards themed multi-agency audits outlined below:

- Child Sexual Exploitation
- Domestic Abuse
- Escalating concerns when there is professional disagreement

The CCG have completed the audits with Primary Care. Early themes indicate consistent issues around information sharing. It is recognised that this needs to be a two way process between social care and primary care services. It was evident that information sharing with GPs is often limited; however there were occasions where information was not always shared by GP practices. An emerging theme included a lack of professional curiosity around early child sexual exploitation indicators. Following analysis a report will be developed and recommendations made to support the strengthening of communication pathways.

3. Influencing Partnerships

Lancashire and Cumbria Children's Services Improvement Journey

As part of the Lancashire County Council's improvement journey Lancashire invited the Local Government Association to undertake a safeguarding children peer review. This provided an external and independent view of the progress being made to improve outcomes for children and young people. The review offered partner agencies an opportunity to feedback on how the multi-agency partnership worked together to safeguard and promote the welfare of children. Findings and areas for improvement are monitored by the Lancashire Improvement Board where the CCG is represented.

A joint SEND inspection took place October 2017 by Ofsted. the CCG safeguarding team contributed to a Looked After Children focus group.

Inspectors reviewed performance information and evidence of the local offer and joint commissioning identifying significant areas for improvement. The Local Authority and the CCG's have submitted a written statement to Ofsted and improvement plans are in place.

Lancashire County Council is waiting the full Ofsted Inspection of Children's services. This will be a full four week inspection and will look at the breadth of Children's and interface with Health and Police around Social Care and vulnerable children. The CCG has been supporting the preparation and planning for the forthcoming Inspection.

The Children and Social Work Act 2017

The publication of the Wood report in 2016 brought about a fundamental review of the role and functions of Local Safeguarding Children Boards with widespread agreement that the current system needed to change to a new model to ensure "collective accountability" across the system. Proposals included a "stronger but more flexible statutory framework" that would give the three key partner 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 Looked After Children and proposed changes to the arrangements for SCRs and Child Death Reviews.

Following the report, the resulting Children and Social Work Act was granted royal assent in April 2017 to be enacted in April 2018. As a result of the Act and a period of consultation between October and December 2017, the government proposes to update and replace 'Working Together to Safeguarding Children' (2015). The CCGs have contributed to the consultation and will continue to work closely with partners and Safeguarding Boards to implement the new arrangements.

Looking ahead with the development of the Lancashire and Cumbria Integrated Care System the Designated Nurse network will be working collaboratively with NHS England and Lancashire and South Cumbria CCGs to review and align the safeguarding system arrangements into 2018/19.

4. Using Intelligence and Information to Inform Decisions

Multi-Agency Safeguarding Hub

The Multi-Agency Safeguarding Hub (MASH) across Lancashire and Cumbria is the single point of contact for all professionals to report safeguarding concerns; the team brings together agencies to share information in a timely manner to aid decision making when there are concerns. Implementation of MASH team in Lancashire has improved the sharing of information between agencies, helping to protect the most vulnerable children and adults from harm, neglect and abuse.

In Lancashire the LSCB led a multi-agency review during 2016 of the functioning of the Multi-Agency Safeguarding Hub (MASH) Working groups were established to support:

- Partners working towards a fully integrated MASH
- Improve timeliness of communication
- Development of single shared IT system
- Improve demand management
- Redesign teams in MASH to support locality working
- Management oversight and quality of practice

The CCG provide representation at the MASH Strategic Group and oversight of the action plan following the review of MASH arrangements. In recent Ofsted inspections/review visits the improvements have been recognised in the functioning of MASH teams supporting information sharing and timely decision making. A priority area moving forward is to strengthen adult arrangements within MASH.

5. Safeguarding Quality and Improvement

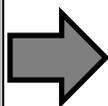
Regulated Care

RADAR and Quality

The CCG's are an active partner in the RADAR and Quality Performance Improvement Process (QPIP) 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 within the QPIP process across Lancashire, which may be due to the implementation of additional early intervention and a joint targeted approach by the CCGs and Local Authority. Over the year across the locality four care homes with nursing have made significant improvement following the QPIP.

Themes Highlighted for Improvement:

- Poor leadership impacting on care delivery
- Recruitment and retention pressures of registered nurses
- Lack of access to robust training and supervision
- Poor quality record keeping /care and support planning
- Poor monitoring and recording
- Inconsistency in MCA implementation and compliance
- Medicines management



Actions and Improvements Made:

- Development of example templates to support Adult Safeguarding & MCA/DoLS Policies.
- Delivered additional training in relation to MCA & DoLS
- Supported improved quality of supervision arrangements
- Continued to provide educational opportunities and support through the Safeguarding Champions Workshop
- Strengthened arrangements across Lancashire for RADAR and QPIP processes, resulting in early intervention and partnership support mobilised
- Supported the Safeguarding Board initiatives to improve quality of care e.g.; Leadership Training across the sector

Domiciliary Care Packages for Individuals in Receipt of CHC

An area for further development includes safeguarding themes due to poor quality care due to a lack of contractual and quality assurance arrangements within domiciliary care packages. This is reported to be a Lancashire CCG wide problem. Currently there are no contracts in place for domiciliary healthcare providers and spot purchase arrangements are in place which can present with challenges due to the lack of quality contract monitoring arrangements, resulting in an increased safeguarding risk for adults and children in receipt of packages of care. This area of work is under review by the regulated care task group of the Integrated Care System workstream and will continue to be monitored.

To strengthen multiagency partnership working and the sharing of soft intelligence a domiciliary Care RADAR model has been developed across Lancashire to identify areas of risk within the sector. Intelligence is reported predominantly by the Local Authority, due to there being no obligation for providers to submit quality data returns to the CSU, or to provide assurance to commissioners. There is recognition that a more robust pathway is required to improve quality assurance and contractual arrangements for the procurement and management of these services and will be an area of development within the Integrated Care System and Regulated Care task group.

Conclusion

The report provides assurance to the Governing Body that the CCG is fully committed to ensuring it meets the statutory duties and responsibilities for safeguarding children, Looked After Children and adults at risk of harm, including MCA implementation. The report highlights the huge amount of work and developments in order to improve processes and builds on existing safeguarding systems and procedures. It demonstrates how the team works with external partners and across the health economy to ensure statutory safeguarding requirements are met.

Safeguarding work is instrumental to service development and develops at different paces; this is often dependent on how priorities evolve with developments being interlinked with national legislative or statutory guidance requirements. There will be a requirement to respond to the legislative changes to the Children and Social Work Act 2017 in the year ahead. Supporting the development of plans for future arrangements and how these are implemented across Lancashire and South Cumbria will pose some challenges. A move to equal partnership with the Local Authority and Constabulary will feel very different from safeguarding Boards who currently hold the statutory role.

The report highlights the growing complexity of safeguarding and the continued proactive nature of the team to meet the demands; set against increasing austerity within the multi-agency systems and the evolving new NHS structures. Future consideration needs to be given to the delivery of safeguarding statutory functions as the Integrated Care System and Integrated Care Partnerships evolve, and how the safeguarding arrangements are applied via the new commissioning framework.

The safeguarding team will continue to compassionately provide the necessary leadership and safeguarding expertise to promote the provision of an integrated and highly robust safeguarding service for all ages. Priority areas for implementation during 2018-2019 are outlined below.

Key Priorities for 2018-2019

1. Delivery of Statutory Functions

- Continue to embed the principles of the MCA
- Implementation of a robust process to monitor DoLS recommendations and reduce the risk of 21A challenges
- Strengthen current arrangements regarding COPDOL applications and unsound mind
- Continue to support a culture of learning through training and supervision, embedding lessons learnt
- Work with partners to understand the numbers of children subject to a child protection plan across the CCG and develop plans to safely reduce numbers
- Continue to work with the Adult Safeguarding Boards and Local Authority to support appropriate referrals/alerts to identify the reasons behind the large number of alerts not stepped up for further enquiries across Lancashire footprint
- Work with partners to ensure robust information sharing processes for Looked After Children placed in and out of county and engage with initiatives to support increased compliance with timeliness of health assessments to improve the health outcomes for looked after children and care leavers
- Implementation of the CCG supervision Framework
- Launch and embed the Lancashire Self Neglect and Hoarding Framework

2. Developing and Strengthening Pathways & Services

- Continue to support the changing landscape of safeguarding protecting those who are vulnerable, missing, exploited and or trafficked
- Improving awareness of the MCA across the regulated care sector
- Embed the MSP principles across the CCG and partner agencies
- Strengthen safeguarding practice & systems to ensure compliance with statutory Prevent Guidance and responsibilities
- Embed the GP safeguarding lead / champion model across primary care
- Implement the recommendations from the GP survey findings
- Continue to support the SUDC nurse-led service developments and transition following the publication of the revised Child Death Review guidance
- Support CP-IS implementation within the Integrated Urgent Care Service
- Working with the regulated care work stream to strengthen quality assurance arrangements regarding domiciliary care packages

3. Influencing Partnerships

- Continue to support Lancashire and South Cumbria's improvement journey
- Engage with partners to implement safeguarding partnership arrangements to ensure compliance with the revised 'Working Together' 2018
- Work with the Integrated Care Partnership Board and NHSE to align safeguarding arrangements to the new commissioning framework

4. Using Intelligence and Information to inform Decisions

- Continue to strengthen health input in to the MASH to support information sharing and timely decision making
- Continue to improve quality and safeguarding initiatives across regulated care, through the safeguarding leads and safeguarding champions forum and RADAR/QPIP process

5. Safeguarding Quality and Improvement

- Continue to provide safeguarding/ MCA leadership expertise and consultation
- Work collaboratively with partners across the regulated care sector in identification of early warning indicators and strengthening safeguarding arrangements to protect adults at risk

Report Contributors

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APPENDIX 1

