

**NHS DORSET CLINICAL COMMISSIONING GROUP  
GOVERNING BODY MEETING**

**SAFEGUARDING ADULTS AND CHILDREN'S ANNUAL REPORT UPDATE**

<b>Date of the meeting</b>	15/05/2019
<b>Author</b>	V Cooper Designated Adult Safeguarding Manager W Thorogood Designated Nurse Consultant for Children
<b>Sponsoring Board member</b>	Dr 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>	The last Annual safeguarding report was submitted to Governing Body in May 2018. A six-month update was supplied in November 2018.

**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	✓		✓

# 9.9

Financial/Value for Money/Sustainability	✓		✓
Information Management & Technology	✓		✓
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 across 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 In April 2018 the Government made a key announcement to commence the implementation of the Children and Social Work Act 2017 and published Transition guidance for the implementation of new Safeguarding Arrangements for Children. These new arrangements will see the abolition of Local Safeguarding Children Boards by September 2019, and the establishment of new Safeguarding Partnership Arrangements. The Act bestows on three key partners, Local Authority, Police and CCGs, equal responsibility to safeguard and promote the welfare of children.
- 1.3 The lead agency responsible for Adult Safeguarding remains with the Local Authority (LA) who work with the statutory partners, the Police, and the CCG.
- 1.4 NHS Dorset Clinical Commissioning Group (CCG) has a statutory duty under the Children's Act (1989, 2004) and the Care Act (2014) to provide assurance that all Health Care Services commissioned, contracted and provided have robust processes in place to identify, refer and protect both adults and children from abuse, harm and neglect. The CCG also has a statutory duty to be involved within Safeguarding Adult Reviews (SAR) Serious Case reviews (SCR) and Domestic Homicide Reviews (DHR).
- 1.5 The duties of the CCG are to seek assurance that safeguarding is integral to service delivery and development across provided services. This includes the assurance there are robust governance and reporting mechanism are in place and its effectiveness in line with the NHSE Assurance and Accountability Framework (2015). Providers of NHS service are also governed and monitored on their identification and management of risk. Finally, the CCG monitors the effectiveness of their safeguarding partnership arrangements with the wider statutory agencies.
- 1.6 To meet this duty, the CCG safeguarding team work in close collaboration with all health providers, the local authorities and the police to provide strategic leadership and offer health advice, support and guidance to all areas of safeguarding.
- 1.7 The Local Government Review (LGR) has remained a major focus for the Local Authorities throughout the year but there has been assurance that the focus of the whole safeguarding agenda remains a high priority.
- 1.8 The NHSE National Safeguarding Lead Kenny Gibson visited Dorset CCG in quarter three. This was a successful visit which offered a national perspective of the safeguarding agenda. A number of key CCG safeguarding workstreams were strengthen following the visit to offer assurance to the governing body that the safeguarding arrangements were in line with the national vision.

## 2 CCG Safeguarding Assurance

- 2.1 Dorset CCG remains as an organisation compliant with its statutory requirement for children and adult safeguarding.
- 2.2 The Governing Body received its annual safeguarding update training in February 2019.
- 2.3 All high-risk health safeguarding concerns for both children and adults should be escalated to the CCG safeguarding team by the providers. High Risk safeguarding includes those cases where there is
- Wider public interest
  - Media involvement
  - Criminal justice processes being evoked
  - Organisational abuse
  - Organisational reputation is at risk
  - Major workforce related issues
  - Interagency threshold challenges which requires senior management discussion and decision making.
  - Reduced interagency engagement which fails to identify and progress high-risk cases

This allows the CCG to liaise with statutory partners to work together to manage and mitigate risk.

- 2.4 Throughout the year, significant work has been undertaken in collaboration with the Information Technology departments to offer each general practice a secure IT email system to aid secure transfer of information. This work has also included engagement with the wider Dorset Care Record to identify areas where IT systems can integrate.
- 2.5 The CCG have been involved in two statutory inspections this year,
- OFSTED/CQC/HMICFRS Joint Target Area Inspection (JTAI) for the multi-agency response to child sexual exploitation, children associated with gangs and at risk of exploitation and children missing from home, care or education for the Dorset County Council area.
  - CQC Children Looked After and Safeguarding (CLAS) inspection for Bournemouth.

Each inspection has had a detailed report released into the public domain with recommendation for future service delivery. Comprehensive Action Plans have been developed to meet the recommendations and are being applied into practice.

## 3. Adult Safeguarding

- 3.1 A Statutory 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 It has been recognised throughout the year that only approximately 20% of all safeguarding concerns meet the criteria for a Statutory Section 42 safeguarding enquiry. The remain 80% of the concerns are of a preventative or quality of care safeguarding nature. The 80% focuses on the need for early interventions, support and advice to promote wellbeing and minimise the risk from escalating as defined in the Care Act.
- 3.3 This has steered the CCG to support partner agencies to consider methodologies to target this demand. It has placed a greater emphasis on collaborative work with Public Health to raise the public awareness so that professionals, citizens and the wider communities engage within the prevention agenda.
- 3.4 Societal changes are seeing an increasing trend in abuse such as domestic abuse (coercion and control), county lines, criminal exploitation and human trafficking. This changing landscape is challenging professionals to really engage with people to support them in making choices and having control in how they choose to live their lives.
- 3.5 The NHS providers are acknowledging the increase in the number of Multi-Agency Risk Management meetings they are being requested to attend to support shared decision making with the person to manage the identified risks.
- 3.6 Dorset Police have continued to work with the CCG to progress the workstream regarding the management of adults with vulnerabilities who do not meet the statutory Section 42 criteria. This has also included an initial review of the Public Protection Notifications (PPN's) for adults to be assured these are generated effectively and appropriately by the police, to be assured they are shared with relevant partner agencies.
- 3.7 The main theme of the small number of Statutory Section 42 enquiries raised against NHS providers continue to be predominantly of a quality nature. Hospital discharge, application and implementation of the Mental Capacity Act (2005) along with workforce demands are often identified. All of these concerns are not unique to Dorset and are seen as national trends. Dorset CCG has mechanisms to incorporate the learning from the identified concerns into their wider Integrated Care Pathway work programme.
- 3.8 The main theme of the safeguarding concerns across the whole county including Dorset, Bournemouth and Poole is neglect and acts of omission within care providers including care homes with and without nursing. There is robust mechanism in place to work with providers to monitor and mitigate risk through quality improvement.

- 3.9 The NHS providers submit quarterly safeguarding data to the CCG Designated Adult Safeguarding Manager (DASM). This is analysed and shared as part of the Safeguarding Adults Board (SAB) Quality Assurance group as a measure to monitor the adult safeguarding health activity across the whole health landscape.
- 3.10 All statutory Section 42 concerns regarding health providers are triangulate with intelligence around wider patient safety and risk, complaints and inspection outcomes to allow contractual discussions to be undertaken.
- 3.11 The DASM has also been engaged within the quality assurance process of the Learning Disability Mortality review (LeDeR). This is to give assurance that reviews into deaths of people with learning disabilities are also considered from a safeguarding perspective. Two reviews have been referred to the SAR panel for wider multi agency discussion and oversight. Appropriate wider learning from the reviews and recommendations will be shared with the SAB, so that they can be adopted into policy and practice improvements.
- 3.12 Annual quality assurance visits have been completed to all NHS acute providers this year. It is planned that the community health provider will be reviewed during 2019 /20. This is following Dorset Health Care NHS Foundations Trusts plans to reshape their internal safeguarding structures.

#### **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 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.
- 4.3 As of 31<sup>st</sup> March 2019 there were 556 children subject to a Child Protection Plan across Dorset, Bournemouth and Poole. This figure is a reduction from last year, ostensibly due to changes within Poole LA's child protection processes. Neglect remains the main category of abuse across all of the LAs.
- 4.4 This year the CCG recruited two Specialist Child Protection Nurses. These posts address the gap identified by the Local Safeguarding Children Boards in 2017/18. This was in regard to the lack of Primary Care and School Nursing information being shared at Child Protection Conferences, for school aged children where no health services are involved. These posts will provide improved analysis and planning for children and will provide the CCG with a better overview of health engagement in the Child Protection process.

## 5. Safeguarding Training

- 5.1 Various safeguarding training packages have been offered across Primary Care and NHS providers throughout the year. The focus of the training continues to be domestic abuse including stalking, coercion and control as well as adolescence on parent abuse. These align and embrace the learning from the local SCRs, SARs and DHRs. All the safeguarding leads within the NHS providers were offered legal literacy training throughout the year.
- 5.2 The Royal College of Nursing launched their first version of the “Adult Safeguarding: Roles and Competencies for Health Care Staff” in August 2018 and an updated version of “Safeguarding Children and Young People: Roles and Competencies for Health Care Staff” in January 2019. Consideration to how these two documents cross reference one another has been undertaken and providers have been requested to determine the impact of this within service delivery and requirements.

## 6. Commissioned Services

### Multi-Agency Safeguarding Hub (MASH)

- 6.1 The MASH has been seen as offering a good service within both inspections with some areas for development including offering shadowing opportunities to other providers which increases understanding of the complexities of the role. Domestic violence forms are being directly sent to providers from the MASH which is seen as best practice

### Child Exploitation (CE) MASH moderation

- 6.2 With the decommissioning of the Barnardo’s service for Child Sexual Exploitation and Missing children in 2018, the CCG agreed funding for an additional £30k to be invested in the MASH Health team. This will allow for health information to be gathered as part of the CE Risk Assessment process and to provide expertise in the moderation of risk for all Child Exploitation Multiagency referrals. It will also provide a mechanism for informing health agencies of all children assessed as being at moderate or significant risk and process for tracking children across health services.

### Sexual Assault Referral Centre (SARC)

- 6.3 This service is commissioned by NHSE, but links with the CCG Safeguarding Team through attendance at CCG Safeguarding Health Forums.

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

- 6.4 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)**

- 6.5 The Mental Capacity Act (MCA) Bill has progressed through parliament during 2018 /19. This is now awaiting Royal Assent.
- 6.6 The MCA / DoLS Code of Practice is also being reviewed nationally.
- 6.7 Highlights indicate that the revised act is likely to have major an impact on NHS hospital providers, Continuing Health Care and Care Home providers. It is envisaged these three groups will become the responsible body for the authorisation of the new Deprivation of Liberty safeguards.
- 6.8 The DASM has been working in collaboration with the Dorset MCA and CHC team to scope the potential requirements for training, workforce development and statutory duties to understand any potential financial and reputational risks.
- 6.9 The application for Deprivation of Liberty Safeguards are currently made directly to the LA as the responsible body for authorisation. The CCG is currently reviewing the service agreement with the LA in preparation for the imminent changes within the Liberty Protection Safeguards where authorisation will devolve back to the NHS providers and CHC.

### **Domestic Abuse (DA)**

- 6.10 Four Domestic Homicide reviews have been completed with reports released throughout the year. Each report has recommendations and actions plans to monitor their implementation and effectiveness. There are several themed recommendations for health care services including identification, signposting, referral to Multi Agency Risk Management Conference (MARAC). Application of the Mental Capacity Act along with risk assessment, risk enablement and risk management has also been cited.
- 6.11 The MARAC business manager has been developing a business case for adult health representation at the MARAC meeting. Healthcare providers including General Practice have a duty of care but do not have a statutory duty to comply with the MARAC process, but good practice indicates effective multi agency working is paramount to minimise the risk of Domestic Homicides.
- 6.12 The DASM has been engaged with the wider partner agencies to develop the first version of the DA training framework guidance, which has been shared widely with partner agencies.
- 6.13 The lead Safeguarding GP and the DASM have developed further the Royal College of General Practice (RCGP) DA pathway to embrace a “red flag” concept. This work will progress into 2019 /20 and will support GP’s when recognising the need to complete a safelives Domestic Abuse, Stalking and Honour Based Violence (DASH) risk assessment. The team will consider ways to gain validity for the work undertaken.

- 6.14 Work has been instigated with the Mental Health and Learning Disability services of Dorset Health Care to understand the scope and identify gaps within the current provision around DA. DHC are implementing a quality improvement methodology to address this need.

## **Whole Family Approach**

- 6.15 Considerable work has been undertaken during 2018 /19 to bring the Safeguarding Adult Boards, the Local Children's Safeguarding Boards and Community Safety Partnership together. This is being led through the relevant business managers. A multi-agency event was held to follow on from the integrated safeguarding conference last year, which aimed to set out the strategic vision for this piece of work.

## **PREVENT**

- 6.16 PREVENT remains a high priority for the country. All NHS providers submit quarterly PREVENT data to the Home Office, which includes their training figures.

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

- 6.17 Modern Day Slavery and Human Trafficking also remain priorities for the wider community. There have been no reported cases made known to health of children or adults' risk being trafficked across Dorset.

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

- 6.18 There have been no reported cases of children being subjected to FGM during last six months.

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

- 6.19 The 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. Dorset and Poole Councils implemented CP-IS during last financial year, with Bournemouth Borough Council (now BCP Council) to implement during quarter one of 2019/20.

## **7. Named Safeguarding Lead GPs**

- 7.1 The quality assurance visits continue to all GP practices to review their safeguarding arrangements. This aligns with the requirements of the Section 11 compliance for children safeguarding and the outcomes from the CQC reports and inspections. Over 88% of all practices have been visited to date. These visits continue to be well received, and all GP practices now have a lead safeguarding GP and a lead for Domestic Abuse.
- 7.2 A large majority of GP surgeries now have a secure safeguarding email pathway.

7.3 Bi-monthly GP peer supervision sessions continued to allow local GPs to update their safeguarding skills to level 3 for both adults and children safeguarding. This offer will be reviewed going forward to develop 6 monthly training session and supervision.

7.4 The named GPs and Designated Nurses for both adults and children have been requested to support the implementation of the section 11 across Southwest South. This has been identified as a national NHSE achievement. This will be supported by the CCG communications team, and will include adults and children's safeguarding requirements.

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

8.1 The recommendations from the multi-agency audit regarding the interpretation of the statutory Section 42 Safeguarding Adult enquiry have been embedded by the Councils which should improve the consistency of safeguarding activity across the whole county.

8.2 An audit regarding the application of Multi-Agency Risk Management principles for citizens with Learning Disabilities that are subject to Domestic Abuse has been commissioned and undertaken. The report and recommendations are waiting to be released.

8.3 Focus continues to align of the work of the SAB, with the Community Safety Partnerships (CSP) and the Local Safeguarding Children Boards (LSCB) to consider cross cutting themes, whilst enhancing awareness of the six principles of adult safeguarding and Making Safeguarding Personal.

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

9.1 The CCG is represented at both LSCBs and sub-groups. This has also contributed to the work of the safeguarding reforms

9.2 The new "working together" places Health, Police and Social Care as equal safeguarding partners. Proposals for the new safeguarding partnerships is progressing well, with final proposal being presented to the next Governing Body meeting.

### **9.3 Children at Risk of or Linked to Exploitation CARoLE**

The Dorset JTAI Report published in July 18, found the multiagency partnership response to children at risk of exploitation inadequate. One of the three priority actions specified by the report, was to ensure a robust mechanism was in place to oversee this vulnerable group. This new model, called the CARoLE has been agreed by senior leaders and will operate at three levels: Strategic (to consider impact and resource), Tactical (to consider and understand data, profile and intelligence) and Operational (the management of individual cases). Criminal Exploitation (CE) is a fast developing agenda which sits across the Safeguarding, Community Safety and Youth Justice Boards. It will be vital over the coming year to ensure that

there is good coordination of this agenda to avoid duplication and confusion for professionals.

## 9.4 **Child Sexual Abuse**

Child Sexual Abuse (CSA) had been a priority for the Boards  
The CSA sub group has been working on a project over the last year to raise awareness of CSA in both the workforce and for the public. The project was commissioned and funded by the Police and Crime Commissioners Office and has been run conjunction with Bournemouth AFC. The project has had 4 strands

- Data – understanding the scale, nature and scope of CSA locally
- Service Pathways – ensuring these are clearly accessible and sufficient to meet need.
- The Multi-Agency Workforce – to ensure staff are confident, knowledgeable and empowered for preventative and responsive approaches
- Public Awareness-Raising – a campaign which has reached practitioners, parents and carers, children and community in partnership with NSPCC

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

10.1 Due to the confidential nature of these reviews a separate report is presented to part two of the Governing Body regarding the progress of DHRs, SARs and SCRs activity across the whole of Dorset.

10.2 Overall the learning from SCR, SAR and DHR evolve around Domestic Abuse, application and understanding of the mental capacity act, risk assessments and sharing information across agencies. There was specific learning in relation to children and parenting whilst under the influence of alcohol and the management of young people with complex mental health and care needs.

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

11.1 All serious incident investigations are triangulated with any safeguarding requirements. All health providers continue to take their own responsibility for managing allegations of staff, whilst 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 An OFSTED/CQC/HMICFRS Joint Target Area Inspection (JTAI) for the multi-agency response to child sexual exploitation, children associated with gangs and at risk of exploitation and children missing from home, care or education was undertaken in the Dorset LA area in quarter two. See section 9.3. All Health actions are progressing.

- 12.2 Bournemouth Children's services received an Ofsted inspection where leadership was found to be inadequate. This has resulted in a significant change of LA management and the action plan has been completed
- 12.3 A CQC CLAS (Children Looked After and Safeguarding) inspection was conducted in late October, covering the Bournemouth local authority area. This was an inspection across health agencies and requires areas for improvement. The Action Plan for this is being progressed. Many of the changes have already been implemented.

### **13. NHS England South West South Safeguarding**

- 13.1 During the year NHS Dorset CCG migrated across the NHSE South West South (NHSE SWS) from NHSE Wessex.
- 13.2 The CCG safeguarding team has been support NHSE SWS to strengthen their safeguarding arrangements across the whole area.

### **14. Objectives for 2019 /20**

- 14.1 There are some expected personnel changes within the safeguarding team during the next year. This will allow us an opportunity to review our statutory requirements and the current service provision. This will include strengthening and embed the principles of safeguarding as core business, aligning the safeguarding requirements with the Integrated Care Systems.
- 14.2 Work will continue to align the children and adult safeguarding agendas with a focus on:
- Early Intervention and Prevention across the whole Health and Social care system.
  - Making Safeguarding Personal – to be assured that adults are involved within and through the safeguarding process. This will be assured their desired outcomes are a priority.
  - Domestic Abuse – to ensure the implementation of the recommendations from the Domestic Homicide Reviews are embedded across primary care and NHS providers;
  - Domestic Abuse – to review the progress of the Domestic Abuse draft Bill through parliament and to seek assurance NHS providers are aware of any imminent changes.
  - Review of the Mental Capacity Act and Liberty Protection Safeguards – to seek assurance that this is embraced and applied across the whole health system.
  - Sexual Violence and Harmful Sexual Behaviour
  - Adult and Child Exploitation – to understand the extent of the issues locally and to be assured relevant multi-agency systems and process are in place to address the need.
  - Modern Slavery and Human Trafficking – To review the training requirements of the NHS providers and to seek assurance these are in place.

- PREVENT – To be assured the PREVENT agenda is embedding into practice.
- Interfamilial sexual abuse;
- Identification and management of adolescents with violent and disruptive behaviour;
- Child Protection Information Sharing (Phase 2);
- Transition (Child to Adult Health Care Services).

## 15. Conclusion

15.1 The CCG continues to maintain its statutory obligations and focus on safeguarding across Dorset's healthcare system.

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