

Safeguarding Annual Report 2016/17

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1. Foreword

It is my pleasure to introduce the safeguarding adults and children annual report of NHS St Helens CCG for 2016-17. Safeguarding is fundamental to all the work of the CCG. This report provides assurance to the Governing Body that the CCG is fulfilling its statutory safeguarding responsibilities and demonstrates a strong commitment to safeguarding within the local communities.

The work of safeguarding adults and children from abuse and neglect is a never-ending process with an ever increasing and challenging agenda. There are robust governance and accountability arrangements within NHS St Helens Clinical Commissioning Group (CCG). This ensures that safeguarding is core to the business and there is continued commitment to the priorities of the safeguarding agenda from executive level and throughout all CCG employees.

For 2016-17 the adults, children's and looked after children's annual reports have been combined giving an overarching view of the safeguarding work.

Safeguarding is at the heart of everything we do in the CCG. In order to prevent abuse occurring and to help protect the most at risk people in our communities a partnership approach is essential. It is therefore crucial that all staff within the CCG and across all agencies work together with our communities to safeguard those at risk of abuse and neglect.

I hope the report helps you to see the both the challenges and the commitment of the CCG Safeguarding team to this agenda, and overall the report provides you with assurance that the CCG has been and continues to be engaged in this very important safeguarding work.

Lisa Ellis
Chief Nurse

2. Executive Summary

This is the first joint Annual Safeguarding Adults, Children and Looked after Children's Report to the NHS St Helens Clinical Commissioning Group's (CCG) Governing Body. All NHS organisations are required to provide an annual report that links to the Children's Act 2004 Section 11 requirements. This revised reporting format now aligns safeguarding adults, children and looked after children into these CCG reporting requirement and this joint report replaces the two reports that have previously been submitted separately.

The purpose of the joint report is to assure the Governing Body and members of the public that the NHS St Helens Clinical Commissioning Group (CCG) is fulfilling its statutory duties in relation to safeguarding adults, children and looked children in St Helens; it takes account of national changes and influences local developments and activity and an overview of any significant issues or risks with regard to safeguarding and the actions being taken to mitigate these.

Our approach to safeguarding is underpinned by a performance management culture, contracting systems and processes that aim to reduce the risk of harm and respond quickly to any concerns.

The report highlights key achievements for 2016/17 and outlines the priorities for 2017/18.

Business Priorities 2016/17

- Establish and support improvements in relation to quality of safeguarding in Primary Care.
- Ensure that the CCG is compliant with statutory safeguarding responsibilities requirements; including the oversight and management of progression against action plans for section 11 scrutiny, NHSE assurance and other safeguarding frameworks.
- Support the implementation and development of national and local safeguarding arrangements in accordance with guidance, learning from reviews and the LSCB and LSAB priorities.

Key Risks:

The report covers the period 2016/17 during which NHS St Helens CCG met its statutory requirements in respect of Safeguarding and Looked after Children. However, the Designated Doctor retired in 2015 and NHS St Helens CCG has not been able to recruit to the role. It is a statutory requirement for a CCG to have access to the expertise of a Designated Doctor. The issue is included on the NHS St Helens CCG risk register and mitigation actions are in place.

Financial Impact on the CCG:

No financial impact has been identified.

Implications/Actions for Public and Patient Engagement:

No additional implications or actions for Public and Patient engagement have been identified.

3. Introduction

The purpose of this report is to ensure that the NHS St Helens Clinical Commissioning Group's (CCG) Governing Body is informed of the progress and developments in the national and local safeguarding agenda during the year 2016 - 2017; that it is apprised of how the CCG, the NHS organisations from whom it commissions services and Primary Care addressed their responsibilities and fulfilled their statutory duties under Section 11 of the Children Act 2004 and the Care Act 2014.

This revised reporting format now aligns safeguarding adults, children and looked after children and replaces the two reports previously submitted separately for Safeguarding Adults and Children and Looked after Children.

Clinical Commissioning Groups (CCGs) as the major commissioners of local health services are responsible for safeguarding quality assurance through contractual arrangements with all provider organisations.

The report highlights the areas where further development is required and indicates potential risks. Finally, the report's authors seek to assure the CCG Governing Body that where gaps were identified in commissioned organisations, that these organisations were held to account via the governance processes of the CCG, St Helens Safeguarding Children Board (STSCB) and St Helens Safeguarding Adult Board (STSCB)

The term safeguarding covers everything that assists a child, young person or adult at risk to live a life that is free from abuse and neglect and which enables them to retain independence, well-being, dignity and choice. It is about preventing abuse and neglect, as well as promoting good practice for responding to concerns on a multi -agency basis.

All safeguarding work is underpinned by the CCG values:

- Integrity
- Care and Compassion
- Listening
- Team Work
- Learning and Improvement
- Respect and Dignity

4. Putting safeguarding into context:

National

The duties and functions in relation to safeguarding for NHS St Helens CCG are articulated within NHS England Safeguarding Accountability & Assurance Framework (June 2015).

The Safeguarding Vulnerable People in the NHS- Accountability and Assurance Framework 2015 outlines that CCGs must provide assurance demonstrating that they have appropriate systems in place for discharging their statutory duties in terms of safeguarding. These include:

- Plans to train staff in recognising and reporting safeguarding issues
- A clear line of accountability for safeguarding properly reflected in the CCG governance arrangements
- Appropriate arrangements to co-operate with local authorities in the operation of Local Safeguarding Children Boards (LSCBs) and Local Safeguarding Adult Boards (LSABs)
- Securing the expertise of a named professional for Primary Care (children), a Designated Doctor and Nurse for safeguarding children and for looked after children and a Designated Paediatrician for unexpected deaths in childhood.
- Securing the expertise of a named professional for Primary Care (adults) and a Designated Nurse for safeguarding adults
- A CCG lead for the Mental Capacity Act
- A CCG lead for Prevent

It remains the responsibility of every NHS funded organisation and each individual healthcare professional working in the NHS to ensure that the principles and duties

of safeguarding adults and children are consistently applied with the well-being of those vulnerable groups at the heart of what they do.

All NHS organisations need to ensure that there is sufficient capacity in place to fulfil their statutory duties and should regularly review arrangements to assure themselves that they are working effectively.

Responsibilities for safeguarding are enshrined in legislation. There are fundamental differences between the legislative framework for safeguarding children and that for adults which stem from who can make decisions.

The CCG has fulfilled its requirement to NHSE England North and completed a safeguarding self- assessment of its functions and arrangements any identified areas for improvement have been actioned in 2016-17.

Section 11 of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any service that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children. Section 11 places a duty on NHS organisations, including Clinical Commissioning Groups (CCGs), NHS Trusts and NHS Foundation Trusts. The Local Safeguarding Children's Board coordinates organisational responses for Section 11 audit. The CCG has completed a robust Section 11 audit to satisfy the LSCB, that St Helens CCG is discharging its responsibility to safeguard children appropriately.

The duties and functions in relation to Looked after Children are outlined in Promoting the health and well-being of looked-after children statutory guidance for local authorities, clinical commissioning groups and NHS England: (March 2015). In 2016 the CCG completed an audit for NHSE, to provide assurance that it was fulfilling its responsibility to Looked after Children, using the statutory guidance as the framework. A subsequent action plan was developed and action achieved through in 2017. It is expected that the audit will be repeated late 2017.

The Care Act 2014 brought adult safeguarding onto a statutory basis. The Care Act 2014 sets out a clear legal framework for how local authorities and other key parts of the system should protect adults at risk of abuse or neglect.

Local authorities under the Care Act have new safeguarding duties. They must:

- lead a multi-agency local adult safeguarding system that seeks to prevent abuse and neglect and stop it quickly when it happens
- make enquiries, or request others to make them, when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed
- establish Safeguarding Adults Boards, including the local authority, NHS (CCG) and police, which will develop, share and implement a joint safeguarding strategy
- carry out Safeguarding Adults Reviews when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the local authority or its partners could have done more to protect them
- arrange for an independent advocate to represent and support a person who is the subject of a safeguarding enquiry or review, if required.

The CCG is a statutory partner of the SAB. The CCG in turn as a commissioner of local services have assured themselves that in respect of the organisations from which they commission services and in the CCG's role of supporting of primary care, there are effective safeguarding arrangements in place.

The wider context of safeguarding continues to grow and change in response to the findings of large scale inquiries such as the Francis report, Winterbourne View, The Lampard investigation into Jimmy Savile, The Rotherham Child Sexual Exploitation Enquiry.

There have also been further changes to the commissioning system with the devolved commissioning of Primary Care and the current changing landscape towards place based systems of care and it is important safeguarding roles are clear in relation to these changes.

Further legislation and guidance that underpins safeguarding roles and accountabilities includes:

- Children Act 1989
- Children Act 2004
- Working Together to safeguard Children (2015)
- Promoting the health and well-being of looked after children (2015)
- Care Act 2014
- Criminal Justice and Courts Act 2015
- Mental Capacity Act 2005 / Deprivation of Liberty Safeguards 2009
- Sexual Offences Act 2003
- Mental Health Act 1983 / 2007
- Equality Act 2010

- Human Rights Act 1998
- Serious Incident Framework (March 2015)
- Channel Duty Guidance. Protecting vulnerable people from being drawn into terrorism (2015)

Local Context

The CCG has made a significant contribution to the work of St Helens Safeguarding Boards. The statutory Health and Wellbeing Board and Corporate Parenting Board have been combined within St Helens to form the Peoples Board with responsibility for safeguarding across the borough. The Accountable Officer provides the CCG's representation.

In its role in coordinating and driving improvements across the health system the CCG has produced a Safeguarding Strategy which has set our strategic direction for Safeguarding, underpinned by a robust work plan.

5. Children

Within St Helens, the CCG is responsible for commissioning health services for children from: NHS Northwest Borough Healthcare NHS Foundation Trust, Bridgewater Community Healthcare NHS Foundation Trust, Alder Hey Children's NHS Foundation Trust and St Helens and Knowsley Teaching Hospital NHS Trust.

St Helens has approximately 40,420 children and young people aged 0-19 years. Children and young people make up approximately 23% of the borough's population. 4.4% of school aged children are classified as being an ethnic group other than White British.

The rate of child poverty is worse in St Helens than England average with 25% of children under 16 years living in poverty.

A total of 116 deaths were reported during this business year; 14 of which were children residing within the St Helens Borough. A number of these children and families were receiving targeted support from local services. Factors identified within reviews to support learning and practice included safe sleep, parental substance misuse, domestic abuse and mental health issues.

With regard to vulnerable children and young people, at the time of writing this report the following data is relevant:

- The number of Early Help episodes at the end of March 2017 was 1104, an increase in the data from 2015/16 (753).
- The number of child protection plans open at the end of March 2017 was 230 which is a decrease from previous year (280).
- The number of looked after children at the end of March 2017 stood at 428 which equate to a rate of 117.9. (England average rate 60).
- The percentage of statutory Review Health Assessment completed for looked after children is 87% compared to 2015/17 when 93% of RHA's were completed.

The purpose of highlighting the above data in this report is to illustrate the numbers of known vulnerable children and young people in St Helens at any one time, rather than provide any analysis of what such data tells us. Analysis of data relating to open cases to children's social care is an on-going key feature of work within Children, Families and Well-Being to which the safeguarding health team contribute.

The open referrals to Peoples Services Care described above form a major part of the work undertaken by health professionals across the health system, particularly Health Visitors, School Nurses and Community Paediatrics.

In St Helens, Health Visitors and School Nurses continue to prioritise safeguarding children work, particularly regarding the contribution to multi-agency assessment and planning, for example, case conferences, core groups, Multi-Agency Risk Assessment Conferences (MARAC) and Multi-Agency Child Sexual Exploitation (MACSE).

The pathway for undertaking section 47 medicals (also referred to as a child protection medicals) is reviewed to ensure the process promotes the best outcomes for children and young people. Section 47 medicals are undertaken at the Rainbow Centre at AHCH.

Partnership Working

St Helens CCG is a key partner agency in safeguarding within the St Helens Borough. This is achieved through membership of LSCB and on the sub-groups of Boards:

- **LSCB Board**
The Chief Clinical Executive is the deputy Chair of the LSCB Board and along with the Designated Nurse is a member of the LSCB Executive Group. This group is responsible for setting priorities for the borough and holding organisations to account regarding their safeguarding responsibility.
- **Subgroups of the board**, undertake specific pieces of work which involve all agencies working to achieve the identified priorities of the board. The CCG is represented (by the Designated Nurse and Named GP) on the Multi Agency Audit Group, Learning and Development Group, Child Exploitation Group and Policy and Procedures Group. The Designated Nurse also chairs the Case Review Group and chairs the Serious Case Review Panel as required.

6. Adults

Local Demographics

St Helens is one of six local authorities in the Liverpool City Region. The Borough is home to 177,600 people (2015 mid-year estimate, ONS) and covers a total of 135 square kilometres, of which approximately half is rural and half is urban. Its proud history is linked with the industrial revolution and innovation in coal mining, the chemical industry and a world famous glass industry.

The population of St Helens has increased over the last 7 years and is predicted to increase year on year over the next 25 years. The current General Practice (GP) registered population of NHS St Helens CCG (Clinical Commissioning Group) is 195,523 (HSCIC, April 2016); this indicates that a number of residents from outside the Borough are registered with St Helens GPs.

St Helens has fewer people who are economically active than the regional and national average (69.4% St. Helens, 71.2% North West, England 73.9%).

Deprivation is a key determinant of health, with people living in more deprived areas having worse health outcomes on average. Overall St Helens is now ranked as the 36th most deprived local authority in England out of 326. Smoking is the biggest preventable cause of death and costs the local economy £49m a year. Rates in St Helens have fallen in years but remain significantly higher than the national average. Two thirds of adults in St Helens, more than 90,000 people, are at an unhealthy weight including an estimated 26,000 who are obese (29% of the population). Based on data from 2013/14, diagnosed levels of depression are high in St Helens at 8.2%. Alcohol harm remains a significant issue in St Helens and for some measures local figures are amongst the worst results in England.

In St Helens, the number of people in older age groups is increasing. This can be seen positively, as it is partly related to longer life expectancies.

Across St Helens, there are wide variations in health outcomes, lifestyle factors and determinants of health between different groups and between people living in different areas, often with a wide discrepancy over only a short distance.

St Helens faces challenges that are in common with the rest of the country, an increasing financial challenge and a growing elderly population with increasing health and social care needs. There are marked inequalities amongst residents with particular challenges relating to areas such as alcohol, self-harm/mental health and falls.

St Helens Safeguarding Adults Board (SAB)

St Helens Safeguarding Adults Board for 2016-17 committed to improvements across 4 strategic areas:

- Comprehensive awareness
- Engagement
- Personalised Approach
- Transparency and openness to learning

St Helens CCG is a statutory partner of the board and is represented by both the Chief Nurse and the Designated Nurse as core board members. The CCG works in partnership with the board to support achievement of the strategic aims through active leadership and involvement in the board’s sub groups and through effective leadership of the board’s aims across commissioned health services in St Helens.

The performance activity in respect of adult safeguarding for the year demonstrates a stable profile of adults with care and support needs and the profile of abuse that is prevalent in St Helens. In summary this is as follows:

Number of Adult Safeguarding Concerns per year	2014/15	2015/16	2016/17
	1219	1296	1355

- The upward trend in the number of Safeguarding Concerns reported has continued throughout 2016/17 this reflects national data and corresponds to the widening of the criteria for a safeguarding enquiry as per the Care Act (2014)
- St Helens Data in terms of age, gender and ethnicity has been consistent over the last 5 years and the profile matches the general demographics of the borough. The most common profile for reported adult safeguarding concerns is for white females over the age of 65. The most common location of abuse is in an adult's own home and there is an increase of 8% from 2012/13 in family members/friends as perpetrators. Physical abuse remains the most common type of reported abuse followed by emotional/psychological and financial.

Listening to Adults at Risk

St Helens Safeguarding Adults Board (SAB) has prioritised ensuring that Safeguarding becomes takes a more individualised approach to adult protection where decisions are made by the person themselves. The SAB has also prioritised increasing the voice of adults at risk throughout the safeguarding process and records the wishes of the individual or their advocate for every safeguarding enquiry.

7. Governance Arrangements

Leadership

Over the last 12 months a significant amount of work has been undertaken to ensure there is a robust Safeguarding governance structure. The capacity of designated professionals has been strengthened and this has resulted in greater visibility and the formation of strong relationships across the partnerships. There is a clear vision to achieve the highest standards of quality and safety and to embed safeguarding principles across the Borough.

Until June 2016

- Designated Nurses were provided via a hosted team arrangement with capacity shared Pan-Merseyside
- The Chief Nurse was the lead for Safeguarding Children and Adults and a member of both the Adult and Children Safeguarding Board in St Helens.
- The MCA/DoLs lead was supplied through the hosted team arrangement

From June 2016

- St Helens CCG directly employed their Designated Nurses with line management from the Chief Nurse
- The Named GP for Safeguarding Children was appointed

- Named GP for safeguarding adults capacity was identified
- Vigorous attempts to recruit a Designated Doctor has taken place

Safeguarding responsibilities for all St Helens CCG employees are documented within the organisational safeguarding policies. St Helens CCG has clear lines of accountability within the organisation for safeguarding. The Chief Clinical Executive is the Accountable Officer for safeguarding. The safeguarding Executive is the Chief Nurse, who manages the Designated Nurses.

All duties and functions have been fulfilled through NHS St Helens CCG's governance and accountability arrangements including regular reporting via the Governing Body and the Quality and Performance Committee; there is direct access by the Designated Nurses to the Chief Clinical Officer. The Governing Body receives minutes from the Quality and Performance Committee. The CCG Quality and Performance Committee receive quarterly updates from the LSCB and LSAB and separate reports regarding commissioned services safeguarding performance.

St Helens CCG is required to provide assurance that safeguarding activity within all commissioned services meets national safeguarding standards and demonstrates a model of continuous improvement. This is reflected in local policy and procedure and is reflected in the CCG safeguarding accountability framework and contractual standards.

8. Incident and Risk Management

The CCG has oversight of provider serious incidents via STEIS and all incident investigation reports are reviewed by the CCG Serious Incident Review Group. This is a multi-agency group and supports learning. The Designated Nurse for Safeguarding Adults is a member of this group and aims to ensure that safeguarding is threaded through investigations and the wider subsequent learning.

Safeguarding areas of risk are recorded on the CCG Risk register at the end of the reporting period of March 2017 there is one risk identified in respect of Designated Dr capacity for St Helens

9. Effectiveness of Safeguarding Arrangements

The CCG has a statutory requirement under Section 11 of the Children Act 2004 to actively demonstrate that safeguarding duties are safely discharged. The current arrangements require the CCG to submit evidence of safeguarding compliance to St Helens LSCB for scrutiny as per the agreed audit cycle. During 2016/17 a full assessment against the Section 11 standards was prepared, uploaded to the LSCB electronic system and reported via the CCG Quality Committee. Self-assessment highlighted for a number of the required elements submitted evidence equated to a reasonable assurance rating. An action plan was developed and completed. The audit was resubmitted in September as per schedule and received a rating of good.

The CCG continues to support progression against the Ofsted Improvement Plan which was developed in response to the Inspection findings for children in need of help and protection, Looked after Children and care leavers published in January 2015. As of March 2016 the majority of actions had been completed and information used to support business planning for 2016/17.

As reported previously the CCG has a statutory duty to ensure that that all health providers from whom services are commissioned promote the welfare of children and protect adults from abuse or the risk of abuse; and are able to demonstrate that outcomes for children, young people and adults at risk are improved. The CCG remains committed to working collaboratively with commissioned services and utilise a number of approaches to ensure that there is an acceptable level of assurance provided within the system to demonstrate safe, efficient and quality services are being delivered and that safeguarding responsibilities are safely discharged. Where the level of assurance has not been demonstrated and agreed recovery / progress has not been achieved then contractual levers can be evoked all of which is agreed and monitored via the Clinical Quality and Performance Group meetings. In more exceptional circumstance then the CCG will work collaboratively with NHS England and other regulatory partners within a Quality Surveillance Group to gain a shared view of risks to quality through sharing intelligence.

The CCG has supported the use of such contractual levers within 2016 / 17 by the issue of a performance notice to one of the main Provider Healthcare Trusts within the region. The CCG working in collaboration with the individual Trust developed a recovery plan to support the Trust to achieve contractual compliance in a determined timeframe but without compromising safety and quality. Formal monitoring of progress against the recovery plan continues via the Clinical Quality and Performance Group meetings (CQPG).

Quarter meetings are held with Safeguarding leads of provider organisation with the respective Designated Nurse- children/adult. Quarterly supervision is also in place with these individuals.

10. Training

CCG

The CCG continues to promote the learning and development of staff; safeguarding training is part of the mandatory schedule for all CCG employees. There are a number of documents which influence the safeguarding training requirements for staff. In addition to multi-agency guidance in 'Working Together to Safeguard Children' (2015), there are three documents which are specifically aimed at providing a safeguarding training framework for health staff. These are:

1. Safeguarding Children and Young People: roles and competences for health care staff Intercollegiate document third edition: March 2014
2. NHSE - Safeguarding Adults: role and competencies for health care staff. (Awaiting Publication)
3. NHSE Prevent: training and competencies framework.

The CCG is required to ensure that all staff has undertaken safeguarding training in accordance with requirements for their role and responsibilities. To support this CCG Designated nurses compiled a training needs analysis (TNA) in 2016 to identify the training requirements of all staff roles within the CCG. All CCG staff are required to undertake level 1 children's and adults safeguarding training. A face to face adult safeguarding awareness raising session was delivered to CCG staff in 2016.

The CCG Designated Nurses also provide regular safeguarding updates via the News Round Up sessions, through quarterly newsletters, via the CCG intranet and at The CCG Quality and Performance Committee.

A bespoke training package for governing body members is required in line with the specific requirements within the safeguarding children intercollegiate document. The last training session was delivered in February 2015 and an update will be arranged for later in 2017. The mandatory requirement is three yearly.

The governing body have received safeguarding updates throughout the reporting period and a briefing in respect of Modern Slavery.

The Table below provides the end of year uptake. Mandatory Training compliance is monitored:

Level of Training	Percentage Compliance
Safeguarding Children Level 1	86.59%
Safeguarding Children Level 4	100%
Safeguarding Children Governing Body	90%

Training	CCG Staff	Governing Body
Safeguarding children	Safeguarding Children Level 1 86.59%	66.67%
Safeguarding adults	Safeguarding Adults - Level 1 86.59%	66.67%

Challenge

CCG training compliance is currently managed by the CSU for St Helens CCG. The CSU RAG rate the training as above however this is at a lower standard than the threshold the CCG contractually holds its commissioned services to which is 90% for level 1 children's and adults safeguarding training. The CCG Designated Nurses propose that the CCG aligns with the contractual standards for 2017-18.

The CCG Training Strategy is a stepped approach to training and requires staff to work through the each mandated level of training assigned to role. Overall 86.59% of all CCG staff, including Governing Body, are Level 1 compliant and have basic safeguarding knowledge to be able to respond to a safeguarding issue.

Safeguarding Children and Primary Care

From January 2017 all practices were informed that each practice would be responsible for recording their own compliance against safeguarding training. A meeting with all practice managers took place to explain the new approach. Templates, Training Needs Document and a Training Calendar have been shared with all practices.

During 2017/18 exploration how primary care will verify their practices training compliance using this new model.

11. Monitoring of Commissioned Services

Through the monitoring of Commissioned Services, St Helens CCG gains assurance that staff across all provider organisations safeguard and protect adults at risk of harm and ensure that processes are in place to support practitioners to respond to concerns.

Monitoring of safeguarding arrangements is done via a combination of processes which include:

- Monitoring of Contract Schedules;
- Attendance at Provider safeguarding assurance group
- Feedback/reporting to LSCB LSAB
- Monitoring actions arising from Serious Untoward Incident reporting
- Announced and unannounced site visits.
- Feedback from inspections

Training has been reviewed and updated by all provider organisations with reference with the Intercollegiate Documents (2014 and 2015).

12. Key Achievement 2016/17

Supporting Safeguarding Standards in Primary Care

The CCG Safeguarding Leads have established a process to communicate safeguarding updates with General Practices in St Helens this includes:

- Provision of contact details for safeguarding specialist roles i.e. Designated Nurse, and Named GP to all independent contractors.
- Advice and support - The CCG Safeguarding Leads are always available during office hours to provide advice, information and support to whoever requires this. The team contact numbers are readily available on the CCG website and have been shared regularly with practices
- Safeguarding children and adult GP newsletters providing regular updates on national and local issues
- Formation of a GP safeguarding leads network which meets quarterly. The meetings aim to explore safeguarding and related issues and to share initiatives, best practice and offer advice and support, identify themes and trends and training needs.

- All GP Practices have been provided with a training calendar and underpinning training needs analysis. GP practices have been empowered to plan, attend and record their own practice compliance with the training requirements this will assist with practice CQC evidence and compliance. The training calendar offers the practices freedom and flexibility to access training as convenient to their needs.
- The CCG Designated nurses have taken part in the planned schedule of Practice visits throughout 2016-17.

Improving Assurance for Safeguarding Standards from Commissioned Service

The Designated Nurses have reviewed and refreshed the Safeguarding Commissioning Standard Audit and Key Performance Indicators used with commissioned services which provide safeguarding assurance.

The CCG is keen to enhance the established quantitative method and move towards a qualitative approach. The Designated Nurses scoped local and national safeguarding assurance approaches by CCG and worked with the commissioned services to develop a new system. The system agreed is a modified version of the Greater Manchester model.

Although not fully implemented the new model has started to be introduced. Service visits have been conducted with services within Bridgewater Community Healthcare NHS Foundation Trust and St Helens and Knowsley Teaching Hospital NHS Trust, which facilitate greater understanding of operational safeguarding issues and assurance that services commissioned are complying with safeguarding standards.

The revised safeguarding assurance model has commenced with the Out of Hospital Services contract and with the 0-19 service commissioned by public health. This will offer greater meaningful assurance.

It is the vision and intended direction of travel of the CCG to continue to roll out the revised assurance frame work to all commissioned services. Liaison is on-going with key partners and co-commissioners to achieve a seamless transition.

Challenge

Consideration needs to be given to commissioning arrangements across the Cheshire /Merseyside footprint to reduce disruption and impact upon commissioners and providers of any proposed changes. Consistency across the patch would enable more meaningful benchmarking of providers.

Persuading other CCG to adopt this model for services we are the lead commissioner. It is hoped that this will be resolved by Quarter2 2017/18.

Provider Performance and Assurance from St Helens CCG commissioned services:
The effectiveness of the safeguarding system is assured and regulated by a number of bodies and mechanisms. These include:

- Provider internal assurance processes and Board accountability
- St Helens Safeguarding Adults and Children's Boards
- External regulation and inspection – CQC, Monitor, Ofsted
- Effective commissioning, procurement and contract monitoring.
- All provider services, now including General Practice, are required to comply with the Care Quality Commission Essential Standards for Quality and Safety which include safeguarding standards (Standard 7).
- St Helens CCG performance manages each provider organisation via formal contractual and governance processes. In addition the following arrangements are in place to strengthen the CCG's assurance processes:
- Designated Nurses attend each Provider Trust's Internal Safeguarding Assurance Groups.
- Joint commissioner/provider quality contract meetings agenda safeguarding issues/priorities and receive a quarterly update on safeguarding contractual performance.
- Systematic reviews by the CCG of serious incident reports

Governance and Policy

The Designated Nurses have reviewed and updated the Safeguarding Strategy, Policy and Training Needs Analysis.

The development of the Safeguarding intranet page on the CCG intranet has enabled all Strategies, Policies and Guidelines to be readily available for all staff including Primary Care.

A quarterly Safeguarding Newsletter has been produced, circulated to staff and uploaded onto the Safeguarding intranet page, to ensure the latest information's is disseminated.

Key Achievements- Children

- Where gaps were identified such as guidance on Voice of the Child, Appropriate Behaviours when Working with Children and Complaints procedure, the Designated Nurse (Children) has developed new guidelines and worked with other departments to ensure we have a full suite of appropriate guidance for safeguarding children.
- As previously raised, an area identified as requiring more emphasis was how the CCG engage with children and how we evidence that they have an opportunity to contribute to any consultations and the CCG to show how they listen. To address this, the Designated Nurse for Children worked with the Communication and Engagement service to engage with a local primary school. The focus of the work was to develop an understanding of what they felt was healthy and unhealthy factors and explore how they engaged with health services. This work has concluded and the findings have been disseminated. Further work to ensure that children are involved with the CCG will continue 2017/18
- Robust updating of the section 11 audit has achieved a re-validating rating of good
- Development of relationships with all provider organisations, where services have been commissioned, has enabled the implementation of robust safeguarding children supervision and business meetings programmes.
- There is full engagement with the work of St Helens SCB and the Designated Nurse continues to support the Serious Case Review (SCR) process and the multi-agency audit programme. Within this reporting year there has been one SCR's commissioned to be concluded in September 2017 the Designated Nurses for Safeguarding Children chairs the SCR panel. Learning from this review will be used to support commissioning, service redesign and the improvement of quality within frontline service delivery.
- St Helens LSCB has a statutory responsibility to ensure that a review of all child deaths (residents of the borough) is conducted. This is achieved within the Child Death Overview Panel (CDOP), a sub group of St Helens LSCB. Business is conducted on a Merseyside footprint to enhance learning. The Designated Nurse contributes to this group and ensures that any learning is communicated back through to the wider health economy.
- For Looked after Children the CCG has continued to take a lead role in coordinating service improvements across the health system and, with Local

Authority partners, to improve health outcomes for children looked after. The Designated Nurse (Children) is a member of the LAC regional group of NHSE.

Key Achievements- Adults

Context

The term Safeguarding Adults covers everything that assists an adult at risk to live a life that is free from abuse and neglect and which enables them to retain independence, well-being, dignity and choice. Safeguarding also encompasses prevention of harm and abuse through provision of high quality care, effective responses to allegations of harm and abuse, responses that are in line with local multi agency procedures and lastly, using learning to improve services to patients.

Although the responsibility for coordinating Safeguarding Adults at Risk arrangements lies with St Helens Local Authority, effective safeguarding is based on a multi-agency approach. NHS St Helens CCG is a statutory partner of the Safeguarding Adult Board and is accountable for ensuring its own safeguarding adults structures and processes, as well as ensuring agencies from which it commissions services meet the required standards.

The CCG is committed to ensuring the principles and definitions set out in the St Helens Multi Agency Safeguarding Adults Policy, Procedures and Good Practice guidance are followed across the various work streams as well as adhered to by all commissioned health services including Primary Care.

NHS St Helens CCG demonstrates a continuous commitment to working with partner agencies, to ensure the safety and health and wellbeing of local people. Ensuring the safety and wellbeing of adults at risk plays an integral role in our approach to commissioning, as well as ensuring there is a focus on quality and patient experience.

In order to further the above the CCG has developed and inputted to the following throughout 2016-17:

Health Safeguarding Leads Group - This group was formed by and is chaired by the Adult Designated Nurse in St Helens CCG and was established in 2016.

The group meets bi-monthly and provides a network for health services safeguarding leads. The group provides an opportunity for providers to show case good practices as well as provide assurance through reporting on safeguarding activity and also for the providers to receive constructive challenge. The membership includes the named GP for primary care and also encompasses providers who do not sit on the

board such as the local hospice and thus ensures the adult safeguarding agenda is shared across the whole health economy.

The group offers health services a collective voice to raise any concerns and a forum to undertake joint pieces of work.

Prevent - The Designated Nurse (adults) is the CCG Prevent lead.

The Prevent Strategy (2011) - is a key part of CONTEST, the Government's counter-terrorism strategy. It aims to stop people becoming terrorists or supporting terrorism. The strategy aims to respond to the ideological challenge of terrorism and those who promote it, prevent people from being drawn into terrorism, and work with sectors and institutions where there are risks of radicalisation.

Although St Helens has not been identified as one of the high priority boroughs, it is in close proximity to several high priority regions. All CCG staff received basic Prevent Awareness information and updates and Prevent e-learning is now available for all CCG staff in 2017-18.

The CCG designated nurse has attended the regional Prevent Forums as required under the Prevent Duty framework throughout 2016-17. All commissioned providers are required to identify a Prevent Lead, and have appropriate training policy and procedures in place as well as comply with the Prevent Duty Framework and reporting requirements.

Refugees - The CCG Designated Nurses have worked collaboratively with key partner agencies to enable the successful implementation of a refugee resettlement programme for St Helens. Training and awareness raising events were supported by the CCG. This remains an on-going priority for 2017-18.

LeDer Programme - The LeDeR Programme supports local reviews of deaths of people with learning disabilities aged 4-74 years of age across England and is led by NHSE. St Helens CCG has committed to participation within the programme. The aims of the programme are to reduce health inequalities and aid system learning through improving the standard and quality of care for people with learning disabilities.

The Designated Nurse (adults) has undertaken the training to be a reviewer and has led a review in 2016. In addition the Designated Nurse has the role within the CCG of Local Area Contact and will allocate and quality assurance any reviews for St Helens going forward. Capacity of reviewers across the Cheshire /Merseyside footprint remains a challenge and has been escalated to NHSE.

Human Trafficking and Modern Day Slavery - The Modern Slavery Act 2015 ("the 2015 Act") received Royal Assent on 26 March. The 2015 Act will ensure that the

National Crime Agency, the police and other law enforcement agencies have the powers they need to pursue, disrupt and bring to justice those engaged in human trafficking and slavery, servitude and forced or compulsory labour. The 2015 Act also introduces measures to enhance the protection of victims of slavery and trafficking.

Work to create Human Trafficking / Modern Day Slavery Forums has started across Cheshire and Merseyside, with the Merseyside network being in its infancy. Their work to date has resulted in locally focused Modern Day Slavery Work streams, local terms of reference and the identification of key priorities. Further clarity is required in respect of Health role and accountabilities within the network and its governance.

The Designated Nurse (Adults) is a member of the network. Additional guidance for this agenda comes from NHSE via the regional modern slavery subgroup which reports to the national safeguarding group. All commissioned health services are required under the safeguarding assurance framework to have effective policies, procedures and training in place in respect of modern slavery.

St Helens CCG worked collaboratively with the SAB to raise awareness of Modern Slavery and share resources through the website and at the board development day.

Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) - The Designated Nurse (Adults) is the MCA lead for the CCG. The Designated Nurse attends Local Authority MCA/dols forum as well as provider MCA /dols assurance groups and the Cheshire Merseyside MCA/dols forum. Membership of all these groups benefits CCG through, assurance of provider's activity in respect of MCA/dols, sharing of best practice and current case law as well as the ability to shape national policy and increase the profile of the CCG.

The contractual safeguarding assurance framework contains requirements for CCG providers of commissioned services in respect of MCA /dols and is monitored by the Designated Nurse (adults). An area that requires a dedicated focus going forward is the need to work with CHC to review packages of care for CHC funded individuals in their own home to assess if dols applies and the applications to be progressed.

Domestic Homicide Reviews (DHR) - Domestic Homicide Reviews are carried out to ensure that lessons are learnt when a person has been killed as a result of domestic violence. The Home Office multi-agency statutory guidance defines a Domestic Homicide Review as a review of the circumstances in which the death of a person aged 16 or over, has or appears to have resulted from violence, abuse or neglect by:

- a person whom he/she was related or had been in an intimate personal relationship, or
- a member of the same household

The purpose of a Domestic Homicide Review is to:

- Establish what lessons are to be learned from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims
- Identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result
- Apply those lessons to service responses including changes to policies and procedures as appropriate
- Prevent domestic violence homicide and improve service responses for all domestic violence victims and their children through improved intra and inter-agency working

The Designated Nurse (adults) within the CCG would be a core member of the DHR panel as required. The Designated Nurse would provide an independent health overview to the panel and also provide health specific advice to each case. There were no DHR's for S Helens within the reporting period.

Safeguarding Adult Reviews (SAR) - The Care Act (2014) modified the criteria for when a Safeguarding Adult Review (formally known as a Serious Case Review) must be conducted by the Safeguarding Adults Board. The purpose of a SAR is for all agencies to learn lessons from serious incidents and improve multi-agency working. There have been no cases referred to the SAB that fit the criteria for a SAR in 2016-17.

MH Homicide Assurance Group - The Designated Nurse (adults) is a member of this group which is led by NHSE and aims to share learning from any mental health homicides.

Multi-Agency Safeguarding Assurance Arrangements

St Helens Safeguarding Adults Board - The CCG is represented on the St Helens Safeguarding Adults Board by the Chief Nurse and the Designated Nurse. Updates from St Helens Safeguarding Adults Board are reported to the CCG Quality and Performance Committee. The Designated Nurse (adults) has a whole health economy role to support the delivery of the safeguarding adults agenda across St Helens.

Safeguarding Adults Board Sub Groups

Executive Group - The CCG Chief Nurse is an active member of this group. The group leads and assures the work of the SAB.

Practice Subgroup - The Designated Nurse (adults) is the chair of this multi-agency subgroup. The group undertook a programme of audits throughout 2016-17 to focus on safeguarding practice to provide assurance and system learning for St Helens in line with the SAB strategic aims.

Performance Subgroup - The Designated Nurse (adults) is an active member of this group. Throughout the reporting period the group has met quarterly to analyse performance data in respect of adult safeguarding and to identify any areas of emerging concern or best practice. The CCG provide serious incident data to this subgroup.

Communication and Engagement Subgroup - This group has a wide multi-agency membership and aims to raise awareness of adult safeguarding across St Helens. The Designated Nurse (adults) attends this group as required and has participated in 2 meetings in the reporting period.

St Helens Local Authority - The Designated Nurse (adults) works closely with St Helens Adult Social Care to promote the safeguarding message, and board agenda across the whole health economy, and to support investigations into alleged abuse where there are identified complex health issues. The partnership has strengthened considerably over 2016 following the move of the Designated Nurse (adults) into St Helens CCG in June 2016.

Quality in Care / Nursing Homes - There are established oversight, assurance and governance mechanisms for managing safeguarding and quality in St Helen's care homes. The Designated Nurse (adults) has worked closely with the local authority, Care Quality Commission, and community healthcare providers to ensure that safeguarding incidents are reported and effectively managed to keep residents safe and protect their human rights.

Within the reporting period the Designated Nurse has had active involvement in care home work streams relating to workforce development, falls, pressure ulcers and the NHSE Enhanced Health in Care homes Programme.

Safeguarding training (provided through SAB) has been actively taken up by this sector with attendees from 18 independent residential/nursing homes, 4 supported living schemes and 9 domiciliary care providers.

Pressure Ulcers - Following analysis of incident reporting trends through the Serious Incident Review Group the Designated Nurse (adults) led a mapping exercise of Pressure Ulcer reporting across St Helens. As an outcome of this a Pressure Ulcer Improvement Collaborative was established for St Helens in 2016 and is chaired by the Designated Nurse (adults). The group is multi-agency including providers, commissioners and Healthwatch. The group meets to share best practice and incidence data for the borough to help ensure consistency and the recognition of any areas for improvement.

The Designated Nurse (adults) was successful in securing additional resource and support from NHSE in 2016 to roll out pressure ulcer training to care homes in line with the nationally successful React to Red campaign. This will continue into 2017 and partnership work is on-going with the local Authority to build pressure ulcer reporting into the contractual framework for care and nursing homes.

Care Quality Commission - The CCG works closely with Care Quality Commission, local inspectors will liaise with the Designated Nurse where there have been safeguarding concerns raised. The CCG shares soft intelligence with the Care Quality Commission when requested to do so prior to the Care Quality Commission visits so that a focused review can take place where needed.

Quality Surveillance Group - The Designated nurses will provide any significant safeguarding concern updates in respect of St Helens commissioned providers to the regional Quality Surveillance Group led by NHSE.

13. Challenges for 2017-18

Both the local and regional structures, governance and reporting across health and social care is changing at pace across Cheshire/Merseyside and our surrounding boroughs.

The development of St Helens Cares presents new system wide opportunities to strengthen the safeguarding arrangements and best use of resource across the borough. However there exists a challenge through any period of change to ensure safe effective safeguarding arrangements are not impacted upon by any changing organisational boundaries or competing priorities. Resilience and risk management during a time of significant change is essential to ensure that the level of priority is sustained.

For adult safeguarding Knowsley, Sefton, Liverpool and the Wirral have all recently joined as one Pan-Merseyside Adult Safeguarding Board. This presents St Helens SAB with a challenge to continue to have a voice and influence across Merseyside.

In addition a Vulnerable Peoples Board has also formed Pan-Merseyside which is led by the police with health representation coming from NHSE. This is not a statutory board but aims to improve consistency across the region and to lead joint pieces of work. The Wood Review and the recent changes to the Children and Social Care Act 2017 both have implications for the future of safeguarding children and the safeguarding board structures going forward.

Safeguarding is complex, and arrangements are frequently under review and the CCG Designated Nurses are committed to leading the safeguarding agenda through the complexities of the system changes to ensure arrangements continue to work effectively.

14. Priorities for 2017-2018

Priorities identified for the year 2017-18 will be monitored through the CCG Quality Committee. The key priorities for the forthcoming year are:

- Continued partnership work with the Local Safeguarding Boards and support the implementation and development of national and local safeguarding arrangements in accordance with guidance, learning from reviews and the LSCB and LSAB priorities
- Continued monitoring of commissioned Providers to deliver assurance of their continued engagement with the safeguarding work and agenda
- Implementation of a robust assurance framework for all CCG commissioned small contracts and development of an assurance framework for individual placements i.e. OOA placements and CHC
- To ensure internal governance for safeguarding activity is effective within the CCG via internal reporting processes
- Ensure that the CCG is compliant with statutory safeguarding responsibilities requirements; including the oversight and management of progression against action plans for section 11 scrutiny, NHSE assurance and other safeguarding frameworks

- Active input to the development of St Helens Cares to ensure safeguarding capacity, governance and practice remains integral to all aspects of service delivery and the models ensures best use of resource to support the population of St Helens to live a life that is free from abuse and neglect and which enables them to retain independence, well-being, dignity and choice
- Establish and support improvements in relation to quality of safeguarding in Primary Care
- To ensure that the voice of the adult at risk and their carers influences the development of safeguarding adults within the CCG and SAB
- To ensure that appropriate DoLS applications are made – with a particular focus on CHC funded individuals in their own home
- Further improve engagement from Primary Care in safeguarding adults

15. Business continuity

The position of Designated Doctor Safeguarding Children remains vacant and has been since September 2015; the CCG has encountered problems with recruitment to the position. This issue has been recognised as a risk and remains on the CCG risk register.

16. Conclusion

This annual report provides a summary of progress against the safeguarding priorities set for 2015/16. It demonstrates the contribution to multi agency partnerships across the borough and provides assurance to the Governing Body that the CCG is fully committed to ensuring it meets the statutory duties and responsibilities for safeguarding children and adults at risk of harm.

There has been significant progress made over the last 12 months in raising the profile of safeguarding within the Clinical Commissioning Group and across the whole health economy.

St Helens CCG is actively involved in improving safeguarding arrangements for children, young people and adults at risk and works closely with multi-agency partners. It is represented at senior level on all key forums providing specialist health advice and leadership and pro-actively contributes to the safeguarding of children, young people and adults at risk.

The CCG has in place robust governance arrangements for safeguarding that have been subject to external scrutiny and are under constant review to ensure that they reflect any emerging requirements.