

Greater Preston Clinical Commissioning Group

Safeguarding Annual Report

April 2018 – March 2019



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Introduction

Purpose of the Report

The Clinical Commissioning Group (CCG) report for 2018 /19 will demonstrate assurance that the CCG is delivering against its key safeguarding responsibilities and statutory functions. The report will look back on the achievements and provide an overview of service developments over the year.

With new reforms and legislation transforming the safeguarding landscape, there is a distinct focus not only around protection but also 'Think Family', the prevention agenda and contextual safeguarding. The report aligns safeguarding adults, children and Looked After Children (LAC) moving towards a 'Think Family' approach within the strategic arrangements for commissioning and its business objectives.

The report will refer to legislative changes, which have brought about new organisational responsibilities, along with the development of local multi-agency safeguarding arrangements; including the introduction of local and national child safeguarding practice reviews and child death reviews.

The changing health landscape has provided an opportunity to move towards a whole system approach for safeguarding delivery across Lancashire and South Cumbria. The report will outline how the CCG has responded to the new reforms and provided system leadership in developing a new integrated safeguarding model.

The report is structured under five headings to demonstrate how the CCG has delivered against core business areas:

- 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**

The safeguarding landscape is continuously developing and the CCG is committed to responding timely and flexibly as challenges arise. The report will conclude by looking forward to the year ahead and identifying key priorities for 2019 / 2020.

Key Achievements for 2018/19

- ✓ Agreement by the Lancashire and South Cumbria CCGs to develop a whole system safeguarding model
- ✓ Agreement for the proposals developed for the new local safeguarding children partnership arrangements to support new reforms
- ✓ Working towards implementation of the changes required for Child Serious Case Reviews
- ✓ Looked After Children (LAC) scoping health assessment project redesign
- ✓ Implementation of the recommendations from the GP survey findings
- ✓ Implementation of a CCG Supervision Framework
- ✓ Launch of the GP Safeguarding Lead / Champion Model
- ✓ Implementation of a Safeguarding Board resource tool for the Mental Capacity Act (MCA) and legal frameworks for services working with children and young people
- ✓ Delivery of a MCA pan-Lancashire regulated care engagement event in partnership with Care Quality Commission (CQC) and the Local Authority
- ✓ Contribution to the development of Safeguarding Board training packages including safeguarding adults, domestic abuse in adults with care and support needs and train the trainer MCA.
- ✓ Implementation of a seven day service Sudden Unexplained Death in Childhood (SUDC) nurse led service
- ✓ Development of a pan-Lancashire Anti-Slavery Partnership (PLASP) with representation from the CCG on behalf of the Lancashire CCG's

1. Delivery of the Statutory Safeguarding Functions

The Chief Officer of the CCG is ultimately accountable for safeguarding, with responsibility for promoting the welfare of children, young people and adults with care and support needs, through the services it commissions.

The Director of Quality and Performance is the executive lead for safeguarding, reporting to the Chief Officer and is responsible for the monitoring of safeguarding risks and developments.

The CCG is responsible for ensuring that commissioned services have safe and effective systems in place that safeguard adults and children at risk of abuse, neglect or exploitation. The Safeguarding Vulnerable People in the NHS: Accountability and Assurance Framework (NHS England 2015) outlines the safeguarding roles, duties and responsibilities of all NHS Organisations. It sets out the statutory requirements for the CCG including the requirement to employ or have access to Designated Professionals.

Designated Safeguarding Nurses are responsible for ensuring that comprehensive and robust arrangements are in place across all commissioned services, as well as ensuring that the CCG meets its statutory duties. They are accountable to NHS England and are hosted by the CCG to support the local safeguarding arrangements. The structure of the CCG Safeguarding Team can be found in *appendix 1*.

The CCG is required to demonstrate that it has appropriate arrangements in place for safeguarding. An annual self-assessment against the Accountability and Assurance Framework and All Age Section 11 requirements has been completed to demonstrate compliance. The self-assessment is subject to scrutiny by the Lancashire Safeguarding Boards.

An action plan has been developed to address areas for improvement. The CCG safeguarding team is working with Human Resources to:

- Strengthen the disciplinary and whistleblowing policies to incorporate the role of People in Position of Trust and Local Authority Designated Officer, regarding managing allegations
- Review the Standard Operating Procedure for safeguarding training to support the application of the new Adult and Children Intercollegiate document.

There is a strong focus within the CCG on the mitigation of identified risk to support service development and improvements. This is achieved by working together with partners to ensure that this area of safeguarding business is prioritised; with the voice of children and adults being integral in the safeguarding response. The CCG works collaboratively with strategic partners and health providers to ensure that there is a culture of constructive challenge, robust monitoring and proactive safeguarding interventions.

Policy Development

The CCG has developed a stand-alone Mental Capacity Act (MCA) policy to support arrangements in meeting statutory responsibilities when working collaboratively with its employees, the public, independent sectors and GP member practices. The policy aims to ensure that there is no act of omission by the CCG as a commissioning organisation, or via the services it commissions, is in breach of the MCA or Deprivation of Liberty Safeguards (DoLS). The policy also ensures any system and process that includes decision making around individual patient activity (e.g. funding panel) clearly demonstrates compliance with the MCA.

Supervision

Supervision is fundamental to effective safeguarding practice across a range of settings and should lead to better outcomes for children and adults with care and support needs. The primary purpose of supervision is to provide support to staff to enable them to deliver safe, effective and high quality services.

Building on the learning following a NHS England/NSPCC Skills for Supervision Training programme; the CCG has led on the development of a supervision framework between the CCG and healthcare providers. Since the framework has been implemented, it has provided opportunities to challenge practice constructively and identify any barriers to enable reflective practice with an aim to improving practice.

Learning and Development

An Adult Safeguarding Roles and Competencies for Health Care Staff Intercollegiate document was published in August 2018 and sets out expected levels of safeguarding training across organisations. The Children's 2015 version has been revised in January 2019. Although the children's framework remains focused on children, there is a stronger emphasis around adult facing staff being aware of the interface between child and adult safeguarding.

The CCG is required to demonstrate that the CCG's workforce is compliant with both intercollegiate documents and training expectations. An action plan is in place to support application of Level Two Safeguarding Adults and Children training

A staged approach for implementation across commissioned services will be necessary and services will be expected to be compliant by 2021. To support Primary Care in meeting the requirements the training brochure will be revised in 2019/20.

Promote Improvements within the Safeguarding System

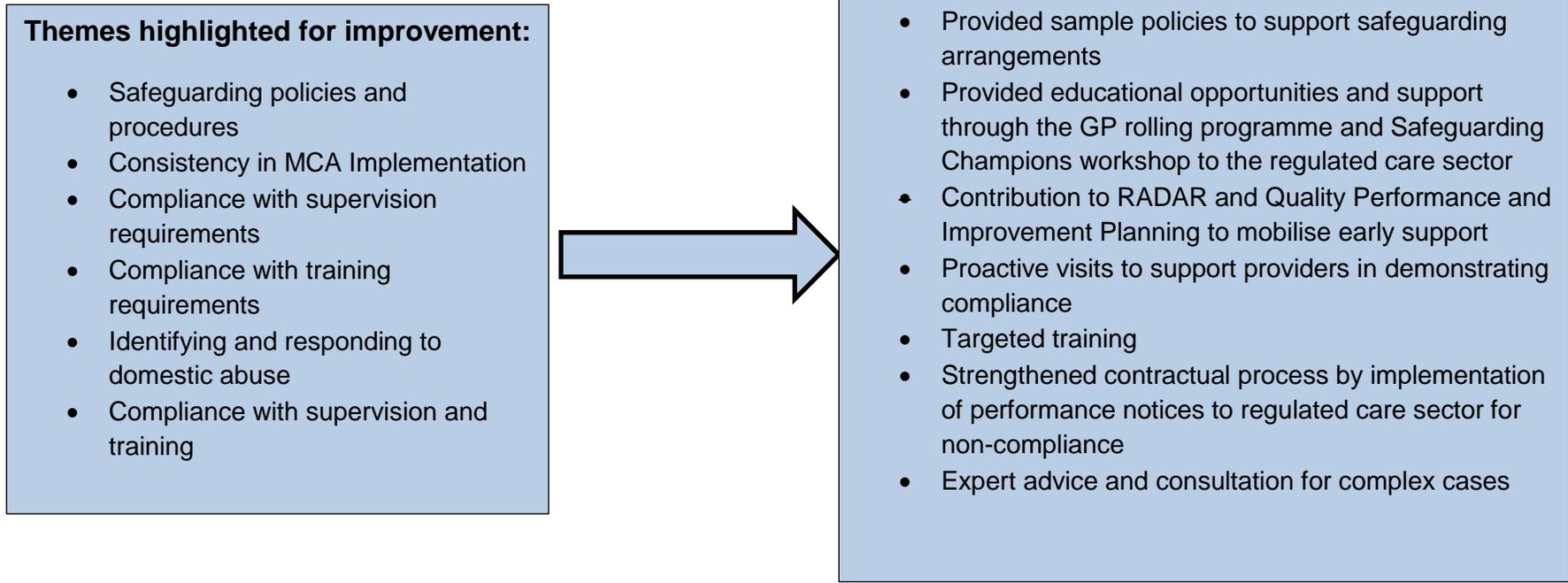
Areas of promoted improvements:-

- Embedding the Primary Care Safeguarding Leads and Champion Model
- The team are active members of the Children and Adult's Safeguarding Boards and Sub Groups
- Membership of the regional Looked After Children, Female Genital Mutilation (FGM) and MCA working groups
- Proactive work around the dissemination of learning and recommendations from learning reviews
- Implementation of a Lancashire and South Cumbria Liberty Protection Safeguards task group
- Contribution to the Court of Protection Collaborative to promote service improvements
- Working collaboratively with Lancashire and South Cumbria Designated Nurse/Professional Network

Safeguarding Assurance of Commissioned Services

Safeguarding Vulnerable People in the NHS Accountability and Assurance (2015) sets out commissioner's responsibilities to assure themselves of the safety and effectiveness of the services they commission. The CCG seeks assurance from commissioned services using a variety of approaches which includes:

- Contract monitoring process
- Safeguarding Assurance Group/Quality and Performance Committee
- Attendance at providers' internal safeguarding committees
- Quality assurance visits
- Supervision meetings with Named Professionals from NHS Provider Trusts
- Lancashire Safeguarding Board activities and sub groups
- Feedback from customer experience and outcomes from safeguarding activity



Learning Lessons from the Review Process

Working Together to Safeguard Children (2018) sets out the revised process for new national and local reviews. The responsibility for how the system learns the lessons from serious child safeguarding incidents lies at a national level with the Child Safeguarding Practice Review Panel (the Panel) and at local level with the safeguarding partners. Locally, Serious Case Reviews (SCRs) will become known as Child Safeguarding Practice Reviews (CSPRs).

Meeting the criteria does not mean commencing a local review automatically; it is for the safeguarding partners to determine whether a local review is appropriate taking into account the purpose of review. At the time of reporting, the Independent Chair retains responsibility for the final decision on whether a review will be commissioned following consideration and recommendation from the SCR group.

Safeguarding Adults Reviews (SARs) provide an opportunity to improve inter-agency working by identifying and disseminating learning from incidents, sharing best practice and ultimately better safeguarding adults at risk of abuse and neglect. There are no changes to the Care Act regarding the Safeguarding Adult review process.

The CCG is an active partner of the Lancashire Safeguarding Board in the work of SCRs and SARs and is committed to sharing key messages and to support the embedding of learning across the health economy.

Serious Case Reviews

Child LK is a seven month old child and is known as Rosie. Rosie had complex needs due to prematurity. She was subject to a care order placed at home and had a support package in place at the time of her death. The review has now concluded and was published in February 2019; the report can be found [here](#)

There is considerable learning for all agencies. A significant theme related to concealed and denied pregnancy with other learning around disguised compliance, quality of assessments and monitoring LAC placed at home with parents.

In addition, consideration of options for ensuring the continued and meaningful engagement of all relevant GP services throughout safeguarding processes and particularly for those cases with additional complexities. The safeguarding team continue to support learning for Primary Care in relation to SCRs through the Safeguarding Lead/Champion Framework.

Child LT is a three month old child who has suffered significant harm due to life threatening head injuries. The SCR was commissioned within the reporting period but not yet commenced.

Safeguarding Adult Reviews

The Lancashire Safeguarding Adult Board (LSAB) has received a total of 14 referrals to the sub group within the year, an increase in two from the previous year. Five cases were referred from Greater Preston with one case meeting the criteria and published in November 2018. Reports and learning briefs for completed SARs can be found on the LSAB [website](#).

Adult F an 83 year old who lived with her daughter who was her carer. The daughter had locked her mother in the bedroom having secured the door handle with rope and tied it to the bannister with towels pushed under the door. At the time the daughter was experiencing a serious mental health episode and subsequently detained in hospital under the Mental Health Act. Agencies were not aware that Adult F was locked in the bedroom. It was five days later that Adult F was discovered by her family in a poor condition. She had sustained bruising, a fractured pelvis and was taken to hospital. Tragically, she later died due to natural causes, there was no causal link between her death and the previous episode, however key learning points included:-

- Agencies to adopt a holistic ‘think family approach’
- Use of interpreting services when assessing consent, for the purpose of care and treatment and to speak to patients alone when asking if they need an interpreter
- Agencies to consider referring individuals for carers assessments and recording information around the role of carers within records

The Adult F review was published in February 2019; the report can be found [here](#).

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 CCG is included as a statutory partner within the review.

A DHR establishes what lessons can be learned from the homicide regarding the way local professionals and organisations work individually and together to safeguard victims. This includes what is expected to change to reduce the risk of domestic homicide for victims and their children through improved intra and inter-agency working.

Across the community safety partnership, work is ongoing to strengthen the links to the Lancashire Safeguarding Boards supporting in a consistent approach to implementing and embedding lessons learned.

Within the reporting year two DHRs were completed within central Lancashire and are awaiting authorisation for publication by the Home Office. Actions plans are in place and being monitored by the Community Safety partnerships. A further review for Preston was commissioned in October 2018.

Case D - involved the homicide of a female victim. Learning from the case resulted in the following developments:-

- Raising awareness of the use of interpreters where English is not the first language
- Ensuring that the pan -Lancashire pathways for Domestic Abuse and Forced Marriage are aligned
- Strengthening awareness of Forced Marriage and Honour Based Violence across communities and partner agencies
- The Safeguarding Boards, schools, colleges / universities to incorporate the recommendations from the review within their safeguarding policies

Child Death Review Arrangements

As part of the changes to 'Working Together' 2018, the revised [Child Death Review Operational and Statutory Guidance](#) October 2018 has been published setting out expectations for the processes of the investigation and review of child deaths.

Reviewing the deaths of all children who die before their 18th birthday is a statutory requirement under the Children Act 2004. The new guidance sets out the processes, which should be followed for both those children who die from known and unknown causes. It also adds a new step into the process for what used to be categorised as 'expected' deaths. Every child who dies will need a multiagency review to be carried out either by the organisation where they died or where they received most of their care.

Child Death Overview Panel

Plans for the local Child Death Review Arrangements are currently being developed and these will be published by 29 June 2019.

The pan-Lancashire Child Death Overview Panel (CDOP) commissioned a review of Adverse Childhood Experience (ACE) and Child Death Reviews in 2016. The findings from the audit were presented to the CDOP in June 2018, highlighting that domestic abuse was the most common ACE with parental separation next. Whilst there were no specific recommendations from the review, CDOP has routinely collected information on ACEs since August 2018. A critical step in preventing ACEs is raising awareness across multi-agency services. The multi-agency nature of CDOP provides an opportunity to highlight childhood adversity as an issue.

CDOP have also undertaken a number of awareness raising activities including:-

- The Safer Sleep for your grandchild campaign launched at the end of March 2019
- [ICON: Babies Cry, You Can Cope](#) a new campaign, planned to be launched on the 29 April 2019. The resources aim to help parents and carers to cope with a crying baby. The call for resources has come from the learning of a number of infant deaths and serious case reviews where a baby has died or been seriously injured as a result of abusive head trauma.

Sudden Unexpected Death in Childhood – Responding to Child Deaths

Greater Preston CCG leads on the collaborative commissioning arrangements for the pan-Lancashire SUDC nurse-led service. There have been 48 unexpected deaths for the year 2018/19 across pan-Lancashire, this is above last year's figure of 43, but is consistent with the number of deaths from previous years. There have been 13 baby deaths where co-sleeping/inappropriate sleeping arrangements are considered to be a contributory factor; alcohol and substance misuse has also been a feature in most of these cases. Two of the deaths have occurred in the central Lancashire area.

The number of deaths reviewed due to suicide or deliberate self-inflicted harm increased during 2018/19. Sadly, there have been six young people who have ended their own lives, two of these being in the central Lancashire area. Out of the overall figures, there have been two males and four females that have ended their own lives. This is exactly the same as the previous year, suggesting suicide is becoming more prevalent in young females with hanging becoming the most common method, although it is not clear why this is the case.

CDOP plan to work more robustly with the Lancashire and South Cumbria Suicide Logic Prevention Group in the future; initial links have been made to raise the profile of the work of both CDOP and the SUDC service. It is recognised that further work is required to strengthen pathways that offer support and to prevent further self-harm and suicides amongst young people.

Service Development

The SUDC service commissioned by pan-Lancashire CCGs is a nurse-led service provided by Lancashire Care Foundation Trust (LCFT). The eight CCGs agreed to an enhanced seven day week service to support a more timely response to unexpected deaths out of hours and to increase compliance with Working Together to Safeguard Children (2018) and Kennedy Guidelines (2016).

The seven day service was launched January 2019 and has already seen improved equity in the responses undertaken. Between January and March 2019, 75% of the cases were supported by the nurse-led service leading to a joint health and police investigation from the outset and enriching the SUDC investigation in an increased number of cases. Most importantly, improving the support that parents and carers receive. A full review of the service will be completed and reported in 2019/20.

The nurse-led service has also been recognised nationally and has featured on the NHS England Atlas of shared learning as an example of best practice.

SUDC Protocol

The SUDC protocol is being updated to align with changes with Working Together (2018) and to reflect a consistent approach across pan-Lancashire. The timescale for completion has been extended to September 2019. Consideration will be given to the newly published Child Death Review Operational and Statutory Guidance and other relevant guidance. Following revision the SUDC nurses will provide training and updates to specific groups of staff including Primary Care.

Safeguarding Children - Lancashire Safeguarding Children Board

There are significant revisions to Working Together to Safeguard Children (2018), which sets out what is expected of organisation's to safeguard and promote the welfare of children. These revisions are being made largely to reflect the legislative changes introduced through the Children and Social Work Act 2017.

The new legislation removes the statutory authority of local safeguarding children boards and introduces new local safeguarding partnership arrangements for safeguarding and promoting the welfare of children. Safeguarding responsibilities and equal and joint accountability have now been placed on CCGs, Local Authorities and local Constabulary.

As one of the three key partners; CCG's need to be able to articulate a collective clear vision to negotiate with partners effectively and to take a pro-active role in influencing the new safeguarding arrangements. Plans for the local children safeguarding arrangements need to be in place by June 2019 and implemented by September 2019.

Alongside the removal of the statutory authority of the Local Safeguarding Children Board (LSCB) consideration needs to be given to the delivery of safeguarding statutory functions as the Integrated Care System (ICS) and Integrated Care Partnerships (ICP) evolve, and how the safeguarding arrangements are applied via the new commissioning framework. Please note p.28 safeguarding model for more information.

Key areas of LSCB work include:

- ✓ A key focus is on the transition to Working Together to Safeguard Children(2018)
- ✓ The Lancashire Neglect Strategy to be launched on the 1 April 2019 via the LSCB website. The Strategy comes with supporting resources, a quick reference guide, identifying key elements of neglect for professionals in responding to children and young people who may be suffering this type of abuse
- ✓ The CCG continues to participate in the LSCB's themed multi-agency audit programme; Non-Accidental Injury and Domestic Abuse – the impact on children
- ✓ A joint pan-Lancashire Communication and Engagement sub group has been established to serve both Adult and Children Boards
- ✓ Following learning from SCR's a Concealed and/or Denied Pregnancy guidance has been developed and agreed; a plan is in place to monitor and measure the impact of the guidance
- ✓ Adverse Child Experiences (ACEs) raising awareness and recognising the impact: resources available on the Boards website

Safeguarding Children Activity

Since 2017, there has been a gradual decline in the number of children subject to child protection plan in Preston, which has stabilised bringing Preston more in line with other areas. There has been considerable scrutiny and management oversight to support with ensuring that children are following the correct pathway. Each child subject to a Child Protection (CP) plan is assigned a category of abuse. Emotional abuse is the most common category (55.9%) with neglect (36.5%) being second. The category of emotional abuse is mostly associated with domestic abuse either a history within the family or children living within a domestic abuse environment. Children Social Care (CSC) are introducing a live data system as part of their analysis, which will identify centralised areas where children are subject to child protection plans to focus on planning and interventions.

Table 1

CP Plans	Mar-18	Per 10,000	% increase since Mar-17	Mar-19	Per 10,000	% increase since Mar-18
Preston	214	69.0	-10%	211	67.6	-1%
Chorley and South Ribble	179	38.9	-6%	202	43.5	13%
West Lancashire	94	42.9	18%	75	34.0	-20%
Lancashire	1,243	50.4	-11%	1,368	55.2	10%

Looked After Children

LAC are identified as the most vulnerable cohort in view of their Adverse Childhood Experiences(ACEs) and subsequent increased vulnerability. Although ACEs are common across the population children who are looked after tend to have experienced at least four. Research to date indicates that they have poorer health outcomes than their peers and are 50% more likely to have a diagnosable mental health disorder. Health professionals have a key role in supporting LAC in ensuring their health needs are addressed and experience improved life chances by working in partnership with key partners and the Local Authority (LA).

The total number of LAC March 2019 is at 2,128; the rates are increasing month on month. The numbers of LAC in Lancashire are higher than the national average. A key challenge is to develop strategies to reduce the LAC rate and consider different ways of working. A focus currently

is to safely discharge children placed at home on care orders. LAC are assigned by a category of need; for LAC in Preston abuse/neglect (58.3%) is the most common category with family dysfunction (28.5%) being second.

Table 2

LAC	Mar-18	Per 10,000	% increase since Mar-17	Mar-19	Per 10,000	% increase since Mar-18
Preston	298	96.0	13%	326	104.4	9%
Chorley & South Ribble	264	57.4	19%	279	60.1	6%
West Lancashire	127	57.5	21%	133	60.3	5%
Lancashire	1,986	79.7	6%	2,128	85.9	8%

Health of Looked After Children Across Central Lancashire

CCG responsibilities to support LAC are mandated through the Children’s Act (1989, 2004) and ‘Promoting the Health and Wellbeing of LAC (2015); both of which set out a duty to comply with requests from the LA in support of their statutory requirements for the completion and quality assurance of health assessments. In addition, CCGs have a duty to ensure that there is sufficient commissioned resource to meet the health needs of the local cohort of LAC and Care Leavers.

The Children and Social Work Act 2017 introduces the Corporate Parenting Principles for LA’s and key partners for LAC and care leavers up to the age of 25 years. The underpinning goal of the seven principles is to act in the best interests, and promote the health and well-being, of those children and young people to support them to through to adulthood and achieve independent living and economic independence.

The CCG commission Initial Health Assessments (IHA), which are undertaken by community paediatricians (up to the age of 16 years). IHAs for children over the age of 16 are undertaken by a Safeguarding Lead for General Practice. 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 co-ordination and quality assurance of all health assessments is included within the specification for the CCG Enhanced LAC service commissioned by the CCG.

IHAs performance rates within statutory timescales remain low due to a series of co-dependant multi-agency challenges. This is an identified risk, which has been raised within the CCG and is closely overseen and monitored via the Safeguarding Assurance Group.

There are monthly case tracking meetings to review all outstanding IHAs and RHAs represented by Health and Children Social Care (CSC). Health assessments are discussed and agreement on the action required expediting their completion. The LAC Nurse attends the monthly meetings and has oversight; escalating any issues where required to the appropriate practitioner or the Designated Nurse.

A priority for 2019/20 is to review the service specification for the CCG Enhanced LAC Service with a view to have a single service specification across Lancashire and South Cumbria ICS, which will have a clear focus on the outcomes of, looked after children.

Health Assessment Re-Design Project

To address a number of co-dependent challenges the Health Assessment Redesign Project was initiated in October 2018. The purpose of the project was to work collaboratively with partner agencies to review the whole health assessment process. At the time of reporting the project had reached the point of summarising findings and proposals for change with a view to agreeing joint ways forward. The recommendations from the project will be implemented over a number of months via an improvement plan, which will be overseen by the Permanence and Children in Our Care Board; note governance arrangements for LAC.

A key recommendation included Social Workers attending the IHA appointment to enhance the quality of the information within the health assessment and the health action plan. Other areas for improvement include:

- Information flow, sharing and consent
- Reducing duplication of data capture and reduce variation
- Escalation processes - strengthen trigger points within the current system
- Delivering quality outcome based plans

Governance Arrangements for Looked After Children

Health has now fully integrated into the Permanence and Children in Our Care Board, strengthening collective accountability and governance with CSC partners. The continuous improvements of health assessments are incorporated within the corporate parenting action plan. The Corporate Parenting Strategy has been refreshed and includes contributions from health and care leavers' offer, which went live October 2018.

The LAC Professional Network group is established whereby the Designated Nurse for LAC within the CCG Safeguarding team provides representation. The function of the group is to support Lancashire and South Cumbria's contribution to the work of NHS England Regional Network for LAC, which feeds into the National work plan. The Designated Nurse provides representation from Lancashire and South Cumbria at the NHSE Regional Network.

Voice of Children and Young People

The CCG Enhanced LAC service seeks the views of children and young people as part of the specification, which informs service delivery. Feedback forms received regarding the service provided from children, young people and their carers over the year has been positive and includes:

"It helped me open up about some troubles that I sort of know I had"

What could we do better?

"I don't think you could do better".

What could we do better?

"Nothing it was perfect", "Not much", "Sound"

Safeguarding Adults

Safeguarding adults has continued to develop at pace since the Care Act (2014) was implemented, which placed adult safeguarding onto a statutory footing. The CCG works together with partner agencies to promote the wellbeing of individuals within their safeguarding arrangements; to establish what being safe means and to determine how that can be best achieved. All health, social care professionals and care workers play a key role in safeguarding.

Lancashire Safeguarding Adult Board

The CCG works collaboratively with the Lancashire Safeguarding Adults Board (LSAB) in achieving the priorities set out in the 2018-20 business plans. The priorities are based within the Care Act responsibilities under the Six Principles of Safeguarding. The business plan also includes joint priorities with the children board detailed below:

- ✓ Making Safeguarding Personal to ensure that the voice of service users influences service delivery across all sub groups
- ✓ To engage and listen to the voice of adults with care and support needs
- ✓ Consider diversity and how best to engage with diverse communities
- ✓ Awareness raising through the sub groups of the board in ACE's and the impact on adulthood with the aim of becoming a trauma informed workforce
- ✓ To promote good practice with regards to complex safeguarding and exploitation
- ✓ Promotion of an all age approach to domestic abuse
- ✓ To strengthen arrangements for children transitioning into adult services
- ✓ To maintain a coordinated approach to safeguarding practice across partner agencies where there is organisational transition and system change to ensure safeguarding practice is not compromised

Quality Assurance and Monitoring Arrangements of Out-of-Area Placements

Following a whole service safeguarding enquiry into allegations of the mistreatment of residents living at Mendip House; a care home for adults with autism run by the National Autistic Society, the Lancashire Safeguarding Board (LSB) reviewed the findings. None of the individuals living at Mendip House were Somerset residents; the findings and recommendations included important learning for the CCGs in respect to commissioning and monitoring of out-of-area placements.

In response, the LSB is working to develop a consistent approach to quality assurance monitoring for both local and out-of-area placements. This will include strengthening systems to aggregate information and intelligence about provider services; in addition to considering the host authority's safeguarding referrals and strengthening the links with the CQC. Progress will be monitored and reported in 2019/20.

Safer Community Care Planning Project

All commissioners and providers of services working with adults have a responsibility to safeguard individuals from the risk of abuse or neglect and promote health and wellbeing. Themes following serious incidents and safeguarding reviews demonstrate the value of collaborative working with patients and service users. This is reinforced by community teams and understanding the challenges in practice with multiple partners, often working with the same patient and striving to achieve the same outcomes.

Consultation with the domiciliary care sector frequently reports feelings of isolation due to lone working in people's homes and not having an appropriate point of contact when an individual's health needs deteriorate. Agencies often have separate care plans and do not link with other agencies care plans leading to risks around care delivery and potential safeguarding issues.

The Criminal Justice and Courts Act 2015 created two new criminal offences of ill-treatment or wilful neglect, applying to individual care workers and care provider organisations. Section 20 of the Act makes it an offence for an individual to ill-treat or wilfully neglect another individual of whom he has the care by virtue of being a care worker. Prior to the introduction of these offences, prosecutions for a statutory offence of ill-treatment or wilful neglect could only occur in respect of persons receiving treatment under section 44 of the MCA. Genuine errors or accidents by an individual care worker would not be included within the scope of this offence and would be managed via organisational performance management policies.

To strengthen local practice a project group was brought together, to standardise practice and develop best practice templates on care and support planning. The work also includes the development of a process for commissioning teams to improve governance between the commissioned agency and the community team. The group is represented by multi agency partners with the aim of improved communication and developing better outcomes for service users. Progress will be monitored in the coming year.

Safeguarding Adults Referral Activity

From a national perspective older people are more likely to be the subject to a Section 42 safeguarding enquiry; with one in every 43 adults aged 85 and above, compared to one in every 862 adults aged 18-64. In the year, the most common type of risk identified was Neglect and Acts of Omission, which accounted for 32.1% of risks, with 43.5% of risks being recorded in the person's own home. This can be compared with local data which indicates, neglect and acts of omission accounting to 33.7% of safeguarding risks.

The LA retains the responsibility for overseeing a safeguarding enquiry and ensuring that any investigation satisfies its duty under Section 42, to decide what action is necessary to protect the adult and to ensure that such action is taken when necessary.

The launch of the Lancashire Safeguarding Guidance in 2017/18 was developed to support providers in consistency in the management of risk and decision making around responses to suspected or actual abuse. This reporting year has seen a reduction in the number of safeguarding alerts across Lancashire compared with the previous year, from 10,844 to 10,422. However there is no clear evidence that there is a link to the introduction of the guidance with the total number of the alerts.

Anecdotal feedback on safeguarding referral themes suggest that some agencies may use a procedural approach to reporting safeguarding alerts, as opposed to using their assessment and judgment skills around applying the safeguarding thresholds. There is an average of only one in three referrals meeting the safeguarding threshold for a Section 42 enquiry. In addition there is an increasing complexity of alerts being reported including multiple abuse types within a single alert. Further work continues to be developed to continue to support agencies with complex safeguarding matters and risk management.

Table 3

Safeguarding Alerts	Apr-17 – Mar-18	Apr-18 – Mar-19
Chorley and South Ribble	2,042	2,118
Preston	1,602	1,603
West Lancashire	826	718
Lancashire	10,884	10,422

Table 4

Safeguarding Alerts	Number of Safeguarding Alerts received by LCC per District	Alerts Progressing to a Safeguarding Enquiry	% of Alerts that Substantiated
Chorley and South Ribble	2,118	752	27
Preston	1,603	585	27
West Lancashire	718	270	31
Lancashire	10,422	3,826	26

The percentages of alerts received across Lancashire with the key themes are outlined below:-

2018/19

Percentage of Alerts Across Lancashire

- 41.4% from social care staff
- 31.6% from health staff
- 7.4% classed as 'other'
- 8.7% from family members

2018/19

Main Themes of Alerts Across the CCG Footprint

- Neglect and Acts of Omission (33.7%)
- Physical Abuse (18.5%)
- Emotional/Psychological Abuse (22.2%)
- Financial Abuse (12.8%)

Self-Neglect and Hoarding Framework

The Care Act statutory guidance has seen a number of amendments to those who self-neglect, including 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 enquiries being aimed at individuals who are experiencing abuse or neglect from a third party. Self-neglect referrals across Lancashire are managed by Adult Social Care and can be challenging and complex, due to the multi-faceted nature of individuals who self-neglect.

Learning from themes from SARs identified that it is apparent that 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, resulting in inconsistency of interventions undertaken and question whether they should intervene at all. The Self Neglect and Hoarding Framework was developed and launched in March 2019 and supports agencies in working with individuals who hoard and self-neglect. The framework can be found [here](#).

Making Safeguarding Personal

Making Safeguarding Personal (MSP) is an initiative that places the person at the centre of the safeguarding enquiry and has an outcome based approach. The aim is to engage with individuals in understanding the results they want to achieve, to reach a more personalised approach to the safeguarding outcome. To support MSP in practice a briefing note has been developed for individuals to understand their rights within safeguarding procedures.

The CCG recognises that there needs to be a shift in culture to enable a person centred focus across the safeguarding arrangements of commissioned services. This can be achieved by using feedback from safeguarding enquiry outcomes / customer feedback, to inform learning and development themes across the workforce.

A particular area of focus within the CCG is raising awareness of the circumstances in which individuals require access to advocacy services. In addition to incorporating the principles of MSP into risk management, with outcomes being recorded following Court of Protection referrals. This area was included as a topic of learning at the GP Safeguarding Leads/Champion events. MSP progress will continue to be monitored within the coming year.

Views of Service Users

The MCA Sub Group of the Board consulted with informal carers in the development of a carer's package e-Learning book. Feedback identified that carers often felt challenged in discussions with health and social care professionals around the implementation of the MCA and Best Interests process around care of their relatives. The e-book was launched within the MCA Learning and Development Framework and supports learning and development by providing a jargon free overview of the MCA. The resource can be found [here](#). 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>Domestic Abuse</p>	<p>The CCG are represented on the pan-Lancashire Domestic Abuse Strategic Board in the development and future implementation of the pan-Lancashire Domestic Abuse Strategy, underpinned by an action plan to support the delivery.</p> <p>MARAC health partners have supported the police with a system wide review project and re-design for the MARAC process across Lancashire. The Multi-Agency Risk Assessment Conference (MARAC) is a monthly risk management meeting where professionals share information on high risk cases of domestic violence and abuse and put in place a risk management plan. The aim of the review is to improve effectiveness of the MARAC process in keeping victims and children safe from the effects of domestic abuse. The intention is to develop a new way of working, progress will be reported on in 2019/20.</p>
	<p>Female Genital Mutilation</p>	<p>Female Genital Mutilation (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 and how information is shared to protect women and girls of FGM.</p> <p>Building on the successful implementation of the pan-Lancashire FGM pathway for safeguarding children the CCG continue to provide expert advice and support for the development of a safeguarding adult FGM pathway, which following agreement will be launched later in the year.</p> <p>The FGM Information sharing (FGM-IS) system is a national web based information sharing system, which prompts clinicians of potential risk factors of FGM. Following the successful implementation within local maternity services proposals include application across Primary Care and 0-19 services.</p>

	<p>Child Sexual Exploitation</p>	<p>During 2018, the local Multi-Agency Child Sexual Exploitation (CSE) Team has widened their scope of practice to include victims of child criminal exploitation, modern slavery and children missing from home as they are all closely linked to CSE. This model mirrors similar processes across the North West to improve outcomes for children when working across borders.</p> <p>The CCG has supported recurrent funding for the health provision within the Multi-Agency CSE Team to support children and young people experiencing CSE and to provide the best possible health outcomes for children and young people at significant risk of CSE. The CCG will need to review the service in view of the widening exploitation agenda.</p> <p>Training has been provided to GPs following an on-line survey with Primary Care highlighting a gap in knowledge and skills for identifying and responding to CSE.</p>
	<p>Modern Slavery & Human Trafficking / County Lines</p>	<p>The UK is primarily a country of destination, with thousands of victims arriving from other countries only to be exploited by criminals. Slavery takes many different forms and affects adults and children. Those who are enslaved are exploited for the financial gain of their captors. The vulnerable are made to work in cruel conditions for long hours without pay. Examples include women and girls forced into prostitution for profit, young boys made to commit criminal acts against their will and men kept in slave-like conditions in factories. Modern slavery and human trafficking may not be able to be eradicated completely, but it can be made more difficult for criminals who exploit others for their own personal gain.</p> <p>The CCG is represented on the pan-Lancashire Anti-Slavery Partnership (PLASP) hosted by Lancashire Constabulary. The PLASP have developed a tool kit to support agencies in understanding what modern slavery and human trafficking are and how everyone across Lancashire can help tackle this complex and hidden crime. The toolkit can be accessed here and is available across the pan-Lancashire Safeguarding Boards.</p> <p>A freedom bus has been donated to the PLASP to raise public awareness at a number of ‘freedom events’ across Lancashire.</p> <p>PLASP has also developed a number of mobile apps to support the public in identifying signs of modern slavery and makes reporting it to the modern slavery helpline easy. A further app supports the use of safer car washes, an area where cases of modern slavery have been identified across Lancashire. The app allows members of the public to share intelligence to the appropriate agencies about car washes being used and enables an informed choice around the safe use of local businesses.</p>



Prevent

Section 26 of the Counter Terrorism and Security Act 2015 puts a duty on health services to have regard to the need to prevent individuals from being drawn into terrorism. Health services must be able to recognise the signs that someone has been drawn into terrorism and know how to access support. The new version of the UK's CONTEST Strategy was launched by the Home Secretary in June 2018. The aim of contest is to reduce the risk to the UK and its citizens and interests overseas from terrorism, so that people can go about their lives freely and with confidence. The updated strategy can be found at [here](#).

The CCG is represented on the regional Prevent Forums as required under the Prevent Duty Framework. The Designated Lead Nurse for Safeguarding Adults is the CCG Prevent Lead. All CCG staff have received basic Prevent Awareness information and Prevent e-learning Level 1. Level 3 e-learning is now available for the relevant staff to access.

All commissioned providers must have a Prevent Lead and have appropriate training, policies and procedures in place as well as complying with the Prevent Duty Framework and reporting requirements. The national task and finish group chaired by NHS England Director of Nursing continues to monitor compliance against WRAP/level 3 and basic Prevent training. Significant progress has been made across NHS commissioned services in working towards achieving compliance.

Mental Capacity Act Implementation and Deprivation of Liberty Safeguards

The MCA, covering England and Wales, is designed to protect and empower people who may currently lack the mental capacity to make their own decisions about their care and treatment; or who have capacity but wish to make preparations for a time when they may lack capacity in the future. It applies to people aged 16 and over. This legislation covers a wide range of decisions and circumstances, providing a flexible framework to ensure that individuals are placed at the very heart of the decision-making process; so that any decisions that are made are in the individual's best interest.

The MCA is supported by a code of practice which is a key document supporting the MCA with practical guidance. Since the MCA came into force in 2007, in light of changes in case law, and lessons learned through practical use of the code of practice, the code of practice is open to a consultation in order to better reflect current needs, however the MCA is not under review.

Over recent years the LSAB business objectives have included a significant amount of service development initiatives focusing on adult facing service improvement. Within the year, the work plan has focused on raising awareness of the MCA across children and young people's services. The CCG have led on the development of MCA awareness raising sessions for services working with 16 and 17 year olds in partnership with Healthwatch and Afta-Thought. Interactive educational sessions were provided via the Safeguarding Boards with focus on decision making and healthcare; relationships/lifestyle choices and consent and housing decisions. The sessions were well evaluated and oversubscribed.

It is recognised that children and young people services require an increased focus to support staff to understand their responsibilities between the interface of the MCA and the Children Act. Work is being undertaken to develop best practice guidance around the legal frameworks for capacity and consent to support services. It is anticipated that the guidance will be launched 2019/20.

Following learning from a SAR Adult A, a guidance and prompt tool was developed for practitioners working with adults who have intimate partners/family members. The SAR identified multiple opportunities where it would have been appropriate for professionals to have completed mental capacity assessments in relation to specific decisions that were being made. The SAR highlighted challenging situations professionals can be faced with when assessments are not clearly documented, decision specific or not undertaken. This learning theme is not unique to Lancashire; an analysis of 27 SARs by the London Safeguarding Adults Boards identified mental capacity and information sharing as a key theme.

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 and were asked to review this recommendation by publishing a detailed report along with draft legislation.

The Law Commission 2017 report recommended that DoLS should be reformed, naming the new system the Liberty Protection Safeguards (LPS). The LPS are based in care planning and provide a simpler and streamlined system. It aims to provide independent oversight of all authorisations and a strengthened role for and ensuring consultation with families and carers. Individuals who object to arrangements will have proposed arrangements reviewed by a new professional (Approved Mental Capacity Professionals, AMCPs) and ultimately the right to appeal to the Court of Protection. Putting the person at the heart of the system is one of the key aims for LPS.

Unlike DoLS, the LPS will extend to individuals who are age 16 plus and affords the necessary safeguards to this vulnerable age group of 16/17 year olds. The LPS will also be supported by a brand-new Code of Practice. This statutory document, to which agencies must have regard, is essential in supporting implementation and will provide examples of best practice to both carers and practitioners. The new LPS Code of Practice to be introduced later in 2019/20 will complement and be an integral part of the revised part the MCA Code of Practice. The changes will mean that more people will fall into the scope of LPS than DoLS and the role of the mental health assessor in LPS assessments will be removed. There is currently no funding in the Government's impact assessment to pay GP's for statements to record a person has an unsound mind diagnosis which is required for court purposes. It is anticipated that the Integrated Care System will need to develop local solutions.

Table 5

Lancashire DoLS Activity	Q1	Q2	Q3	Q4	2018/2019	2017/2018
Number of DoLS Referrals	968	974	860	1,077	3,879	3,425
DoLS Authorisations Granted	122	134	174	165	595	495

In 2018/19 across Lancashire the LA received 3,879 referrals in comparison to 3,425 DoLS referrals the previous year. There is an increasing number of DoLS applications that have not been processed due to the significant volume of referrals since the lowered threshold and the Supreme Court Judgement (2014). This number has increased year on year. Demand continues to exceed capacity and statutory timeframes are not being met, however this position is replicated in other areas across the country. There remains a standardised prioritisation process tool

in place based on the Adult Directors of Social Services (ADASS) guidance to ensure that the highest risk/more complex cases are processed expeditiously.

Over the reporting year a number of developments have been implemented to manage the demand:

- All high risk categories in the ADASS prioritisation tool (purple and red banded referrals) are now allocated within agreed timescales
- An ADASS peer review took place in February 2019 and an action plan is in place and being monitored
- A data cleansing exercise to ensure the accuracy of the backlog is underway. Early indications are that 20% - 25% of referrals in the backlog may no longer be required which may reduce the backlog to approximately 3,500
- DoLS grant money has ensured 2.6 WTE temporary Best Interests Assessor (BIAs) have had their contracts extended to April 2020. One temporary BIA post has been vacated and will not be recruited to
- The remainder of the DoLS grant money will be used to pay for independent BIA's to complete approximately 390 assessments over the next 10 months
- Care homes have been sent an adapted referral template aimed at making the prioritisation process more accurate and efficient
- A new DoLS assessment / authorisation template has been trialled. This has reduced significantly the length of both documents and has increased productivity

Court of Protection

The Court of Protection (COP) mostly deals with decisions about a person's welfare, property or medical treatment. The focus is to protect vulnerable people by dealing with decisions or actions taken under the MCA in regards to adults (and children in a few cases) who may lack capacity to make specific decisions for themselves. The COP also deals with deprivation of liberty and has the same authority as the High Court.

The 'Cheshire West' Supreme Court Judgment (2014) set out an 'acid test' for what constitutes a DoL and 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 LA's 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 work of the Court of Protection (COP) Collaborative is gaining momentum. There has been a reported increase in the number of Section 21A challenges across the Lancashire CCGs. A Section 21A MCA gives the COP jurisdiction to determine a number of matters which relate to

deprivation of liberty safeguards standard or urgent authorisations. The sphere of Section 21A challenge is broad and goes beyond deciding whether or not an authorisation should remain in place.

Appeals under Section 21A can involve complex issues of liability as well as bringing in broader best interests and welfare issues which still relate to the issue of the reason why the person was detained. For example, if the patient wishes to return to his or her own home, but the statutory body wants the patient to live in a residential/nursing home. The pan-Lancashire CCGs are addressing this through the development of a process with the LA DoLS team with the aim of preventing a dispute from escalating to a Section 21A challenge. The process has now become more robust and has improved communication between the LA and CCG's with applications being made in a timelier manner.

Strengthening Communication for COP DoL Applications

As a result of the Supreme Court Judgement in 2014, there has been an increased demand on the volume of requests from the LA and the CCG's to seek COP orders for people deprived of their liberty in domiciliary settings. Across Lancashire and South Cumbria a pathway has been developed to support in the requests for a General Practitioner (GP) evidence of the diagnosis of 'unsound mind'; a requirement by the COP for COPDOL applications. This is in the form of a letter, from a GP to the COP to confirm the individual's diagnosis that they are of 'unsound mind'. The COPDOL application process is set out in a significant piece of case law which states that 'professional medical opinion is necessary to establish unsoundness of mind, but where the facts are clear this need not involve expert psychiatric opinion.' The pathway has resulted in timely transfer of documentation to support the COP process along with positive improvements in patient care and the timely authorisations of COPDOL's.

Safeguarding in Primary Care

Greater Preston CCG is made up of 25 GP practices. All practices are CQC registered and have identified a Named Safeguarding Lead and Safeguarding Champion. The CCG safeguarding team maintain a central register of the Named Safeguarding Leads and are proactive in sharing key safeguarding messages and learning from reviews. Each practice is responsible for meeting their statutory safeguarding responsibilities, including delivery of training; however the CCG safeguarding team offer targeted level 3 training opportunities in response to learning from reviews/local practice issues.

With increasingly complex demands on General Practice, robust leadership is required to support practice staff in fulfilling their safeguarding responsibilities (RCGP 2012). The launch of the GP Safeguarding Lead/Champion Model in November 2018 was introduced to support practices in meeting their statutory responsibilities and contractual guidance in relation to safeguarding children and adults at risk of abuse or neglect.

The workshops are planned on a quarterly basis and the launch meeting was successful including the introduction of the model, along with learning themes from reviews and recommendations for practice. Participants had the opportunity of reflective supervision of cases in relation to domestic abuse and complex safeguarding matters. The session was well attended and positively evaluated.

The team work closely with the CCG Primary Care Transformation team in the early identification of safeguarding/quality issues offering safeguarding and MCA expertise to support practices in meeting their safeguarding responsibilities. The team have provided expertise in supporting the CCG in implementing a 'RADAR' type of approach to offer early intervention with focus on improved quality and patient experience. The team are keen to review existing arrangements to provide a flexible response in the development of the newly emerging Primary Care Networks.

3. INFLUENCING PARTNERSHIPS

Lancashire Children's Services Improvement Journey

Over the past two years, significant changes have been made to the way children's services operates in Lancashire as part of a continuous journey of improvement and preparation for re-inspection. In readiness for the inspection, Lancashire Children's services completed a self-assessment with the support of partner agencies, which highlighted collective responsibilities to drive forward improvements. The inspection of children's services by Ofsted took place in June 2018 and health partners played a key role in supporting the process.

Two successful Connecting for Children and Family events have been held in September 2018 aimed at engaging children leaders across agencies on neglect issues and commit to an action plan going forward. The event outlined a Lancashire approach to an updated multi-agency neglect strategy and provided an opportunity to critically reflect on four keys questions at the heart of a successful neglect strategy.

Mock Joint Targeted Area Inspection

During the reporting period the CCG has not been subject to a safeguarding inspection however the CCG has participated in a mock Joint Targeted Area Inspection (JTAI). These are thematic inspections to look at how well local agencies work together to protect children providing an in-depth look on a particular issue. The theme for the mock inspection was Child Sexual Abuse in the Family Environment.

The mock inspection identified good practice and areas for development. It supported that children are safeguarded following referral and information sharing was generally positive. Information sharing with GP's was not consistent, particularly in respect to cases that did not progress onto Initial Child Protection Conferences. There were areas for improvement from a multi-agency perspective, which included professional challenge, multi-agency care planning and recording of multi-agency strategy discussions.

Future JTAs will examine how local services respond to children living with mental ill health.

Whole System Safeguarding Model

The CCG has responded to legislative changes, which have brought about new organisational responsibilities and the replacement of Local Safeguarding Children Boards with Local Safeguarding Partnership Arrangements. In conjunction, with the changing health landscape an opportunity for change has emerged and a move towards a whole system approach for safeguarding delivery across Lancashire and South Cumbria. The changes have provided an opportunity to review the current safeguarding arrangements and to strengthen the health governance that supports the whole safeguarding system.

Over the reporting period the Designated Nurses/Professional Network have developed close working links with the NHS England National and Regional Safeguarding Team to review the safeguarding arrangements and to consider the NHS Long Term Plan (2019), which outlines the establishment of Integrated Care System's (ICS) by 2021.

It is recognised that there is strength in having a collaborative approach across Lancashire and South Cumbria. The development of a whole system approach to safeguarding leadership, assurance and delivery will reduce duplication and allow for greater consistency in the delivery of statutory functions; promoting resilience and the development of a sustainable and flexible safeguarding system. The new way of working model will enable the CCGs to continue to meet their statutory requirements and the governance structures recommended will allow for the Integrated Care Partnership to be supported, directed and assured by the designated role and function. The proposed health governance will include a Health Executive Group and Collaborative Health Forums providing a mechanism for a collective health voice and to influence decision making into the Safeguarding Children Partnership and Adult Safeguarding Board.

Lancashire and South Cumbria has been identified nationally as an area to support the development of a transformational model of safeguarding support across the ICS. It has been agreed that an ICS blue print will be developed that will report back into the National Safeguarding Steering Group. The Designated Professionals are due to present their journey at the National Safeguarding Conference in April 2019. Work will continue in the year ahead in the transition arrangements of the new model.

4. USING INTELLIGENCE AND INFORMATION TO INFORM DECISIONS

The Child Protection Information Sharing project (CP-IS) is an NHS England sponsored nationwide initiative that helps clinicians in unscheduled care settings identify vulnerable children. CP-IS is used within the Integrated Urgent Care Service. By sharing data across regional boundaries, CP-IS supports health and care professionals build a complete picture of a child's visit to unscheduled care settings, supporting effective decision making and early intervention.

Operation Encompass

Lancashire has seen the introduction of Operation Encompass, which is a police and education early information sharing partnership enabling school to offer support for children and young people experiencing domestic abuse. Information is shared by the police with the school prior to the start of the day after officers have attended a domestic abuse incident enabling support to be offered to the child at the earliest opportunity.

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.

The locality model of working from a health perspective has increased opportunities for smarter ways of working in the future in respect of the MARAC agenda and strategy discussions. It has also allowed opportunity for consistent case management and improved communication for functions that exist outside of the MASH.

Within the year the Safeguarding Board commissioned a review of the adult component of the MASH model with Lancashire County Council. The review adopted a whole system approach and the findings provided evidence of practice and processes from the front door to adult safeguarding, through the MASH and into the Safeguarding Service.

The Lancashire Adult MASH faces a challenge in terms of the numbers of safeguarding alerts within the system. There is a significant backlog of unallocated cases, all of which have been identified as requiring a Section 42 statutory enquiry under the Care Act 2014. Remedial action was taken, but the backlog remains and is ever growing. The backlog of cases exists because the current screening process categorises each safeguarding alert in terms of its presenting risk and allows non-allocation of those which are perceived to be low risk. This current process can lead to unseen risk, delay of service user's voices being heard and is not within the principles of the MSP principles.

The review suggests there are fundamental issues which can be addressed across the adult safeguarding system, which will change the way adult safeguarding alerts are processed, whilst at the same time creating efficiencies within social work and partnership practice. These changes if adopted appropriately will free up resource and ensure focus on statutory decision making.

The recommendations indicate that the adult MASH is reconfigured and work is refocused alongside the Customer Access Service, with social work management oversight and multi-agency decision making at the outset. This approach will support a focussed use of partnership information to assess safeguarding alerts based on presenting issues, with allocation directly to a locality based social worker from MASH. It will also remove the current challenge of multiple conversations and hand offs with service users, which should increase efficiency and effectiveness.

Progress will be continued to be monitored in the year ahead.

- Partnership approach via the MASH Strategic Steering Group
- Standardised agreement to Information Governance arrangements
- Management oversight and quality of practice
- Service user voice to inform service development
- Strengthening arrangements across the adult MASH, including an independent MASH adult service review

5. Safeguarding Quality and Improvement

Regulated Care Sector

The CCG is 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. Across Lancashire within the year there has been an increase of care homes within the QPIP process. Whilst additional early intervention and a joint targeted approach by the CCGs and LA have been implemented, providers have still required the additional support of the QPIP process.

Themes identified for Improvement

- Lack of leadership
- Poor care planning
- Hydration and nutrition
- Engagement and communication from Providers
- Recruitment and retention of all staff

The QPIP terms of reference and risk assessment tool is currently under review with the proposed revised system being piloted. It is intended to highlight key risks at an early stage, with a measured approach to management being agreed. From February, RADAR received additional membership from the medication optimisation team with a view to early intervention being provided where required.

Focus on the Care Home Collaborative and Safeguarding Champion Model has supported care homes in ensuring they have up to date information on legislative changes, NMC guidance and best practice guidelines around presenting issues such as MCA, falls, nutrition and oral hygiene. A React to Red training event took place in January and was well evaluated. Going forward it has been agreed with system partners that an annual training event will take place.

Over the reporting period Greater Preston CCG has had six nursing homes and one care home supported by the QPIP process with five homes making the necessary improvements to complete the process.

Despite the increase of homes within the QPIP process, there have been greater successes in homes completing the process with improved standards of care and patient safety. For larger providers, some of these successes can be attributable to the approach of working with senior corporate directors responsible for change management. Once engaged, the leadership, recruitment and communication issues have been rectified early in the process leading to other themes then being addressed.

Domiciliary Care

Increasingly, as more care is being provided in individual's own homes it is important to develop mechanisms to enhance quality of care provision across the domiciliary sector. Individuals can expect to receive a safe, high quality service that respects their dignity and protects their rights. The risks to both those being cared for and those providing the care can vary greatly according to the individual needs, environment where care is provided, type of care being provided, and the competence of the carer.

The CCG is represented on the pan-Lancashire 'RADAR' model, which is in place to develop early warning mechanisms where there are safeguarding or quality issues which can impact on the safeguarding risks of individuals in receipt of domiciliary care packages.

To improve quality across this sector the CCG, in partnership with the LA has developed a Domiciliary Care Champion Model to support the delivery of a consistent approach across Lancashire and South Cumbria. Throughout 2018, three events were held with over 70 staff in attendance at each session. Topics were based on themes from learning reviews, safeguarding responsibilities and adherence to the MCA and COP.

Challenges remain in delivery of the sessions due to a constantly changing workforce and large groups with varying levels of skill, knowledge and expectations. Evaluation and feedback is utilised to ensure that the sessions are effective in meeting the learning needs of the attendees. Work is underway in targeting providers who do not access the sessions with a view to increasing engagement. Topics for 2019 include fire risk in homes, with a particular focus on developing a good fire risk assessment and working with people who self-neglect / hoard.

Conclusion

This report provides assurance to the Governing Body around the CCG's commitment in meeting its statutory safeguarding responsibilities. It demonstrates that the CCG is actively involved in improving safeguarding arrangements for children, adults at risk, looked after children and MCA implementation, working closely with multi-agency partners.

The safeguarding team has a vital role in safeguarding leadership, supporting service developments, responding quickly and flexibly to demands as they arise to support the understanding of service gaps and risk mitigation.

The team have had a productive year with a focus on the development of safeguarding initiatives to support a system wide approach to safeguarding. The development of the new safeguarding partnership arrangements and implementation of legislative changes and new reforms provides a real opportunity to lead and influence the direction of the arrangements and the development of a system wide approach to safeguarding.

The priorities for 2019/20 reflect areas where further improvements are identified and will support in ensuring that there are effective systems in place to safeguard adults, children and looked after children across the CCG.

Key priorities for 2019/2020

1. Delivery of Statutory Functions

- Continue to embed the principles of the MCA and readiness for the proposed introduction of the Liberty Protection Safeguards via a pan- Lancashire implementation group
- Review of the GP training brochure to support application of the Adult and Children Intercollegiate Documents
- Review GP sample safeguarding policies
- Review of SUDC seven day service
- Support the revision of the SUDC protocol
- Implementation of the LAC Health Assessment Improvement plan
- Review the service specification for the CCG Enhanced LAC Service
- Transition to Working Together to Safeguard Children (2018)
- Embed the Lancashire Self Neglect and Hoarding Framework and evaluate its effectiveness

2. Developing and Strengthening Pathways & Services

- Implementation of the whole system safeguarding model and share the learning across regional and national safeguarding forums
- Continue to support a culture of learning through training and supervision, embedding lessons learnt
- Embedding the principles of Making Safeguarding Personal across the CCG and commissioned services
- Strengthen arrangements to support the quality assurance and monitoring of in and out of area placements
- Launch and embed the best practice care planning tools across the regulated care sector
- Embed the GP Safeguarding Lead / Champion Model across primary care responding to the newly emerging primary care networks
- Strengthen quality assurance arrangements regarding the monitoring of domiciliary care packages
- Launch of the FGM pathway for adult facing services
- Review the service for CSE health provision in view of the widening exploitation agenda.
- MARAC review - evaluation of a new evidence based model
- Launch the Children and Young People MCA and legislation interface guidance
- Embed the Domiciliary Champion Model across the sector

3. Influencing Partnerships

- Lead the development of the Working Together to Safeguard Children (2018) reforms with key partners including the publication of the new local Safeguarding Partnership Arrangements by 29 June 2019
- Implement the new partnership arrangements by 29 September 2019 and further develop published plans and embed the new structures and processes
- Work with the Integrated Care Partnership Board and NHS England to align safeguarding arrangements to the new commissioning framework
- Strengthening communication links to support COP applications
- Contribute to the multi-agency response in the management of safeguarding adult alerts supporting agencies in understanding appropriate referrals and risk management approaches to reduce the backlog in MASH

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 and strengthen arrangements around the adult agenda
- 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
- Scope out quality assurance arrangements for the monitoring of out of area placements
- Launch of the safer care planning tools

Report Contributors

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Dr Linda Whitworth	Named GP for Safeguarding

Useful Acronyms**A**

ACE	Adverse Childhood Experience
ADASS	Adults Directors of Social Services

B

BIA	Best Interests Assessor
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C

CCG	Clinical Commissioning Group
CDOP	Child Death Overview Panel
COP	Court of Protection
CP-IS	Child Protection Information Sharing
CSC	Children Social Care
CSE	Child Sexual Exploitation
CSPRs	Child Safeguarding Practice Reviews

D

DHRs	Domestic Homicide Reviews
DoLS	Deprivation of Liberty Safeguards

F

FGM	Female Genital Mutilation
FGM-IS	Female Genital Mutilation Information Sharing

G

GP	General Practitioner
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I

ICP	Integrated Care Partnership
ICS	Integrated Care System
IHA	Initial Health Assessments

J

JTAI	Joint Targeted Area Inspection
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L

LA	Local Authority
LAC	Looked After Children
LSB	Lancashire safeguarding Board
LSCB	Local Safeguarding Children's Board
LSAB	Lancashire Safeguarding Adult's Board

M

MARAC	Multi-Agency Risk Assessment Conference
MASH	Multi-Agency Safeguarding Hub
MCA	Mental Capacity Act
MSP	Making Safeguarding Personal

P

PLASP	Pan-Lancashire Anti-slavery Partnership
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Q

QPIP	Quality Performance Improvement Process
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R

RHAs	Review Health Assessments
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S

SARs	Safeguarding Adults Reviews
SCR	Serious Case Reviews
SUDC	Sudden Unexplained Death in Childhood

