NHS
Blackburn with Darwen
Clinical Commissioning Group

NHS
East Lancashire
Clinical Commissioning Group

**Agenda Item:**

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# Pennine Lancashire CCG's Safeguarding Annual Report

**(April 2015 to March 2016)**

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## 1.0 Introduction

1.1 This is the Pennine Lancashire Clinical Commissioning Group's (East Lancs CCG and Blackburn with Darwen CCG) first combined annual report. It outlines the responsibilities of the CCG's in respect to Safeguarding children, adults and Mental Capacity Act (MCA) implementation. The report covers the period of April 2015 to the end of 31 March 2016 and provides both the national and local context to safeguarding developments. It outlines how the CCG's are meeting their statutory requirements and responses to local challenges and the expanding agenda.

## 2.0 Safeguarding Governance and Accountability Arrangements

### 2.1 Safeguarding accountability and reporting arrangements within the CCG's

2.1.1 Ultimate accountability for safeguarding rests with the Chief Officer of each individual CCG in meeting statutory and non-statutory constitutional and governance requirements. This includes having systems and processes in place to protect children and adults at risk within the commissioning process and by monitoring of health provider services commissioned by CCG. This also includes having a clear accountability and reporting structure for safeguarding within the organisations which are firmly in place (see appendices 1 and 2 for the CCG's safeguarding accountability and reporting structures)

2.1.2 The two CCG's within the Pennine Lancashire footprint have collaborated to form a Pennine Lancashire CCG Safeguarding Assurance meeting. This reported into the BwD Quality Performance and effectiveness Committee (QPEC) and into the East Lancashire Quality and Safety Committee (QSC). This will move in to a combined Pennine Quality Committee in the future. As commissioning organisations, Blackburn with Darwen CCG (BwD CCG) and East Lancashire CCG (ELCCG) need to assure themselves that the services they commission make adequate arrangements to safeguard and promote the welfare of children and vulnerable adults. Safeguarding children and adults is a priority theme which should be integral to every service within the CCG's and their commissioned services. The aim of this meeting is to ensure that safeguarding is integral to quality and audit arrangements within the organization. It is also a forum for integrating the working and learning of the lead health professionals who hold the safeguarding roles within the Pennine Lancashire CCG areas. The meeting receives feedback from the Provider assurance safeguarding sub-group (terms of reference outlined below in section 2.1.3) by exception. This ensures that the meeting has strong communication links with the Providers including constituent GP's, NHS England, the Commissioning Support Unit, Public Health, other neighbouring health trusts and multi-agency partners with the aim of incorporating the safeguarding agenda into service developments, workforce developments and contractual arrangements.

2.1.3 The two CCG's within the Pennine Lancashire footprint have also collaborated to develop a Pennine Lancashire CCG Collaborative Safeguarding Provider Assurance Sub –group, this feeds into the above assurance group (outlined in section 2.1.2) by exception. The aim of the meeting is to ensure that safeguarding is integral to quality and audit arrangements within each of the commissioned organizations and to seek assurance that they are compliant with safeguarding legislation and statutory

guidance. It is also a forum for integrating the working and learning of the lead health professionals who hold the safeguarding roles within the CCG's geographic area

2.1.4 In addition Blackburn with Darwen CCG has a Strategic Looked after Children group meeting specifically to oversee the health systems and processes in place for these children. This also meets quarterly, has strong representation from children's social care and public health and reports into the Pennine Lancashire CCG Safeguarding Assurance Meeting by exception.

2.1.5 For East Lancashire's Looked after Children's health systems and processes there is a multi-agency Action-planning group which also meets quarterly. This has representation from Children's Social Care. Although this is a Lancashire wide group, East Lancashire Looked after Children providers report via the Designated Nurse issues by exception into the Pennine Lancashire CCG Safeguarding Assurance Meeting.

## 2.2 Training Compliance

2.2.1 As of the end of March 2016 BwD CCG had 87% of its workforce compliant with mandatory Safeguarding Children, Adult and Prevent training.

2.2.2 As of the end of March 2016 East Lancashire CCG had approximately 73% of its workforce compliant with the mandatory Safeguarding Children and Adult training. There have been challenges for staff in accessing the online learning system. This is currently being updated and individuals who are not compliant are being contacted directly.

## 2.3 CCG Safeguarding Commissioning Policy

2.3.1 The CCG Safeguarding Policies, which incorporate clear standards for safeguarding, have been updated to reflect changes to legislation and national guidance. These policies are incorporated into the contract arrangements for CCG commissioned services and provide a framework by which the CCG's gain assurance that safeguarding arrangements across the health community are robust.

2.3.2 All commissioned services are required to complete an annual safeguarding audit against the safeguarding standards; the audit returns are then subject to scrutiny by the CCG safeguarding service. The CCG's monitor commissioned services including the care home sector and voluntary, community and faith sector (VCFS), against safeguarding standards. These form part of the annual contract to monitor the safeguarding arrangements they have in place. The safeguarding standards are reviewed and updated on an annual basis to reflect current legislation and guidance. Themes derived from this system of audit have resulted in actions to support providers in strengthening their safeguarding arrangements. Outcomes include the development of sample safeguarding adult's policies for nursing homes and GP practices and sample Safeguarding children policy for GP practices.

## 2.4 CCG specific Safeguarding roles

2.4.1 Within this reporting period BwD CCG and East Lancashire CCG have developed a draft Pennine model for CCG Safeguarding delivery which will further embed the

development of a Pennine Lancashire CCG approach to safeguarding. This will be a key priority area of development for 2016/2017. It will include developing a CCG Safeguarding service which works across the two CCG's and the two Local Authority footprints (Blackburn with Darwen and Lancashire). It will also include the revision of the community provider service specifications that are in place and again develop a Pennine community provider model rather than individually commissioned provider teams, however currently there continues to be two separate CCG safeguarding teams and separate commissioning arrangements with providers. The present arrangements are outlined below.

**Blackburn with Darwen**

2.4.2 Blackburn with Darwen CCG is supported in fulfilling its safeguarding responsibilities by the Executive lead for Safeguarding (Director of Quality Performance and Primary Care Development) and the Head of Safeguarding whose role incorporates the functions of the Designated Nurse for Child Protection and also provides oversight of the Safeguarding Adult agenda. The CCG also commissions a Designated Doctor for Child Protection (CP) incorporating the function of Designated Consultant Paediatrician for Sudden Unexpected Deaths in Childhood (SUDC) and a Designated Doctor for Looked after Children (LAC) from East Lancs Hospital's Trust (ELHT) and a Designated Nurse for LAC from Lancashire Care Foundation Trust (LCFT). The Designated responsibilities include the provision of specialist expert professional advice to the CCG, partner agencies and health organisations across the health economy and for ensuing that safeguarding assurance is a key aspect of all contractual arrangements. CCG representation on the statutory Safeguarding boards and other multi-agency partnerships is via the Designated Safeguarding leads.

2.4.3 In addition, the CCG commissions a specialist safeguarding service from LCFT which has been reviewed and re-designed within this reporting period. The specification now delivers four clear service lines:

- Child Protection
- Domestic Abuse /Honour Based Abuse/ Forced Marriage and Female Genital Mutilation (FGM)
- Sexual Exploitation (health practitioner within the BwD multi-agency team Engage)
- Multi Agency Safeguarding Hub (MASH).

2.4.4 To promote good professional practice across GP practice the CCG employs a lead GP for Safeguarding for three sessions per month. This role is commissioned to provide advice and expertise to practices, and to keep practices informed of changes to safeguarding practice, guidance and legislation, and to ensure appropriate safeguarding training is in place. This role also provides the GP perspective in children's serious case reviews. It should be noted that national guidance recommends that there are two named GP sessions per 220,000 population. If this formula was applied to the footprint of Blackburn with Darwen there should be a minimum of six sessions per month just for the children's agenda. It is expected this will be an area for development during 2016/17.

2.4.5 To support the CCG in meeting its responsibilities to the Safeguarding adult agenda the CCG commissioned a Safeguarding Adult / Mental Capacity Act (MCA) Implementation Lead, from LCFT. Although this role has been instrumental in supporting the development of the safeguarding adult agenda and for ensuring that the CCG complies with legislation and guidance, there has been a conflict of interest which has arisen in the assurance and oversight function which is required by the CCG in respect of its commissioned services as this role sits within a provider organisation. This specification with the Provider has been reviewed and the provision element i.e. advice, support training and supervision is still commissioned from the Provider and the remainder of the resource has been brought into the CCG. This assurance and oversight functionality has been absorbed into the Head of Safeguarding role for an interim period until the Pennine CCG Safeguarding model outlined above is fully developed and operational.

2.4.6 There have been difficulties experienced with the agreement and provision of the revised Designated Nurse LAC specification. The new functionality has clearly been re-defined in the intercollegiate document 2015 to take a more strategic assurance and commissioning functionality rather than a provision focus. As outlined above this role is currently commissioned from a Provider organisation and conflict of interest issues are impacting considerably on the delivery of the expected outcomes. Following the NHS England recent benchmarking exercise of the CCG's arrangements in respect of the Designated LAC Nurse function, it has been indicated that the role should sit within the CCG. Discussions are on-going within the CCG and with the Provider in respect of this.

2.4.7 The Designated Doctor CP and Designated Doctor LAC service specifications have recently been updated to reflect the core responsibilities of these roles as outlined in the Intercollegiate framework (2015) including clearly defined service outcomes and reporting arrangements These revised specifications are in the final negotiation stages with the provider.

**East Lancashire CCG**

2.4.8 East Lancashire CCG is supported in fulfilling its Safeguarding responsibilities by the Executive lead for Safeguarding (Director of Quality/Chief Nurse), the Head of Safeguarding Children whose role incorporates the Designated Nurse for Child Protection and Designated Nurse function for Looked after Children, and the Head of Safeguarding adults whose role incorporates the functions of the Designated Professional for adults, Mental Capacity Act (MCA)/DOLS Lead and Prevent Lead. The CCG also has a Designated Doctor for Child Protection (CP), incorporating the function of Designated Consultant Paediatrician for Sudden Unexpected Deaths in Childhood (SUDC), Child Death Overview Panel (CDOP) and Looked after Children (LAC) who is hosted by Fylde and Wyre CCG and works two PA's per week for East Lancashire CCG. When aligned to the intercollegiate recommendations for the Designated Doctor Looked after Children capacity alone this suggests a minimum of 2 PAs per 400 Looked after Children population which leaves a deficit for this functionality alone of 2.5 to 3 PA's per week. This will be addressed as part of the overall Pennine Lancs CCG Safeguarding service model in 2016/17.

**2.4.9** To promote good professional practice across GP practices the CCG employs a lead GP for Safeguarding for three sessions per week. This is broken down to two sessions for children and one for adults. This role is commissioned to provide advice and expertise to practices, and to keep practices informed of changes to Safeguarding practice, guidance and legislation, and to ensure appropriate safeguarding training is in place. This role also provides the GP perspective in children's serious case reviews and adult reviews including Domestic Homicide Reviews (DHR's). It should be noted that national guidance recommends that there are two named GP sessions per 220,000 population for children. The Intercollegiate framework for adults has not yet been published. This publication is awaited and recommendations will form part of the work plan for reviewing the Pennine Lancs CCG Safeguarding Service in 2016/17.

**2.4.10** East Lancashire CCG commissions a specialist safeguarding service from LCFT which requires review at the end of this reporting period. The specification in place requires delivery on the following functions:

- Safeguarding/Child Protection Leadership
- Training
- Supervision
- Multi-Agency working
- SCR's
- CDOP
- Child Sexual Exploitation
- Youth Offending
- Domestic Abuse

There are separate service specifications in place for:

- Multi Agency Assessment Team (MAAT)/Specialist Health Practitioners SHP's
- Children who are Looked After (CLA)/Looked after Children service.

## 3.0 External Scrutiny of Safeguarding Arrangements

### 3.1 Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework April 2015[1]

3.1.1 This document updates and replaces the version issued by the NHS Commissioning Board in March 2013 and sets out clearly the safeguarding roles, duties and responsibilities of all organisations in the NHS. In particular, it recognises the new responsibilities set out in the Care Act 2014[2] that came into force in April 2015.

3.1.2 NHS England (NHSE) is undertaking reviews of CCG's safeguarding functions to meet statutory requirements to safeguard children, young people and adults at risk. The CCG will be required to participate in the second cohort of NHS England assurance visits to demonstrate compliance against the Safeguarding Accountability

[1] Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework, NHS England, 2015
[2] The Care Act 2014, HM Government, 2014

and Assurance Framework and NHSE's wider objectives; this will be reported on 2016-17.

### 3.2 Section 11 Audit

3.2.1 Section 11 of the Children Act 2004 sets out agencies responsibilities in respect of safeguarding children. The Lancashire and Blackburn with Darwen Safeguarding Children Board's (LSCB) conduct an annual audit of all member agencies safeguarding arrangements and following submission is subject to scrutiny by the Quality and Assurance (QA) Sub group to the LSCB's.

3.2.2 To streamline the process, the section 11 requirements have been incorporated into the CCG self-assessment in line with the revised Safeguarding Vulnerable People in the NHS (2015) and form part of the annual safeguarding standards used to monitor safeguarding arrangements within commissioned provider services. The CCG's have submitted completed section 11 Audits to the Lancashire and BwD LSCB's and BwD LSAB, and BwD CCG have also completed two quality assurance returns for BwD LSCB and LSAB as part of the Safeguarding Boards local QA requirements.

### 3.3 Mersey Internal Audit

3.3.1 During the reporting period Mersey Internal Audit Agency undertook a review of East Lancashire CCG's safeguarding arrangements. The overall objective of the review was to assess the systems and processes in place across the CCG to ensure compliance with safeguarding statutory requirements and guidance.

3.3.2 Some of the key findings concluded: East Lancashire CCG's approach to inter-agency working is robust. Evidence within each of the objectives of the review demonstrated their involvement across the Lancashire and Pennine footprint to deliver the safeguarding agenda. Governance arrangements are strong, roles and responsibilities adequately defined, conforming to both the Accountability and Assurance Framework and Intercollegiate document.

3.3.3 Some of the areas for further review which have been addressed as part of an action plan included, compliance to mandatory training/systems and processes; recording of DBS checks and ongoing work with Human Resources as part of the CSU.

3.3.4 Overall the rating was *Significant Assurance*.

### 3.4 Ofsted Inspection

3.4.1 Lancashire Children's Services have been subject to an Ofsted Inspection Autumn 2015 and a report was published 27 November 2015. The review of the local authority was carried out under section 136 of the Education and Inspections Act 2006. The overall effectiveness judgement of the children's services in Lancashire has been judged as inadequate. A key role of safeguarding professionals will be to support partner agencies in making improvements to promote the wellbeing of vulnerable children and young people.

3.4.2 The Lancashire Children's Services Improvement Board has been established and has a responsibility in monitoring and directing progress towards improved

performance. The CCG Chief Officer for Chorley South Ribble and Greater Preston represents the CCGs on the Improvement Board working alongside partners to make sustainable improvements. Further detailed information regarding the inspection can be accessed here.

### 3.5 Safeguarding and General Practice

3.5.1 The CCG's GP Leads and Safeguarding team have supported Primary Care in a variety of ways during 2015/16 to promote safeguarding knowledge and awareness. The team regularly provides expert advice, support with policy development and support with communication and interface with other colleagues.

3.5.2 To increase knowledge and awareness a variety of topics including: Prevent, CSE, FGM, Channel e-learning, the new LSCB website, 7 minute briefings and learning from serious case reviews have been shared with GP Practices via the CCG communication channels. Within Blackburn with Darwen the CCG has developed an intranet site with a safeguarding section which GP practices can access.

3.5.3 Whilst up to date relevant information is shared with GP Practices the safeguarding team is not completely assured that all GP Practices act on this information or comply fully with their safeguarding responsibilities. GP Practice involvement with multi-disciplinary safeguarding processes remains variable. Audits undertaken indicate difficulties with information sharing processes between partner agencies. Strengthening and supporting GP Practices involvement in safeguarding processes will continue to be a priority during 2016/17. It is also intended to develop some GP specific safeguarding standards which will form part of the GP quality contract and will support with obtaining assurance and also support in meeting CQC requirements. This will be progressed 2016/2017.

3.5.4 Blackburn with Darwen's Safeguarding Board's training brochure has been updated providing information on safeguarding training requirements, along with information on how and where to access learning, and this has been circulated out to practices. All GP Practices across the CCG footprints have been offered an individual visit by the GP Safeguarding Lead to support with any safeguarding issues and to be provided with a safeguarding update. The Safeguarding team have provided targeted support as required. Within BwD training compliance with safeguarding adults, children and Prevent is good. The focal area for training within 2016/2017 will be child sexual exploitation and Mental Capacity Act and Deprivation of Liberty Safeguards (DOLS).

3.5.5 In East Lancashire information and training opportunities are circulated to all GP practices. This includes links to the Lancashire children and adults Safeguarding Boards. Bespoke training has been rolled out for GP Practices and Primary Care on learning lessons from Serious Case Reviews – delivered by the Named GP. Child Sexual Exploitation awareness has delivered by CCG CSE lead. Human Trafficking and Domestic Abuse sessions have also been delivered by external trainers. The uptake of these sessions has been variable. At the time of this report in East Lancashire systems are being developed to monitor compliance to mandatory training.

3.5.6 Within this reporting period plans have been put in place to develop a Safeguarding Champions Model to support GP practices with their safeguarding requirements and compliance. This model is in its infancy and the Named GP and CCG Safeguarding Team are planning to visit Locality Teams to discuss this model in more detail. The proposal is for this model to be incorporated into the launch of Domain 3 as part of the Primary Care Quality Framework.

## 4.0 Safeguarding Children

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

### 4.1 Child Sexual Exploitation (CSE)

4.1.1 CSE continues to remain a high profile at national and local level. The Government response to the chronic failure to protect children from child sexual exploitation in Rotherham was published in March 2015[3]. In recognition that those failures were not unique to Rotherham and affects all communities, the Government took a "step change approach" in their response to child sexual exploitation making a number of recommendations for all partner agencies working with children and young people. These recommendations include the need to strengthen accountability; to change the culture of denial; to improve joint working and information sharing; to protect vulnerable children by improving the local response to child sexual exploitation; to better protecting children who go missing or who are placed in care; stopping offenders and supporting victims and survivors.

4.1.2 Tackling CSE is a shared strategic priority for organisations in Lancashire and Blackburn with Darwen. The Lancashire Safeguarding Children Board (LSCB) has undertaken a CSE diagnostic to evaluate the effectiveness of local responses to CSE. The diagnostic identified gaps in health service provision across Central and North Lancashire, however East Lancashire and BwD CCG's already commission health practitioners to work within the multi-agency sexual exploitation team (Engage Lancashire) and our areas were seen as 'good practice areas'. Our model of working which has brought expertise together to develop effective responses to CSE has been recognised nationally and is the preferred model to be rolled out across the wider Lancashire footprint.

4.1.3 A requirement for providers to have a CSE lead and comply with CSE guidance has been added to the NHS standard contract 2015/16. The Safeguarding standards used to monitor safeguarding arrangements within commissioned services will be amended to reflect this requirement on the annual revision. CSE will continue to be a key priority area for 2016/17.

### 4.2 Domestic Abuse

4.2.1 Domestic Abuse remains a significant issue nationally and within the Blackburn with Darwen and East Lancashire localities. It is a complex issue experienced by females and males, the young and the elderly. It occurs in heterosexual and same sex

[3] Tackling child sexual exploitation, HM Government, March 2015

relationships and has no economic boundary. It is not just about physical violence but can include financial, sexual, emotional and psychological abuse and includes issues of honour based abuse, forced marriage and female genital mutilation. It is known that domestic abuse has a major negative impact upon health and is a major contributory factor related to negative health consequences for victims and children.

4.2.2 From a national and local perspective there has been much progress made in recognising domestic abuse and supporting victims and children over recent years. The Violence against Women and Girls Strategy (VAWG) 2016 sets out the national strategy and expectations from public sector organisations and the NHS Mandate 2016-2020 has reflected these outcomes.

4.2.3 In 2014 NICE published recommendations regarding how health practitioners should work with domestic abuse, The recommendations are that health bodies should be involved in the local partnership strategy at a strategic level, services should be commissioned, public awareness raised and staff should be trained in how to identify and respond to domestic abuse. NICE 2014 places responsibility of local commissioners to implement the guidance in their local context and advocates that CCG's work in close partnership with voluntary and community agencies to develop training and referral pathways. The Department of Health have published Guidance for Health Professionals working with Domestic Abuse and Female Genital Mutilation and there are now expectations that health professionals are equipped with the knowledge and skills to respond effectively towards victims, their children and perpetrators of domestic abuse as reflected in the Nice Guidance (2014) and NICE Quality Standards (2016).

4.2.4 The NICE Quality Standards (2016) recommend that Commissioners commission services that ensure:

- ensure staff are trained to recognise the indicators of domestic abuse and who can perform routine enquiry safely
- ensure staff are trained to provide appropriate responses
- ensure referral pathways are in place and that there is a wide range of support available
- correct pathways are in place for people who perpetrate domestic abuse

4.2.5 BwD and East Lancashire CCG's respective safeguarding policies are inclusive of the above NICE Quality standards and commissioned services are expected to be compliant with these. In addition the CCG's commission 'domestic abuse leadership' from LCFT to facilitate practice development regarding domestic abuse, honour based abuse, forced marriage and female genital mutilation and to ensure that statutory recommendations are in place so that practice reflects national and local policy.

### 4.3 Female Genital Mutilation (FGM)

4.3.1 Response and guidance regarding Female Genital Mutilation is constantly developing. The Department of Health are regularly publishing updated guidance for NHS staff regarding identification and response and prevention of FGM. Although

reports of FGM are relatively low in Lancashire it is thought that FGM actual and at risk of cases are potentially prevalent across the borough due to the cultures living within our localities.

4.3.2 The Health and Social Care Information Centre (HSCIC) is collecting data on FGM within England on behalf of the Department of Health (DH) and NHSE[4]. The data is collected to improve the NHS response to FGM and to inform commissioners of services to support women who have experienced FGM[5], in addition to safeguarding women and girls at risk of FGM. The proposed central collection of FGM information from acute trusts became mandatory in April 2015[6]; this was later introduced for Mental Health organisations and GP Practices in October 2015[7]. The data collected will provide an insight into the prevalence and highlight children associated with known female victims who may be at risk of FGM.

4.3.3 In 2015 the Serious Crime Act was amended[8] a number of changes were introduced:

- May 2015 introduced a new offence of failing to protect a girl from FGM for non-related persons who have guardianship/responsibility for the girl at the time.
- July 2015 FGM Protection Orders were also brought into effect under the Serious Crime Act 2015 (section 72).
- October 2015[9] a new mandatory reporting duty requiring specified regulated professionals in England and Wales to make a report to the police was introduced. This involves professionals reporting a 'known' case of FGM in a child under the age of 18 years to the police (section 74).

4.3.4 The Home Office has published guidance outlining the legal requirements placed on professionals and employers. This also includes a process to follow and an overview of the action, which may be taken if they fail to comply with the duty. Further statutory multi-agency guidelines are due for publication in April 2016.

4.3.5 Locally, FGM is included within the CCG Safeguarding Assurance Framework. Recording FGM prevalence and embedding routine enquiry for at risk groups is a particular area that is monitored via the safeguarding assurance process. A priority for 2016/17 is to continue to raise awareness regarding FGM across Primary Care and to identify a FGM lead.

### 4.4 Modern Slavery

4.4.1 Modern slavery is the recruitment, movement, harbouring or receiving of children, women or men through the use of force, coercion, abuse of vulnerability, deception or other means for the purpose of exploitation. Individuals may be trafficked into, out of or within the UK, and they may be trafficked for a number of reasons including sexual exploitation, forced labour, domestic servitude and organ harvesting.

[4] FGM Prevention Programme. Understanding the FGM Enhanced dataset – updated guidance and clarification to support implementation, Department of Health, 2015
[5] Commissioning services to support women and girls with females genital mutilation, Department of Health, 2015
[6] Female Genital Mutilation (FGM) enhanced dataset. Prevention programme, Health and Social Care Information Centre, 2015
[7] FGM enhanced Dataset – GP Approach. FGM Prevention Programme, Health and Social Care Information Centre , 2015
[8] Home Office Circular – Serious Crime Act 2015, Home Office, 2015
[9] Mandatory reporting of Female Genital Mutilation – procedural information, Home Office, 2015

4.4.2 The Modern Slavery Act (2015) is designed to tackle slavery in the UK and includes a new duty for various bodies to notify the Secretary of State upon developing reasonable grounds to believe that a person may be a victim of slavery or human trafficking. The Prime Minister also established a UK cabinet taskforce to tackle such "sickening and inhuman crimes."

4.4.3 The Chief Medical Officer's Annual Report 2014: "Women's Health" refers to modern slavery and the Home Office estimates that there are 10,000–13,000 potential victims of modern slavery in the UK; 55% of these are female and 35% of all victims are trafficked for sexual exploitation. The report highlights that victims experience numerous health risks prior to, during and following trafficking.

4.4.4 On 1 November 2015, a provision of the Modern Slavery Act (2015) came into force for public authorities to notify the Home Office when they encounter a potential victim of modern slavery. Health professionals are not bound by this duty. However, they are, encouraged to make a voluntary notification. Notifications must be limited in how much information they divulge if the victim is an adult who has not consented to it, so that they cannot be identified personally. Guidance on how to notify the Home Office can be accessed using the following link**:**

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/472620/Guidance-Duty_to_notify_Home_Office_of_potential_victim_of_modern_slavery_V1.pdf

4.4.5 The Modern Slavery Act 2015 requires all NHS bodies with a turnover in excess of £36M to disclose the steps they have taken to ensure that slavery and human trafficking do not exist in their business or their supply chains. This is an area of low risk for the CCG as the organisation largely commissions services using standard framework contracts and has monitoring systems in place to reduce or negate this activity.

### 4.5 Child Protection Information Sharing project (CP-IS)

4.5.1 CP-IS is a national system that links social service care IT systems with those used by unscheduled NHS care. Guidance has been introduced by the HSCIC and NHSE providing a platform for CCGs to monitor CP-IS implementation within NHS unscheduled care settings. NHS unscheduled care settings have been identified as often they have little information on children who attend and so are in the greatest need of CP-IS information.

4.5.2 East Lancashire Hospitals Trust is working towards full implementation of the NHSE sponsored project. The challenges have been issues with compatible IT software across Local Authority and organisational boundaries. There is a need to ensure that relevant services commissioned by the CCG are aware of the need to implement CP-IS and plans are mobilised within both the redesign and within existing services.

### 4.6 Serious Case Reviews (SCRs)

4.6.1 A SCR is a local enquiry carried out where a child has died or been seriously harmed and abuse and neglect is suspected, and there is cause for concern about

professional working together. There have been a significant number of SCRs reviews and referrals pending during the reporting period, which has expedited the need to review current practice in respect to undertaking SCRs. Subsequently, the Lancashire LSCB has commissioned two learning events in 2015, with a view to adapting the Welsh Model linked to the statutory guidance, Protecting Children in Wales[10]. A key component of the new arrangements for undertaking SCRs is a facilitated practitioner-focused learning event to share their understanding and to identify key learning points. The learning and reviewing framework is intended to provide an environment in which practitioners and their agencies can learn from their casework. The guidance takes a more streamlined, flexible and proportionate approach to reviewing and learning from what are inevitably complex cases. The newly adapted model will be evaluated by the LSCB and reported 2016/17.

4.6.2 During the reporting period there were no new SCR's identified for East Lancashire.

4.6.3 Copies of the overview reports and learning briefs from the wider Lancashire SCR's that have been completed can be found on Lancashire's Safeguarding Children Board and accessed here.

4.6.4 There were two SCR referrals received by BwD LSCB in 2015-16, one case was commissioned as a SCR by the LSCB. In the second case, the National Panel of Independent Experts on SCRs agreed with the LSCB's decision that the case did not meet the criteria for a SCR. The one case commissioned as a SCR will be published in 2016-17 and a summary of its findings and action required to strengthen the local safeguarding system will also be available in the next annual report. The LSCB has also contributed to SCRs in two other authorities. In both these cases, learning to improve practice on the transfer of case records has been identified and is being implemented. Copies of the overview reports can be found on the LSCB website via link below:
http://www.lscb.org.uk/case-reviews/

## 4.7 Child Protection Activity

4.7.1 Table 1: Number of children, by social care district, subject to a child protection (CP) plan as of 30 March 2015 and March 2016, including rate per 10,000 population.

[10] Protecting Children in Wales: Arrangement for Multi-Agency Child Practice Reviews, December 2012

| CP | Mar-15 | Per 10,000 | Mar-16 | Per 10,000 | % increase |
|---|---|---|---|---|---|
| **Lancashire** | 956 | 39.1 | 1443 | 59.0 | 51% |
| **Burnley** | 114 | 58.2 | 153 | 78.1 | 34% |
| **Pendle** | 67 | 32.2 | 148 | 71.1 | 121% |
| **Rossendale** | 17 | 11.2 | 66 | 43.4 | 288% |
| **HRV** | 120 | 39.5 | 227 | 74.7 | 89% |
| **Blackburn with Darwen** | 187 | 48.9 | 205 | 53.0 | 10% |

4.7.2 The rates of children subject to CP plans have increased significantly from 2014/15. A possible reason may be a response to the concerns in the findings of the Ofsted Inspection. As part of the improvement plan the local authority has reviewed all child-in-need cases. Where children were considered to be following an incorrect pathway in some cases these have been stepped up into child protection; 2015/16 has seen an increase in child protection work for universal and targeted health provision.

4.7.3 Within BwD the number of children referred for multi-agency early help services remained steady through the year and at similar levels to the previous year. The characteristics of the children subject to a Child and Family Plan showed no change to previous years, however 40% of assessments completed by social workers are now at section 47 level compared to just under a third in 2014-15. The increase in section 47 assessments has resulted in 10% more children being subject to child protection plans and 10% more children becoming looked after compared to 2014-15. The BwD LSCB annual report (2015/2016) identified that the additional demand for the more complex end of child protection work has impacted on the timeliness of key safeguarding process and has also impacted on the quality of service provision i.e. indicators on repeat demand at referral and child protection levels is showing that service attempts to reduce risk and address unmet need is not always being effective.

### 4.8 Looked after Children Activity

4.8.1 Table 2: Number of children in the care of Lancashire County Council (LCC), by social care district, as of March 2015 and March 2016, including rate per 10,000 population.

| LAC | Mar-15 | Per 10,000 | Mar-16 | Per 10,000 | % increase |
|---|---|---|---|---|---|
| **Lancashire** | 1626 | 66.4 | 1691 | 69.1 | 4% |
| **Burnley** | 241 | 123.0 | 262 | 133.7 | 9% |
| **Pendle** | 184 | 88.5 | 194 | 93.3 | 5% |
| **Rossendale** | 88 | 57.9 | 88 | 57.9 | 0% |
| **HRV** | 175 | 57.6 | 205 | 67.4 | 17% |
| **Blackburn with Darwen** | 315 | 83.0 | 350 | 91.0 | 11% |

4.8.2 Within Lancashire there was 1626 LAC as of 31 March 2015, an increase of 1% compared to 31 March 2014. This increase is not just a reflection of a rise in the child population: in 2015, 60 children per 10,000 of the population were looked after, an increase from 2011, when 58 children per 10,000 of the population were looked after. The numbers of LAC have continued to rise over the last twelve months. For East Lancashire this means a slight annual increase from 43.54% of all Lancashire's Looked after population originating from East Lancs in March 2015 to 44.29% in March 2016.

4.8.3 In addition more than a thousand children who are looked after by other local authorities are thought to be in placements in Lancashire in Private/Independent Children's Homes and with foster carers. Confidence in the accuracy of these figures is low despite a tightening of the regulations this year which was designed to ensure prompt notification to the host council. In East Lancashire this equates to approximately 300/400 LAC at any one time.

4.8.4 There is a number of East Lancashire LAC placed outside of East Lancs, although the exact figures are unknown as some of these children and young people are placed within Lancashire's boundaries so continue to be included in Lancashire's figures. It is thought the number for East Lancashire is approximately in the region of 150-250. In totality, this brings the figures of the number of LAC living in East Lancs at anyone time to between 900/1000 at any one time.

4.8.3 Within BwD on the 31st March 2016 there were 346 BwD LAC; of those children and young people 134 were placed out of the borough. It should be noted that a further 120 LAC are placed in BwD from other authorities raising the number of LAC to approximately 470 at any one time.

### 4.9 Local Safeguarding Children's Boards (LSCB)

4.9.1 The LSCB's (Lancashire and Blackburn with Darwen) are statutory bodies and have oversight of how partners cooperate to safeguard and promote the welfare of children. As members of the LSCB's the CCG's contribute to the work of the Boards both financially and through the work undertaken by the CCG safeguarding professionals including membership of the subgroups of the Board; contributing to

multi-agency audits and peer reviews; providing the health perspective on a range of topics and contributing to statutory learning reviews. BwD CCG has demonstrated 100% attendance at LSCB Board meetings in this reporting period. Further information on the work of the board, including annual reports and board minutes, can be accessed via the links in the table below:

| LSCB | Weblink |
|---|---|
| **Lancashire** | **http://www.lancashiresafeguarding.org.uk/** |
| **Blackburn with Darwen** | **www.lscb.org.uk** |

4.9.2 During the review of Children's Services in Lancashire 2015, Ofsted also reviewed the effectiveness of the Lancashire LSCB and confirmed that the Board was judged to be good. The report recognised that the Board is meeting its statutory responsibilities. Working relationships and cooperation across the partnerships was strong with appropriate focus on children and families. The LSCB will play a full and active role in the improvement in services for children.

4.9.3 Key Priorities for the Lancashire LSCB 2015/2016 include:-

The LSCB's broad strategic priorities were set out in the business plan for 2015/16 as follows:

- *Priority Area 1:* Improve the effectiveness of agencies and the community in preventing child sexual exploitation
- *Priority Area 2:* Improve the effectiveness of agencies in meeting the needs of Children Missing for Home, Care and Education
- *Priority Area 3:* Improve the effectiveness of safeguarding activity for children in specific circumstances:
    - Children placed in Lancashire from other areas, and in other areas from Lancashire
    - Children whose parents are in prison
    - Children in need of support for emotional and mental health issues
    - Children who are Privately Fostered

4.9.4 Key priorities for the BwD LSCB 2015/2016 include:

- Avoiding duplication and prioritising key areas of business
- Thresholds, custodians of risk
- Educational settings and safeguarding
- Skilling / investing in the advocacy role for frontline staff
- Voice of service user and staff
- Implementation of the Wood Review Recommendations (Children & Social Care Bill Provisions).

## 4.10 Child Death Overview Panel (CDOP)

4.10.1 The Pan Lancashire CDOP is a sub-group of the three LSCB's (BwD, Lancashire and Blackpool) and has a statutory responsibility to review the deaths of all children up to the age of 18. (excluding infant's live-born following planned, legal termination of pregnancy) resident within the three local authority areas.

4.10.2 For BwD there were 20 child death notifications in 2015-2016. For the 2008-16 period, 21% of BwD deaths reviewed were found to have modifiable factors compared to 25% Pan-Lancashire and 22% nationally (national figure based on 2012-16 reviews). The most common modifiable factors/risk factors in the family and the child's environment identified from all the BwD reviews were:

- 60% of cases identified smoking as a risk factor (smoking in pregnancy and in the household by a parent/carer)
- 25% of cases where sleeping arrangements for the child were unsafe
- 15% of cases identified having issues relating to service provision (access to health, social care or housing services) and knowledge of services available for targeted support

4.10.3 A summary of the key findings for 2015/16 for Lancashire are as follows:

- There were 127 child death notifications in 2015/16 and 33 of these were East Lancashire children (25.98%).
- 7% of deaths were of children from an Asian Pakistani heritage, compared with the child population of 6% in the 2011 census
- 60% of children were aged under 1 year (35% under 28 days and 25% 28 – 264 days)
- 38% of deaths were due to chromosomal, genetic and congenital anomalies and 23% were due to perinatal/ neonatal events.
- 31% of deaths were identified to have modifiable factors
- Of the 31% of deaths identified to have modifiable factors the most common category of death was perinatal neonatal events (33%), this was also the case for Pan-Lancashire. The second largest category to have modifiable factors was sudden, unexpected, unexplained deaths (22%).
- The four most common modifiable factors were service provision, parenting capacity, alcohol/ substance misuse in a parent/carer and smoking.

# 5.0 Looked after Children (LAC)

## 5.1 Implementation of revised statutory guidance

5.1.1 Promoting the Health and Wellbeing of Looked after Children, 2015[11] has been issued jointly by the Department of Education and health. It has been updated to reflect reforms to the National Health Service following the Health and Social Care Act in 2012. It also takes account of other reforms such as the changes to the special educational needs legislative framework and the cross government mental health strategy, which emphasises that mental health, is as important as physical health.

[11] Promoting the health and well-being of looked-after children; statutory guidance for local authorities, Clinical Commissioning Groups and NHS England; Department of Education, Department of Health. March 2015

5.1.2 NHSE North of England has supported the development of a benchmarking tool to assess the level of compliance of CCGs against the revised statutory guidance and intercollegiate framework[12]. The aim of the tool "Right People, Right Place, Right Time, Right Outcomes for Children" was to benchmark the CCG regarding levels of compliance and to understand the role, position and challenges of Designated Professionals for LAC. This included peer benchmarking workshops with a view to compiling a final thematic report. A key priority for 2016/17 is to ensure the findings from the Benchmarking tool are implemented by the CCG's.

5.1.3 The CCGs covering East and Central Lancashire localities in collaboration with Lancashire Care Foundation Trust (LCFT) have undertaken a survey, to explore the arrangements in place within Primary Care to determine the effectiveness of arrangements in line with the guidance. Recommendations for supporting improvements within Primary Care and raising awareness are being formulated and will be reported 2016/17.

## 5.2 Lancashire Multi-Agency Operational Health Assessment Performance and Recovery Plan

5.2.1 To ensure the health needs of LAC are identified and addressed there is a statutory responsibility for the local authority to ensure that children in their care have a health assessment which informs the child's individual health plan. It is the duty of CCGs to cooperate with requests from local authorities to undertake the statutory initial and review health assessments[13].

5.2.2 Within Lancashire and in relation to concerns identified in 2014 regarding the decrease in performance and timely completion of statutory health assessments for LAC, 2015 has seen a sustained improvement across the County. The implementation of a joint recovery plan between health and children social care has seen a positive impact on improving performance figures especially in respect of review health assessments. However key challenges remain:

- Health not being consistently invited to LAC planning and review meetings
- SDQ scores not being available to meaningfully inform health assessments
- Performance and quality of initial health assessments
- Having a consistent senior representative from children social care to support in driving improvements forward

5.2.3 There will be a continued drive through 2016/17 to improve the quality and performance of health assessments with a focus on partnership working arrangements.

[12] Royal College of Nursing; Royal College of Paediatrics and Child Health; Royal College of General Practitioners; *Intercollegiate Role Framework: looked after children: Knowledge, skills and competencies of health care staff,* March 2015

[13] An initial health assessment must be undertaken within four weeks of coming into care and a review health assessment every 6 months up until the age of 5 years and annually thereafter.
https://www.gov.uk/government/publications/chief-medical-officer-annual-report-2014-womens-health

## 5.3 Blackburn with Darwen Initial Health Assessment Performance and Recovery Plan

5.3.1 As outlined above, there is a statutory requirement for Initial Health Assessments (IHA's) to be undertaken within 20 working days of a child becoming looked after by the Local Authority. The total number of children requiring and seen for an initial health assessment has doubled (Total of 122) when compared with the previous year (April 2014 to March 2015, a total of 61). This coupled with increased demand in other areas of paediatrics, staffing levels and impact from cancellations and DNAs had a significant impact on the ability to provide timely health assessments. During the middle 2 quarters of this reporting period, the percentage of children seen within statutory target of 20 working days has been below 20%. However this figure rose to 58% in the last quarter (March 2016) following increased capacity, early notification by social services and other immediate measures implemented. During the same period there were issues with access to electronic health records, which limited the number of patients seen in each clinic. Staff sickness, complexities of administrative support also contributed to the delays.

5.3.2 An issues log and action plan was prepared in March 2016 and shared with the BwD strategic LAC group by the divisional management and Designated Doctor LAC for BwD within ELHT in collaboration with the CCG to ensure early recognition and implementation of actions. These measures included improved administrative support with cover for absences, clarity on data collection and statutory targets, development of internal escalation processes, cooperation between LAC lead of BwD and East Lancashire, representation of divisional leadership at LAC strategic group level, identifying additional capacity and measures to reduce cancellations and DNAs, development of alternative roles to supplement work currently done by doctors etc. Further strengthening of these processes including re-negotiation of pathways that involve a number of care providers will be required in the coming year.

5.3.3 The review of the action plan and performance figures are a regular agenda item at the BwD CCG Looked after Children strategic GROUP AND Lancashire CLA Action Planning group.

## 5.4 Gaining the views of Children Looked After - To inform their future experiences of their access to Statutory Healthcare Assessments

5.4.1 The Lancashire Local Authority commissioned work from Barnardo's July 2015, which sought to gain the views of young people in relation to their statutory health assessments to improve the healthcare assessment process in the future. The consultation focused on different aspects of a child's experience of the statutory healthcare assessment. Key messages included: young people wish to be consulted both regarding their choice of venue and who they would like to complete their health assessment and reminded when an appointment is due. The findings from this consultation informed the LAC county wide work stream.

## 5.5 Health Needs of Care Leavers

### Blackburn with Darwen

5.5.1 BwD Public Health commissioned a Care leavers nurse within this reporting period which has demonstrated some positive outcomes for this cohort of young people. Health needs have been assessed and addressed through direct work, referrals and signposting. Key areas of work have included supporting young people to access universal and specialist health services including dental and GP appointments, mental and sexual health and drugs and alcohol misuse with a focus on promoting healthy eating and lifestyles. The specialist nurse for care leavers was successful in gaining the 'Investing in Children' award on the 31st May 2016. Organisations who receive the award are able to evidence how dialogue with young people has led to change. It is a children's and young people's award; therefore the young people who are supported by the service have provided the evidence for the organisation and have also endorsed the membership.

5.5.2 Care leaver's comments recorded by the investors in children assessor include:

*"She is consistent, honest and trustworthy!"*

*She has made a big difference to my life. She motivates me and helps me make my appointments. It would be a bit pointless if she wasn't around!"*

*"I feel I can trust her, she is kind hearted, never over steps the boundaries and always asks if we can talk about things. She has every intension to help young people and is quite organised which is a good thing as I always forget things so she messages me to remind me!"*

*"She is also professional in her job"*

*"We always get options for where and when we want to meet"*

## 5.6 LAC County Wide Work stream

5.6.1 The CCG Collaborative Commissioning Board (CCB) commissioned the Midlands and Lancashire Commissioning Support Unit to undertake a review of the joint commissioning arrangements of health services for looked after children with the intention of improving outcomes for this vulnerable group of young people. The work streams include:

- A review of joint commissioning arrangements of health services for Lancashire's LAC, culminating in a preferred option for future commissioning arrangements.
- A review of the financial benefits and associated risk to the implementation of the tariff relating to initial health and follow up health assessments for LAC and development of an options paper for implementation.
- Development of a more robust commissioning system to reduce the numbers of service specifications and implement a more outcomes based approach.

It is anticipated that recommendations will be finalised end of April 2016 prior to presentation to the CCB.

## 6.0 Safeguarding Adults

### 6.1 Introduction

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

6.1.2 Safeguarding adults is a national priority, underpinned by the Care Act 2014. The Care and Support statutory guidance updated in March 2016 reflects that safeguarding duties have a legal effect in relation to all organisations including the NHS.

6.1.3 The Act includes a statutory requirement for local authorities to collaborate with other public authorities, including health, and also requires seamless transitions for young people moving to adult social care services. The Care Act also recognises the key role and experiences of carers in relation to safeguarding processes and duties to reflect domestic abuse including coercive and controlling behaviour.

### 6.2 Making Safeguarding Personal

6.2.1 Making Safeguarding Personal (MSP) has seen a shift in culture and practice and is, supported within the Care Act. Safeguarding practice has moved from a process driven system to one that is person-led and outcome focused. The national project of MSP was evaluated in November 2015. The findings indicated that a positive effect on the experiences and outcomes of individuals who use safeguarding services were noted. Respondents expressed that it had led to a culture change in moving to a more 'person centred approach' in contrast to the previous approach, which was seen as process driven.

6.2.2 Further work is required in Lancashire, in shifting care providers approaches to quality assurance with strategic support from the safeguarding adult board and in ensuring that partner organisations promote MSP. Areas of practice require strengthening in meaningful improvement to individual circumstances, managing risk, recording outcomes and identifying and working with individuals who present with coercive and controlling behaviours.

### 6.3 Care Homes

6.3.1 Within Lancashire multi-agency information sharing process is now well established for the regular care sector known as Radar. Radar has enabled the development of a Lancashire wide Quality Improvement Planning (QIP) process; a confidential, planned and coordinated multiagency response designed to ensure that issues are addressed when there are shortfalls in quality of care. A Lancashire wide approach has been developed to streamline processes, with the development of guidance to support providers to reduce unwarranted variation.

6.3.2 Within the reporting period 13 care homes with nursing in East Lancashire have been managed by the QIP process. Providers have demonstrated that with additional wrap around support they can make the required improvements. Themes derived from the

QIP process include: poor leadership, lack of access to robust training and supervision, poor quality record keeping /care and support planning and inconsistency in MCA compliance. Challenges remain in ensuring providers can embed and sustain the service improvements given the recruitment and retention pressures of registered nurses.

6.3.3 Within BwD regular 'Combined Quality' meetings are held which have a similar focus to the Lancashire RADAR meetings, there have been no residential or nursing establishments managed by the QIP process in BwD

### 6.4 Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS)

6.4.1 MCA 2005 provides a statutory framework to ensure that individuals who lack capacity are supported and empowered to make decisions about their care and treatment. In 2009, the Act was amended to incorporate DoLS, alongside the Act, health services need to be vigilant to the frequent changes to case law to ensure compliance.

6.4.2 The implementation of the Supreme Court Judgement, 2014 lowered the threshold of DoLS, resulting in an increase of individuals unlawfully deprived of their liberty. In response to the challenges to services a pan-Lancashire MCA Practice Group was developed to provide a coordinated approach across the heath economy. This included the development of key initiatives to improve compliance and raise awareness within commissioned services. Key developments include: a suite of MCA tools, MCA media resource and eBook funded by NHS England. These were launched in March 2016, both nationally and locally including being uploaded onto the Social Care Institute Excellence website (SCIE). It is interesting to note, that the resource was viewed up to 960 times across England, Scotland, Wales and Northern Ireland within the first month of the launch.

6.4.3 Gaps and challenges around formal governance arrangements has resulted in a sub group of the Lancashire Safeguarding Adult's Board being established. Although in its infancy the group has been instrumental in facilitating training on MCA implementation across health and social care. Key priorities for 2016 include a Lancashire wide MCA learning and development strategy and introduction of multiagency MCA learning and development opportunities.

### 6.5 Safeguarding Adult Reviews (SARs)

6.5.1 Under the 2014 Care Act, the Board is responsible for SARs and must arrange a SAR when an adult dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult. The Board must also arrange a SAR if the same circumstances apply where an adult is still alive but has experienced serious neglect or abuse.

6.5.2 The purpose of SARs is to identify and apply lessons learnt from cases where there is reasonable cause for concern about how the Board, its members or other relevant organisations worked together in any particular case, so as to prevent risks of abuse or neglect arising in the future. Although determined locally according to the specific

circumstance the criteria for undertaking a SAR is broad and a more streamlined criteria is required.

6.5.3 A priority for Lancashire in 2016/17 will be in the implementation of a new adult review model in line with the Welsh Model, which will bring a more coherent framework for reviewing, learning and improving practice in adult protection. A tiered approach with different types of reviews which are dependent on the nature of the incident and circumstances of the adult involved will be implemented along with multiagency forums to include' concise' and 'extended' reviews. This will bring practice in line with the children's Board SCR process.

### 6.6 Safeguarding Adult Activity

6.6.1 Table 6: Total number of safeguarding adult alerts received by Lancashire County Council and Blackburn with Darwen LA

| Adults: | **Apr-14 – Mar-15** | **Apr-15 – Mar-16** |
|---|---|---|
| East Lancashire | 2803 | 3056 |
| Lancashire | 8594 | 9654 |
| Blackburn with Darwen | 1537 | 1803 |

6.6.2 Safeguarding alerts received by Lancashire County Council continue to increase year on year. The associated increase may be a result of a significant amount of services development and awareness raising in relation to roles and responsibilities of services, coupled with the local authority message that "no alert is a bad alert". However there is also work being done to try and measure the impact of the austerity measures and whether this is potentially impacting on the number and severity of safeguarding concerns.

6.6.3 It is important to note that a majority of safeguarding alerts in Lancashire did not progress to a safeguarding enquiry. It is unclear why this is, however based on the message that 'no alert is a bad alert' could encourage professionals to notify the safeguarding enquiry team of concerns that may need a multi-agency response, but not necessarily an adult protection response; alongside the implementation of MSP where individuals are asked directly as to what outcome they would like to achieve considering their individual circumstances.

6.6.4 Within BwD, the total number of alerts in the first half of the year increased by 10% compared to the same period last year. This has meant that the number and proportion of alerts progressing to referrals and investigations has also increased:

82% of alerts have progressed to referrals (78% last year) and 35% of referrals progressed to investigation (29% last year). Investigations are up by 40% compared to last year and the proportion of referrals that progressed to investigation was also reported to be up from 29% to 35%. 63% of investigations resulted in no further action for the Safeguarding Team

6.6.5 For BwD the characteristics of referrals in terms of types of support required, the categories of abuse and source of risk are similar to last year: 46% of referrals classed as neglect; 21% physical abuse; 16% financial abuse; 10% emotional abuse; 34% where abuse took place at home; 35% in a care home; and 10% in hospital setting.

6.6.6 Learning from substantiated safeguarding enquiries across Lancashire and BwD continue to identify organisational themes:

- Professional and individual accountability
- Poor leadership and lack of supervision
- MCA/ DoLS implementation
- Record keeping
- Care and support planning
- Management of resident to resident type incidents
- Medicines management

## 6.7 Local Safeguarding Adult's Boards (LSAB's) Lancashire and Blackburn with Darwen

6.7.1 The LSAB's (Lancashire and Blackburn with Darwen) are responsible for providing the strategic direction for safeguarding/adult protection across the county; ensuring that all agencies work together to minimise the risk of abuse to vulnerable adults and to protect those subject to abuse. Further information on the work of the board, including annual reports and board minutes, can be accessed via the links in the table below:

6.7.2

| LSAB | Weblink |
|---|---|
| **Lancashire** | **http://www3.lancashire.gov.uk/corporate/web/?Safeguarding_adults_website/13624** |
| **Blackburn with Darwen** | **www.lsab.org.uk** |

6.7.2 Following a review of the Lancashire LSAB's governance arrangements, it was identified that the Board did not have the necessary financial support from agencies to carry out its duties effectively. A decision was made to combine the business administration from the LSCB with an additional resource to form a single business unit serving both Boards. This approach has provided equity and strengthened the

LSAB's arrangements. BwD LSAB has used this approach successfully for some time.

6.7.3 Lancashire LSAB has commenced the development of '7' minute briefings with support from partner agencies; and Blackburn with Darwen LSAB has developed 'Safeguarding snapshots'; topics include Prevent, MCA, themes from SARs, safer recruitment and use of agency staff; radicalisation; modern slavery and LSAB priorities. The briefings are disseminated through health systems and providers services.

6.7.4 **Key Priorities for the Safeguarding adult Boards for 2016/17 include:-**

**Lancashire**

- Development of a Lancashire wide MCA learning and development strategy
- Implementation of a new adult review model in line with the Welsh Model
- Strengthening making safeguarding personal across agencies

**Blackburn with Darwen**

- Continued development of the 'Making safeguarding personal' agenda
- Assurance of continued development of safeguarding arrangements across all agencies (including assurance re safeguarding training compliance; review of the LSAB Learning & Development Strategy and monitoring of the effectiveness of the Adult Safeguarding Continuum on decision making and risk assessment)
- Safeguarding & The Care Act: Review of agencies responsibilities

## 7.0 Domestic Homicide Review's (DHR's)

7.1 DHRs were established under a statutory basis under section 9 of the Domestic Violence, Crime and Victims Act (2004). The CCG as a specified body is required to participate in the DHR process with the aim of establishing lessons learned regarding the way professionals and organisations work together to safeguard victims.

7.2 Blackburn with Darwen Community Safety Partnership has commissioned a DHR within the reporting period; the final report was submitted to the Home Office on the 30th May 2016. The learning will be reported in the 2016/17 report. The web link to the two published BwD DHR's is below:

http://www.blackburn.gov.uk/Pages/Domestic-abuse.aspx

7.3 East Lancashire CCG did not have a DHR within the reporting period. There is however a still outstanding DHR which was completed in 2015 which is awaiting Home Office approval. All outstanding CCG actions from this DHR have already been implemented.

## 8.0 Prevent

8.1 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. Health care professionals treat people at risk of being drawn into terrorism. The key challenge for services is to ensure that where there are signs that someone

has been drawn into terrorism, health professionals are trained to recognise the signs and know how to access support.

8.2 Blackburn with Darwen and Burnley are identified as priority reporting areas by NHS England. Both CCG's are committed to developing the Prevent agenda both from an internal CCG perspective and from a commissioning perspective and are also supporting compliance with the GP member practices. Some key achievements to date include: the CCG Governing bodies have received Prevent awareness training; CCG staff members have received Prevent training; a rolling programme of training is being delivered for GP practice staff and the CCG's have a Prevent policy in place. The CCG's are also represented on the national Prevent subgroup of NHSE, which report into the national safeguarding board. Key objectives include:

- A mapping exercise to scope how primary and secondary care services are linked into the multiagency channel process
- Focus on potential risks linked to the Transforming Care agenda
- The development of toolkits for learning disability community services
- Wrap '3' training strengthened to incorporate a localised approach with positive success stories linking to clinical practice

8.3 The NHS standard contract includes the requirement to identify a Prevent Lead and to embed Prevent duties into the delivery of services. These requirements are included within the CCG annual safeguarding standards.

## 9.0 Multi-Agency Safeguarding Hub (MASH)

9.1 The MASH concept is to co-locate safeguarding agencies and their data into a secure assessment, research and decision making unit that is inclusive of all notifications relating to safeguarding child and adult welfare in a Local Authority area. The co-location of agencies builds trust and confidence and speeds up the process of information sharing and decision-making. The added value of MASH is that it provides for a fuller, more informative intelligence product with a risk assessment supported by a clearly recorded rational for operational use at the earliest stage. The objective is; 'early intervention' to prevent the escalation of harm, risk and crime.

9.2 Both of the CCG's commission a health resource into the respective BwD and Lancashire MASH's. The health contribution to MASH ensures that decisions can be made appropriately regarding onward referral and wider sharing of information. The health function within MASH is able to utilise existing networks within the acute & community settings across the health economy and be part of the multi-agency decision making process for children and adults by providing an analysis of health information. The health function within the team enables the sharing of good practice and the escalation of evidence of ineffective safeguarding arrangements within and outside of MASH to the range of commissioning and provider organisations within the Pennine footprint.

9.3 Emerging benefits of the MASH to date include rapid information sharing and decision making around risk; greater awareness and understanding of partner

agencies' agendas; a desire to resolve threshold differences; and an holistic approach to the assessment of need.

9.4 From a Lancashire perspective and to address the effectiveness and governance arrangements for MASH from a multi-agency perspective, Lancashire LSCB has commissioned a MASH diagnostic exercise to be completed. This included visits to other MASH sites outside of Lancashire to explore future developments and enhancement of MASH. Although, the visits identified areas of good practice a suitable delivery model was not identified due to the complexities of the Lancashire footprint. MASH Phase 2 implementation was planned to commence October 2015 with the initial introduction of health referrals from a children's perspective, however this was delayed awaiting the outcome of the MASH diagnostic. Future, multi-agency practitioner events are planned across Pan-Lancashire to influence and guide change in working together to improve outcomes for vulnerable children, young people and adults. A report detailing the findings of the diagnostic will be available later in 2016.

## 10.0 Key Combined CCG Priorities 2016/17:-

- Continue to develop the Pennine Lancashire CCG approach to Safeguarding both from a commissioning and provision perspective
- Maintain a Pan-Lancashire collaborative approach to the Safeguarding Assurance Framework
- Demonstrate compliance with NHSE Safeguarding Accountability and Assurance Framework
- Continued derive for compliance for LAC Initial Health Assessments
- Continue to support and strengthen Safeguarding arrangements within Primary Care
- Strengthen the Safeguarding and MCA champion model within the care home sector and Primary care across the Pennine Locality footprint
- To develop a Safeguarding assurance process for primary care
- Maintain and incorporate future developments as necessary within the Designated leads functions.
- To support the delivery of the Lancashire and BwD Safeguarding Children and Adults Boards key priorities 2016/17

## 11.0 Conclusion

11.1 This annual report provides an overview relating to local challenges, developments and initiatives pertaining to safeguarding that have taken place during the last twelve months and outlines key priorities for 2016/17. The report aims to provide a level of assurance that the CCG's are fulfilling their statutory duties and responsibilities for safeguarding children, young people and adults at risk of harm. Safeguarding is multifaceted and challenging with the agenda continuing to evolve in line with national policy, legislation and findings from learning reviews. It is important not to underestimate the value of partnership working; effective safeguarding depends on collaborative multi-agency working. Professional practice must put individuals and their experiences at the centre of care provision and service development. Safeguarding is everybody's business.

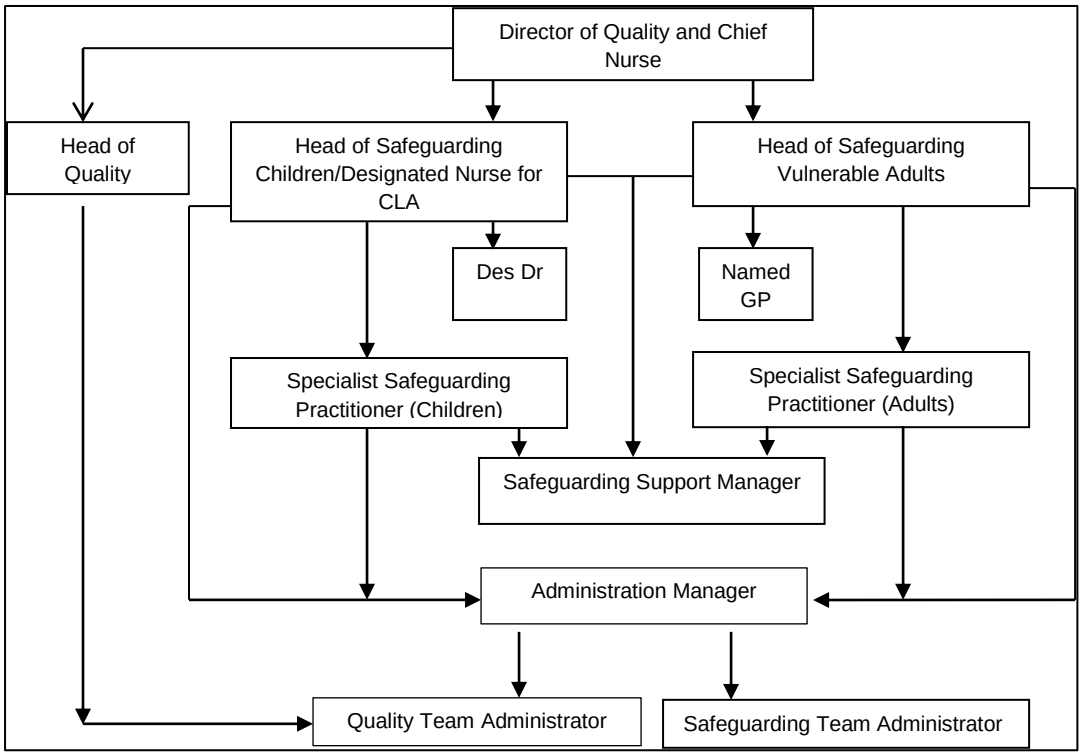
## 12.0 Contributors to this Report

Susan Clarke

Debbie Ross

Peter Chapman

## Appendix 1 – ELCCG Organisation Chart and Accountability



**Appendix 2 – Blackburn with Darwen Organisation Chart and Accountability**