

## NHS DORSET CLINICAL COMMISSIONING GROUP

## GOVERNING BODY MEETING

## JOINT CHILDREN AND ADULT SAFEGUARDING ANNUAL REPORT

<b>Date of the meeting</b>	16/05/2018
<b>Author</b>	V Cooper, Designated Adult Safeguarding Manager W Thorogood, Designated Nurse Consultant for Children
<b>Sponsoring Board member</b>	B Sharland, Locality Lead for Central Bournemouth
<b>Purpose of Report</b>	This annual safeguarding report aims to inform the governing body of the safeguarding activity for Children and Adults at Risk.
<b>Recommendation</b>	The Governing Body is asked to <b>note</b> the report.
<b>Stakeholder Engagement</b>	<ul style="list-style-type: none"> <li>• The CCG Executive Lead for safeguarding (Director of Quality and Nursing) is a statutory member of both the Adult and Children Safeguarding boards;</li> <li>• The CCG Safeguarding Leads engage with NHS Providers, General Practice and Primary Care</li> <li>• The CCG safeguarding Leads engage with the Local Authority and Police</li> <li>• Elements of public engagement are undertaken through the Adult and Children Safeguarding Boards</li> </ul>
<b>Previous GB / Committee/s, Dates</b>	N/A

## Monitoring and Assurance Summary

<b>This report links to the following Strategic Objectives</b>	<ul style="list-style-type: none"> <li>• Prevention at Scale</li> <li>• Integrated Community and Primary Care Services</li> <li>• One Acute Network</li> <li>• Digitally Enabled Dorset</li> <li>• Leading and Working Differently</li> </ul>		
	<b>Yes</b> [e.g. ✓]	<b>Any action required?</b>	
		<b>Yes</b> Detail in report	<b>No</b>
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal/Regulatory	✓		✓
People/Staff	✓		✓
Financial/Value for Money/Sustainability	✓		✓
Information Management & Technology	✓		✓

# 9.10

Equality Impact Assessment	✓		
Freedom of Information	✓		
<b>I confirm that I have considered the implications of this report on each of the matters above, as indicated</b>	✓		

Initials: VC / WT

## **1. Introduction**

- 1.1 This annual joint Children and Adult Safeguarding report provides an overview of the safeguarding activity within NHS provided and funded services. The purpose of the report is to assure the Governing Body that it is meeting its statutory functions.
- 1.2 The lead agency responsible for Children and Adult Safeguarding is the Local Authorities (LA) who work with the statutory partners, the Police, and the CCG.
- 1.3 NHS Dorset CCG has a statutory duty under the Children's Act 2004 and the Care Act 2014 to ensure that all Health Care Services commissioned and contracted by them have robust processes in place to protect adults and children from abuse, harm and neglect.
- 1.4 The duties of the CCG are to seek assurance that safeguarding is integral to service development, clinical governance and risk management arrangements across the organisation and provider services, whilst working with partner agencies.
- 1.5 To meet this duty the CCG safeguarding team work in close collaboration with all health providers to provide strategic leadership and offer advice, support and guidance all areas of safeguarding.

## **2. CCG Safeguarding Assurance**

- 2.1 Dorset CCG remains compliant with its statutory requirement for children and adult safeguarding across the organisation.
- 2.2 The Governing Body received its annual safeguarding update training in February 2018. Any members who were not able to access this training can attend other safeguarding training. Dates are available from quality admin team.
- 2.3 The CCG has a joint Children and Adult Safeguarding policy in place. There are procedures for the management of Serious Incidents which reference Serious Case Reviews (SCR) Safeguarding Adult Reviews (SAR) and Domestic Homicide Reviews (DHR). This allows the safeguarding team to work in close collaboration with the patient safety and risk team, to triangulate information and enter the data onto the Ulysses risk system.
- 2.4 All high risk safeguarding concerns for both children and adults are escalated by the LA, Police or NHS provider to the CCG safeguarding team, so assurance can be gained that wider risks are identified and mitigated. This also allows the CCG to be able to identify poor practice and any organisational risk within the system.

## **3. Adult Safeguarding**

- 3.1 A Section 42 adult safeguarding enquiry is undertaken when an individual aged 18 or over and;
- Has needs for care and support (whether or not the Local Authority is meeting any of these needs) and;
  - Is experiencing, or at risk of, abuse or neglect; and
  - As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.
- 3.2 The main theme of the Section 42 adult safeguarding enquiries raised throughout the year has been regarding the discharge process from the acute Trusts and prescribing issues within Primary Care. This information has been reviewed and actions put in place across the CCG to minimise future risk. A breakdown of the number of Section 42 enquiries made known to the CCG is included in the appendix section of this report.
- 3.3 The main themes from all the adult safeguarding Section 42 enquiries are discussed at the CCG Quality Surveillance Improvement Group (QSIG). This is to triangulate all the intelligence around risk, complaints and inspection outcomes for all the NHS providers to allow for contractual discussions to be undertaken.
- 3.4 Dorset Police in collaboration with the CCG have led on an area of work to scope the current pathways for managing vulnerable adults at risk who do not meet the Section 42 criteria for an adult safeguarding enquiry. This work will continue through 2018/19 linking into the Making Safeguarding Personal (MSP) agenda which sits firmly within the Care Act 2014 requirements.
- 3.5 During this year all NHS providers have submitted quarterly safeguarding data to the CCG which the Designated Adult Safeguarding Manager (DASM) has analysed. A quarterly report is then submitted to the Safeguarding Adults Board (SAB) quality assurance group and the CCG director's performance meeting. This is a measure to monitor the overall adult safeguarding activity across the health landscape. Annual visits to all the main NHS providers have commenced this year, to allow for both quantitative and qualitative data to be collected.
- 3.6 The Local Government Review for the Local Authorities will be a major focus for the forth coming year and there will be a requirement to ensure that the focus of adult safeguarding includes the strategic and operational requirements of health services.

## **4. Children Safeguarding**

- 4.1 Children become subject to a Child Protection Plan following a Section 47 (Children Act 1989) investigation. This is undertaken when a child, under the age of 18 is identified or suspected of being at significant risk of harm.

- 4.2 There has been an identified gap in health's involvement in the development of protective plans and attendance at core groups and initial conferences.

Throughout the past year considerable work has been undertaken to improve the attendance from primary care and school health which will continue into the forthcoming year.

- 4.3 Where a child does not require protection but is still considered 'in need' Children's Social Care should provide planned care under Section 17 (Children Act 89). The area of early help which sit before the threshold of a Section 17 remains an area of development to ensure that front line staff can undertake robust assessments of need.
- 4.3 Health practitioners are required to cooperate with Local Authority colleagues to manage risk and provide services which contribute to protect and improve the child's welfare.
- 4.4 Neglect remains the category where the highest number of children are made subject to a plan in all three local authority areas, however there is also an identified rise in interfamilial sexual abuse across the whole of Dorset.

## **5. Safeguarding Training**

- 5.1 Throughout the year there has been a number of varied safeguarding training packages offered across Primary Care and the NHS providers. This has included a focus on domestic abuse, learning from SCRs, SARs and DHRs and the multi-agency risk management (MARM) principles. Further information around training provided is included in the appendix of this report.
- 5.2 NHS England supported by Dorset CCG delivered a programme of safeguarding training which included leadership, and the themes in learning from SCRs, SARs and DHRs which were attended by safeguarding professionals from across Dorset.
- 5.3 Building on the NHS England leadership programme, Dorset CCG were allowed an opportunity for the named and designated children's safeguarding professionals to attend the British Association for the Study and Prevention of Child Abuse and Neglect (BASCPAN) conference in quarter four. This event offered an opportunity to explore academic developments within the national and international safeguarding arena, whilst allowing an opportunity to benchmark and reflect on the positive work undertaken throughout Dorset

## **6. Commissioned Services**

### **Multi-Agency Safeguarding Hub (MASH)**

- 6.1 The health element of the MASH is commissioned by the CCG to provide health input into child protection enquires. This is provided by Dorset Health Care Foundation Trust and has been an area of considerable growth throughout the year.

- 6.2 Performance in the MASH is good with benefits observed through case reviews of effective communication between partners. It should be noted that health services see only cases recommended to them, the threshold for this is different for each of the three local authorities at point of first contact. Work is ongoing to standardise this service.

### **Child Sexual Exploitation (CSE)/ Missing Children Service**

- 6.3 This Service has been jointly commissioned between the CCG, the three LAs and the Police and provided by Barnardo's since October 2015.
- 6.4 The contract with Barnardo's was expected to be decommissioned at the end of March 2018; however, this has now been extended until the end of July at the request of the new Interim Director of Children's Social Care in Bournemouth, to allow for further consideration of the needs of this vulnerable group of young people.
- 6.5 At the end of quarter 3 Barnardo's were working with 25 young people assessed as being at significant risk.
- 6.6 The CCG has produced an options paper to address the Health contribution to its CSE responsibility, which is currently under consideration.

### **Sexual Assault Referral Centre (SARC)**

- 6.7 The Dorset SARC is jointly commissioned by NHS England and the Office of the Police and Crime Commissioner, and is provided by G4S. The Health and Police Partnership Board oversees the performance and governance of the SARC. The CCG is represented on the Partnership Board. In October 2017 NHS England commissioned an all age sexual assault counselling service which is provided by Dorset Rape Crisis.

The Dorset SARC works closely with the national Truth project.

### **Safeguarding Children and Young People in Health Group (SCYPiH)**

- 6.8 The Designated Doctor took over the chair of SCYPiH. The group continues to provide a forum to share best practice whilst building a cohesive view of children's safeguarding across Dorset, and acts as a strong link to learning and development from all providers. This allows for a pan Dorset approach, linking the acute hospitals and community healthcare.

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

- 6.9 The DASM has worked collaboratively with the Mental Capacity Act (MCA) team throughout the year to seek assurance that the principles of the act are applied effectively into practice. All providers have internal action plans in place to assure themselves this is being addressed. Dedicated training sessions have been delivered to local dentists and pharmacists. There has been work undertaken throughout the year to review the delays within hospital

discharges, whilst accepting that Deprivation of Liberties safeguard (DoLS) authorisation for these patient is prioritised.

- 6.10 The MCA team have created several information leaflets throughout the year which include guidance for the role of carers, the court of protection process, information around deprivation of liberties, best interest decision making, the objection process and the expectations of a best interest meeting and lasting power of attorney.
- 6.11 The MCA team delivered their 10<sup>th</sup> Annual conference in quarter four, which was well received and evaluated.
- 6.12 A breakdown of the number of Dorset County Council DoLS applications made known to the CCG is included in the appendix section of this report.
- 6.13 The understanding of the requirements of the Mental Capacity Act for children 16 to 18, will continue to require further development to strengthen its implication into practice.

## **Domestic Abuse (DA)**

- 6.14 The identification and management of DA remains a strong theme identified in all the domestic homicide reviews undertaken across Dorset, Bournemouth and Poole. This has included the effects it has on both children and adults and has been a major focus of work, to ensure each GP practice has an identified domestic abuse lead. The safeguarding team have developed a DA pathway in line with the RCGP for primary care locally, which has been embedded into practice. The CCG offered several dedicated training sessions to support these leads.
- 6.15 A public protection notification (PPN) pathway has been completed to improve Primary Care understanding, management and storage of this information and this has also been embedded into practice.
- 6.16 There has been a review of the Multi Agency Risk Assessment Conference (MARAC) throughout the year. This has focused on the quality of the process, its performance and outcomes. The CCG has been developing an options paper to consider the health representation for adults at risk who do not have children. This piece of work will be ongoing in 2018/19 as part of the MARAC steering group incorporating the outcome of the General Data Protection review in May 2018. Information around local MARAC referrals in the appendix section of this report.
- 6.17 A separate six-monthly update report will accompany this report to indicate the current activity of DHRs locally.

## **Self-Neglect and Hoarding**

- 6.18 Work has continued throughout the year to gain assurance that the recent self-neglect and hoarding guidance is being embraced in practice. Guidance

to support the use of the Multi Agency Risk Management (MARM) process has been developed and will be launched early in 2018 /19.

- 6.19 The DASM linked with the Designated Consultant Nurse for Children Safeguarding to deliver to facilitated sessions around this and the links to child neglect to the joint children and adult safeguarding conference in quarter four.

## **PREVENT**

- 6.20 PREVENT remains a high priority for the country following many terrorist attacks throughout the year. All NHS providers are expected to submit quarterly PREVENT data to the Home Office, which includes their training figures. Information around training uptake across providers is included within the contractual scorecards.

## **Modern Day Slavery and Human Trafficking**

- 6.21 The safeguarding team completed an annual statement outlining the CCG commitment to the Modern Slavery agenda. The CCG has the necessary checks in place to ensure we are not breaching any regulations.
- 6.22 There have been no reported cases made known to health of children or adults risk being trafficked across Dorset.

## **Female Genital Mutilation (FGM)**

- 6.23 There have been no reported cases of children being subjected to FGM this quarter. There has been a small number of adults who have received support and intervention throughout the year.
- 6.24 There is a statutory requirement to register FGM, so this will continue to be a priority over the next year, offering additional training to ensure systems are fully embedded. Dorset continue to have a number of GP practices that have not signed up to the reporting mechanism, and this will need to be addressed through the GP assurance processes.

## **Child Protection Information System (C-PIS)**

- 6.25 C-PIS project will link the IT systems used across health and social care to better share information securely to protect vulnerable children. This has been fully implemented for all key NHS providers. Within the local authorities Dorset children's social care has the system in place to implement this, however the Boroughs of Poole and Bournemouth children's social care have yet to progress this. The benefits realised from this programme have already been identified by tracking vulnerable children who attend the accident and emergency department, with GP records nationwide.

## 7. Named Safeguarding Lead GPs

- 7.1 The Named GPs have commenced a programme of quality assurance visits to all GP practices to review their safeguarding arrangements and seek assurance that training is in place. This aligns with the requirements of the section 11 compliance for children safeguarding and the outcomes from the CQC reports and inspections. Each practice has an allocated named safeguarding GP assigned to the practice to streamline contacts and enquiries raised to ensure they have a familiar contact with the CCG safeguarding team. Over 50% of all practices have been visited throughout the year, the remaining practices will be focused on during 2018 /19.
- 7.2 One of the CCG Named safeguarding GPs chairs the Child Death Overview Panel reviewing all child deaths in Dorset.
- 7.3 Throughout the year, there has been a review of case notes for the Syrian resettlement programme which has included working with the Looked After Children team to ensure unaccompanied asylum-seeking children's healthcare needs are fulfilled within their placements.
- 7.4 One of the Named safeguarding GP's leads on the Learning Disabilities Mortality programme (LeDer) whilst also support representation on mortality reviews and never event panels.
- 7.5 Safeguarding templates for the GP electronic system have been developed and implemented to facilitate standardised safeguarding documentation. This is being regularly evaluated and any changes implemented as needed.
- 7.6 The focus of the Named GPs this year has been to develop a secure safeguarding email pathway for all GP surgeries.
- 7.7 Focus has given to improving GP attendances or input at Child Protection conferences. A new form has been implemented across the health landscape to support this and has been integrated into the safeguarding templates, which will inform the child protection process.
- 7.8 The Named GPs continue to produce a monthly safeguarding bulletin that is disseminated to all Practices. This contains all national and local safeguarding news, events and relevant hot topics.
- 7.9 Bi-monthly GP peer supervision sessions have continued allowing the local GPs to share their experiences and have the opportunity to learn and update their safeguarding skills to level 3. The administration of these sessions is being supported by the Primary Care Workforce Centre.
- 7.10 A review of the DHR process has allowed for the practices involved to have early engagement and support, through the undertaking of a significant event analysis which contributes to the Independent Management Review of the case.

- 7.11 One of the named GPs took part in a DHR audit to look at communication, risk assessment and safety planning across all partner agencies, the outcomes from the audit will influence practice going forward.
- 7.12 One of the named GPs has links with the Primary Care National Safeguarding Forum, which enables Dorset to share our good practice and have an oversight of good practice and updates nationally.
- 7.13 Due to retirement, Dr P Blick has left and the team has been complimented by Dr R Bechka.

## **8. Safeguarding Adult Boards (SAB)**

- 8.1 The SAB has several subgroups that undertake elements of the board workstreams which include the review of the multi-agency policy and procedures, reviewing the training workforce and development needs and quality assuring the adult safeguarding effectiveness across Dorset, Bournemouth and Poole.
- 8.2 There has been a multi-agency audit undertaken around the thresholds of a section 42 adult safeguarding enquiry in quarter four and the outcomes of this will influence safeguarding practice in the future.
- 8.3 The SAB held a support challenge day in November, the outcomes from this day will support the development of the strategic and business planning for the board.
- 8.4 Considerable focus has been put on the alignment of the SAB, with the Community Safety Partnerships (CSP) and the Local Safeguarding Children Boards (LSCB) to consider cross cutting themes and to heighten the awareness of the whole family approach and to enhance awareness of the six principles of adult safeguarding and MSP.

## **9. Local Safeguarding Children Boards (LSCB)**

- 9.1 The CCG is represented at both LSCBs and sub-groups.
- 9.2 The passing of the Children and Social Care Act in April 2017 has seen the statutory requirement for areas to have an LSCB, overturned. Supported by a consultation of the statutory guidance Working Together to Safeguard Children, due to be published in May 2018, the responsibility for ensuring robust multiagency safeguarding arrangements are in place will fall to three key agencies; Local Authorities, the Police and CCGs. Executive level discussions have commenced as to how this will look for Dorset, and this has attracted attention nationally as a positive move forward.

## **10. Safeguarding Adult Reviews (SAR)/Serious Case Reviews (SCR) Case Audits/Whole Service Reviews**

- 10.1 There is a separate report being presented to the Governing Body regarding the progress of DHRs, SARs and SCR activity across Dorset.

## **11. Serious Incident Investigations/ Managing Allegations**

- 11.1 The CCG safeguarding team work in close collaboration with the patient safety and risk team, to triangulate all serious incident investigations with any safeguarding requirements. All health providers take their own responsibility for managing allegations of staff, the CCG report any allegations from Primary Care into NHS England for review in line with the performers requirements.

## **12. External Inspections and Reports**

- 12.1 Throughout the year the safeguarding team have worked with the CCG Primary Care quality team to review all the Care Quality Commission (CQC) inspection outcomes for general practice, and then have developed a process of quality assuring their safeguarding arrangements, whilst offering additional bespoke safeguarding training.
- 12.2 Poole Hospital NHS Foundation Trust's CQC inspection was undertaken in quarter three. Four of the five key lines of enquiry were rated as being good, the key line of enquiry of being safe required improvement and the Trust have put an action plan in place that will include the development of a learning disability and mental health strategy.
- 12.3 Dorset Health Care have undertaken an external assurance review of safeguarding children and adults, learning from incidents. The review showed there was substantial evidence to demonstrate learning from their incidence and how this is shared across the organisation through a variety of different methods.

## **13. Ofsted Inspections**

- 13.1 During quarter one DCC Children's Services were subject to an improvement plan following a "Requires Improvement" rating by Ofsted, this work continues.
- 13.2 An inspection of services for DCC children with Special Educational Needs and Disabilities (SEND) was carried out jointly with CQC in early 2017. This has resulted in a requirement for the Local Authority and the CCG to produce a statement of action in response to the findings and recommendations. A director level oversight group has been set up to oversee the actions required.
- 13.3 The Ofsted inspection undertaken for the Borough of Poole in 2017 returned a judgement of "Requires Improvement".

## **14. NHS England Wessex Safeguarding**

- 14.1 During the year the CCG safeguarding team has worked in collaboration with NHS England Wessex towards their key objectives:

- Looked After Children;
- Child Sexual Exploitation;
- Female Genital Mutilation;
- PREVENT;
- Mental Capacity Act;
- Additional objectives around learning from SAR's, SCR's and DHR's and Domestic Abuse have been included.

14.2 Due to the geographical changes within the NHS England landscape, Dorset CCG safeguarding will be aligning with NHS England South-West and initial conversations have been undertaken to ensure there is smooth transition.

## 15. Objectives for the next year

15.1 Throughout the next year the safeguarding team will strengthen the understanding of safeguarding as core business in the development of the Integrated Care System throughout Dorset, Bournemouth and Poole. Work will continue to align the children and adult safeguarding agendas with a focus on:

- **Early Intervention and Prevention** - The Care Act (2014, (14.66) stresses the need for preventing abuse and neglect through early, positive interventions with individuals and their families to prevent the deterioration of a situation or breakdown of a support network. It is recognised when people become increasingly isolated and cut off from families and friends that they become increasingly more vulnerable to abuse and neglect. This work will align with the wider prevention at scale work stream from the sustainable transformation program;
- **Making Safeguarding Personal** - to ensure all adult safeguarding is person-led, outcome-focused by engaging with the person to enhance their involvement, choice and control to improve the quality of their life, wellbeing and safety. MSP does not just sit within the formal safeguarding Section 42 enquiries but in the whole spectrum of safeguarding activity;
- **Domestic Abuse** – work to align with the proposed Domestic Abuse Bill (including implications of coercion and control). This will include exploring the whole victim to perpetrator pathway to reduce the harm for both adults and children;
- **Sexual Violence** – the CCG will be considering the implementation of the NHS England Sexual Assault and Abuse strategy. There will be a further focus on the identification and management of child sexual abuse including interfamilial abuse and peer on peer violence;
- **Adult and Child Sexual Exploitation**; this area includes the county lines gang violence, exploitation and drug supply issues. Work will continue to align the relationships and reporting mechanisms into the wider Community Safety Partnerships. The CCG will continue to explore options as to how health can fulfil its statutory responsibilities;

- **Modern Day Slavery and Human Trafficking** to scope and analyse activity across the county and to understand the role of health care within this;
- **PREVENT** – to meet the UK counter terrorism strategy and minimise the threat the county faces from those who promote it. This will be achieved through collaborative working with partner agencies to prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support by reducing the risks of radicalisation;
- **Child Protection Information Sharing (CPIS)** to gain assurance that the processes between health and social care are effective;
- **Transition (Child to Adult health services)** - to ensure that the safeguarding agenda remains a key priority and that the MCA is embraced within this work.

## 16. Conclusion

- 16.1 The CCG continues to maintain its statutory obligations and focus on safeguarding across Dorset's healthcare system.
- 16.2 The main areas for continued consideration are the improvements required by external regulators and to assure learning from Serious Case Reviews, Safeguarding Adult Reviews and Domestic Homicide Reviews are disseminated and embedded into practice.

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<b>APPENDICES</b>	
<b>Appendix 1</b>	<b>Safeguarding Training</b>

### Appendix 1 Safeguarding Training delivered by the CCG throughout the year

Subject	Audience	Number of sessions delivered	Number of attendees
Multi-agency risk Management principles	Multi-Agency frontline practitioners and team managers	5	400
Domestic abuse for GP leads	GP domestic abuse leads	3	150
Domestic abuse for GP receptionists	GP receptionists	2	50
Joint children and adult safeguarding conference - neglect and self-neglect	Multi-Agency	2	600
Learning from SARs, SCR, and DHRs	Multi-Agency	2	600
Fabricated illness	CHC staff	1	30
GP Peer supervision sessions	GPs	6	Averaging 15 per session
MCA training for Pharmacists and Dentists	Pharmacists and Dentists	2	50
NHSE Wessex - Safeguarding Leadership Programme	All designated and named safeguarding professionals	3	25
British Association for the Study and Prevention of Child Abuse and Neglect	All designated safeguarding professionals for children safeguarding	Congress	7
Adult safeguarding leadership programme	All adult safeguarding health needs	one full day	15