Introduction

2019/20 Safeguarding Priorities

1. Delivery of Statutory Safeguarding Functions

2. Development and strengthening pathways of services

3. Using Intelligence and Information to Inform Decisions

4. Influencing Partnerships

5. Impact of Covid 19

Summary and Forward Planning

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Introduction

Purpose of the Report

Welcome to the East Lancashire and Blackburn with Darwen CCG Safeguarding and Children Looked After Annual Report. The report comes at a time of ongoing changes in the Pennine area linked to the developing Integrated Care System (ICS), which will support a system wide approach to safeguarding during the forthcoming year.

This report describes the range of activities and developments that the safeguarding team have supported in designing and delivering effective safeguarding arrangements across the Pennine footprint. The report provides assurance to the Governing Body and members of the public that the CCG’s have fulfilled their statutory responsibilities to safeguard the welfare of children, adults and children looked after.

The narrative throughout this report gives an overview and summary of assurance against our statutory functions, our internal strategy and the shared local priorities of safeguarding partners.

This report will conclude by looking forward to the year ahead identifying key priorities for 2020-2021; this includes our plans to continue to strengthen the safeguarding arrangements across health and social care partnerships.

Throughout our activity we have, and will continue to, promote a culture where the voices of children and adults are heard.

Over the last year we have focused our work priorities on national priorities for Safeguarding and priorities of the Lancashire and Blackburn with Darwen Safeguarding Children Partnership and Lancashire and Blackburn with Darwen respective Adult Boards. Our safeguarding activity takes in to account any key changes to national legislation and learning from local and national safeguarding reviews.

A key area of work during 2019/20 has been to support the development of the Safeguarding Structure within the ICS structure to enable staff to deliver high quality effective care. This supports the statutory changes in the Children and Social Work Act (2017), which led to a revised publication of Working Together (July 2018).

Our core business is to support vulnerable people by fully understanding the outcomes we want to achieve together and continually reflecting on how well we do things. We want to be able to work with our partners and be in a position to evidence the impact our work makes on the lives of children, young people and adults by keeping the individual at the centre of everything we do in order to:

- Keep them free from harm, abuse or neglect
- Protect their wellbeing and human rights
- Protect their health
**2018/2019 Priorities**

<table>
<thead>
<tr>
<th>We have...</th>
<th><strong>2018/2019 Priorities...</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Robust training policy and supervision policy frameworks in place, in line with Intercollegiate documents</td>
<td>Continue to support a culture of learning via training and supervision, embedding lessons learnt through the safeguarding forums/champions model</td>
</tr>
<tr>
<td>• Delivered a multitude of learning events to address key topic areas, such as Criminal Exploitation, Mental Capacity Act and Deprivation of Liberty Safeguards, Modern Slavery and Human Trafficking</td>
<td>Work with partners to understand the rise in numbers of children subject to a child protection plan in Pennine and develop plans to safely reduce the numbers</td>
</tr>
<tr>
<td>• Engaged with the work of task and finish groups to understand system demand and the impact on resources</td>
<td>Work with partners to ensure robust information sharing processes for Looked After Children (LAC) placed in and out of Pennine and engage with initiatives to support increased compliance with timeliness of health assessments to improve the health outcomes for LAC and care leavers</td>
</tr>
<tr>
<td>• Influenced plans to address the demand in different work streams such as Early Help, Permanence</td>
<td>Continue to work with the Adult Safeguarding Boards and Local Authorities to support appropriate referrals/alerts</td>
</tr>
<tr>
<td>• Ensured service re-commissioning and re-design reflect system capacity and demand</td>
<td>Safeguarding alerts received by the Local Authority teams across the Pennine footprint has indicated a slight increase in referral alerts.</td>
</tr>
<tr>
<td>• Engaged with the work of task and finish groups to understand system demand and the impact on resources</td>
<td>Work with partners to ensure robust information sharing processes for Looked After Children (LAC) placed in and out of Pennine and engage with initiatives to support increased compliance with timeliness of health assessments to improve the health outcomes for LAC and care leavers</td>
</tr>
<tr>
<td>• Influenced system re-design of pathways for LAC from notification of placement to completion of health action plan</td>
<td>Continue to embed the principles of the Mental Capacity Act (MCA)</td>
</tr>
<tr>
<td>• Driven the Pan-Lancashire Safeguarding Adults Board MCA group on their oversight of the implementation of MCA/DoLS.</td>
<td>Strengthen information sharing processes across Primary Care including pathways for high risk victims of domestic abuse and contribution to child protection conferences</td>
</tr>
<tr>
<td>• Developed suite of MCA audit tools for implementation across the Pennine footprint</td>
<td>Strengthen safeguarding practice &amp; systems to ensure compliance with statutory Prevent Guidance and responsibilities</td>
</tr>
<tr>
<td>• Implemented electronic versions of case conference template report on to EMIS</td>
<td>Support the quality and safeguarding assurance and improvement of regulated care providers where the care fails to protect vulnerable adults</td>
</tr>
<tr>
<td>• Resource pack and pathways in place for MARAC, Child safeguarding conferences, LAC and Care Leavers to support referrals and information sharing processes</td>
<td>Continue to strengthen health input into the Multiagency Safeguarding Hubs to support information sharing and timely decision making</td>
</tr>
<tr>
<td>• Promoted attendance and consistency of representation at the safeguarding champions quarterly events by amending venue to a central location and reviewing feedback to ensure agenda reflective of feedback received.</td>
<td>Continue to drive quality and safeguarding improvement initiatives across regulated care, supported through Named GP’s</td>
</tr>
<tr>
<td>• Monitoring of Prevent Training Compliance of providers in line with NHSE guidance</td>
<td>Engage with the current Boards and Partners to implement transition arrangements to ensure compliance with the revised Working Together 2018</td>
</tr>
<tr>
<td>• Identified as a learning priority for Primary Care for 20/21</td>
<td>• Pro-actively influenced transition planning for Lancashire Children’s Safeguarding Assurance Partnership</td>
</tr>
<tr>
<td>• Worked Closely with LSCFT and supported them to achieve 85% Compliance and monitored ELHT continued compliance</td>
<td>• Supported the safeguarding structure within the development of the Integrated Care System</td>
</tr>
<tr>
<td>• Continued Engagement and leadership in local RADAR and Quality Improvement Processes</td>
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</tbody>
</table>
**1 Delivery of Statutory Safeguarding Functions**

### Safeguarding Leadership and Accountability

The accountability for safeguarding rests with the Chief Officer of the CCG. The safeguarding team is led by the Heads of Safeguarding Adults and Children whom have a direct reporting structure via the Executive Nurse and Chief Officer. Quarterly safeguarding assurance reports are provided to the Pennine Lancashire Quality Committee which are embedded within Governing Body reporting arrangements.

The CCG safeguarding model incorporates the statutory safeguarding roles and a complimentary skill mix team. This includes a Deputy Head for Adult Safeguarding, Designated Drs, Deputy Designated Nurse for Children, Named GP’s for Safeguarding, specialist safeguarding practitioners, and support administrative staff. The reporting structure overleaf demonstrates the safeguarding governance arrangements.

### Discharging Statutory duties for Safeguarding

**Accountability**

There is a clear line of accountability for safeguarding reflected in Pennine CCG governance arrangements, including statutory roles as described above.

At the time of writing this report we have achieved full compliance against requirements of NHS Accountability and Assurance Framework and substantial assurance was identified via the internal MIAA audit completed in March 2020.

**Policies & Procedures**

Policies and procedures are in place setting out a commitment, and approach, to safeguarding children and adults including MCA.

New policies for 2018/9 include the Domestic Abuse and the Workplace Policy,

The Primary Care GP sample policies on adult, children and domestic abuse have been updated and available for practices to adopt.

<table>
<thead>
<tr>
<th>Compliance %</th>
<th>0</th>
<th>20</th>
<th>40</th>
<th>60</th>
<th>80</th>
<th>100</th>
<th>120</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children 1</td>
<td>BwdCCG</td>
<td>ELCCG</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children 2</td>
<td>BwdCCG</td>
<td>ELCCG</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult Level 1</td>
<td>BwdCCG</td>
<td>ELCCG</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult Level 2</td>
<td>BwdCCG</td>
<td>ELCCG</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prevent</td>
<td>BwdCCG</td>
<td>ELCCG</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Ensuring that Pennine CCG staff have the required competencies to carry out their responsibilities for safeguarding through a culture of learning across the system through effective supervision and training.

A series of training events and Gp Safeguarding Champions sessions on a variety safeguarding topics which has included:
- Self-neglect
- Child Criminal Exploitation
- Domestic Abuse
- Looked After Children and Care leavers

These events have been attended by over 110 Primary Care Staff.

Bespoke training offers to Primary & Regulated Care which has included MCA/DoLS, covert medication and child sexual exploitation and Modern Slavery.

Regulated Care & Domiciliary Champions events highlighting Advocacy, SG Adult Reviews, MASH, Adult Intercollegiate document and People in Positions of Trust.

The dissemination via Team net of key safeguarding messages, lessons learnt and useful documents and tools to support practice, learning briefs and Policy updates.
Safeguarding Governance Framework

Pennine Lancashire CCG’s Safeguarding Accountability

- **Individual Accountability**
  - Clinical Director for Quality and Effectiveness, East Lancs and BwD CCG
  - Director of Quality and Chief Nurse, East Lancs and BwD CCG
  - Pennine Lancs CCG Safeguarding Team (included Designated Professionals for Children and Adults and Designated and Named Doctors)

- **Structures/Committees**
  - East Lancashire CCG Governing Body and Bwd CCG Governing Body Meeting in Common
  - Pennine Lancs Quality Committee
  - Safeguarding Reports
  - Lancashire & BwD LSAB’s & CSAP
  - Quality assurance and improvement for regulated care, domiciliary and supported living (RADAR, QIP)
  - Regional and National safeguarding meetings
  - Safeguarding Contractual Compliance of Commissioned Providers

NHS England & NHS Improvement
**Safeguarding Assurance of Commissioned Services**

Arrangements for safeguarding assurance for Pennine CCG with Commissioned services and providers has included assurance visits, quality walk rounds, CCG Safeguarding Standards Audits, and attendance at provider safeguarding performance and operational committees. In addition the Primary Care quality framework in East Lancashire includes provision for the GP Safeguarding champion’s model and contribution to child safeguarding conferences. There are also arrangements to monitor key performance indicators (safeguarding outcomes), risk management and quality improvement initiatives with providers.

The SAF audit tool is distributed to all CCG Commissioned Acute and Community Trusts and our contracted smaller providers. Compliance of the completed SAF’S are monitored via the Pennine CCG Safeguarding Team and support provided as required.

<table>
<thead>
<tr>
<th>Audit Highlighted...</th>
<th>Actions taken...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robust systems to flag safeguarding risks on patient’s electronic records</td>
<td>Contributed to the development of guidance and training for our GP practices on the required application of safeguarding alert codes to children, young people and adults electronic records identified as being vulnerable. These have been shared with the aim to strengthen safeguarding arrangements so additional vulnerabilities/safeguarding risks are clearly identified during consultations and any clinical involvement.</td>
</tr>
<tr>
<td>Compliance with Safeguarding Training,</td>
<td>Training guidance produced for all Primary Care staff to raise awareness of their safeguarding training requirements as outlined in the Intercollegiate Guidance. Worked in partnership with our commissioned provider for delivery of safeguarding training to ensure that this meets the specific requirements of Primary Care. In addition we have:</td>
</tr>
</tbody>
</table>
| Implementation of the Mental Capacity Act | • Delivered Level 3 safeguarding to 140 primary care staff  
• Delivered GP Safeguarding Champions level 3 face to face training |
| Overall Themes for Improvement | • Facilitated additional training surrounding the Mental Capacity Act & Deprivation of Liberty Safeguards (DoLS).  
• Also to support practitioners developed and implemented EMIS templates to be legally compliant with mental capacity assessments and best interest decision making |

- Need for Health Collaborative Forum to share learning and tackle improvement as a system challenge  
- Safeguarding and MCA training remains quantitatively driven and requires stronger focus on actual competence  
- Inconsistency in BwD and LCC multi-agency processes continues to be a challenge to Pennine health system  
- Use of coding and recording of abuse and different types of abuse remains inconsistent and varying quality
Learning from Safeguarding Incidents and Child Deaths

We continue to engage with both the Adult Boards and CSAP through the work of the CSPR/SAR sub groups to disseminate and embed learning from reviews and share good practice.

During this reporting period there have been 23 child deaths across the Pennine CCG footprint; 3 of those were expected death due to life limiting illness, prematurity or palliative care and 20 of those were unexpected. In all cases the death was appropriately investigated and families received support via the SUDC service.

<table>
<thead>
<tr>
<th>Child Safeguarding Practice Reviews</th>
<th>MULTI AGENCY REVIEWS:</th>
<th>DOMESTIC HOMICIDE REVIEWS:</th>
<th>LEDER REVIEWS:</th>
<th>SAFEGUARDING ADULT REVIEWS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>1</td>
<td>0</td>
<td>XXX</td>
<td>3</td>
</tr>
</tbody>
</table>

There is one Serious Case Review due to be published for the population of BWD CCG footprint within this reporting year and two that remain ongoing in East Lancashire CCG.

One Learning Review is ongoing for a child originating from the East Lancashire area.

Learning Disabilities Mortality Review (LeDeR)

The LeDeR Steering Group meeting within Lancashire & South Cumbria continue to work towards the NHSE/I Recovery Plan which has been implemented, and monitored by NHSE/I. National guidance suggests that a case needs to be completed within 6 months of being uploaded onto the platform. Pennine CCGs have a high level of reporting and this is recognised as a positive culture. It has not been possible to achieve most reviews within timescale and this is due to the lack of available LeDeR Reviewers within the system, contributing to a backlog of unallocated reviews.

Acknowledging the risk within L&SC the LeDeR Steering Group have funded two posts from the ICS to complete majority of the unallocated reviews across the footprint, to help to address the backlog which ELCCG host.

The Pennine CCGs have also developed a Quality Assurance Process for signoff of LeDeR Reviews. This will strengthen the signoff process and better capture learning which needs to be distributed across the system.

LeDeR Themes & Trends

The main themes of learning include problems with:
- Complications of constipation
- Dysphagia and aspiration pneumonia.
- Lack of support to access cancer screening.
- Implementation of the Mental Capacity Act.

Child Death Overview Panels

Sharing lessons through training, learning briefs, newsletters, briefing with teams and discussion of learning in supervision

The team have maintained active representation on both Child Death Overview Panels, activity to improve practice and prevent future deaths has included ICON (head trauma) and the Safer Sleep Campaign for both Pharmacies and Grandparents.
Safeguarding Children

Number of children on a Child Protection Plan or Child in Need Plan

<table>
<thead>
<tr>
<th>East Lancashire</th>
<th>BwD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child Protection Plans</strong></td>
<td><strong>Child Protection Plans</strong></td>
</tr>
<tr>
<td>358</td>
<td>224</td>
</tr>
<tr>
<td><strong>Child in Need Plans</strong></td>
<td><strong>Child in Need Plans</strong></td>
</tr>
<tr>
<td>512</td>
<td>Not available due to Covid</td>
</tr>
</tbody>
</table>

There has been a reduction in children and young people whom are subject to child protection plans within the Pennine footprint since 2018/19 reporting. The Pennine CCG safeguarding team have worked in partnership with our statutory partners to develop the early help offer to reduce families entering the child protection arena.

Safeguarding Board Reforms

Under the Children and Social Work Act 2017, Local Safeguarding Children Boards (LSCBs) will be replaced by Safeguarding Partners. Under the new legislation, the three agencies identified as key safeguarding partners are Local Authorities (LAs), Chief Officers of Police and Clinical Commissioning Groups (CCGs) who now have equal and joint accountability. Responsibilities for Adults remain unchanged in line with the Care Act 2014.

EL CCG and BwD CCG are required to work within the Safeguarding Partner arrangements which include the below Local Authorities:

- Lancashire
- Blackburn with Darwen
- Blackpool

Each Local Authority, Constabulary and CCG will remain responsible for fulfilling its own statutory and legislative duties to safeguard and promote the welfare of children. To inform the proposals, ELCCG and Bwd CCG representatives have been engaged in significant work streams to transition to the new arrangements.

New local arrangements have been implemented since the 29 September 2019 and the previous Safeguarding Children’s Boards have ceased to exist. The new safeguarding partnership arrangements have been published and available via the Pennine CCG websites in line with the legislative requirements.
**Looked After Children (LAC)**

**Number of Looked After Children**

Across the Pennine CCG footprint in March 2020 we had approximately 1892 Looked after Children; these figures include children placed in from other Local Authorities:

<table>
<thead>
<tr>
<th>Looked After Children originating from Pennine</th>
<th>Bwd LA</th>
<th>East Lancashire</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>412</td>
<td>852</td>
</tr>
</tbody>
</table>

**Health Assessment and Redesign Pathway Project**

Following Lancashire Local Authority Ofsted Inspection in 2018, a joint scoping project with health colleagues was developed to identify the barriers and system challenges affecting the compliance with the poor performance of Initial and review health assessments for LAC.

As a result of the issues identified a LAC Steering group and Project was been established which sits within the governance arrangements of the LCC Getting to good board. The Deputy Designated Nurse provides the ICS leadership for LAC and is the project lead in partnership with colleagues in Children’s social care.

**Compliance with Statutory Health Assessments**

Across the footprint compliance with health assessments remains variable due to a series of co-dependant multi-agency challenges, including notifications systems, capacity of staff and engagement of young people. Compliance at the end of March 2020 is as follows:

<table>
<thead>
<tr>
<th>Initial Health Assessments</th>
<th>Review Health Assessments</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Lancashire BwD</td>
<td>East Lancashire BwD</td>
</tr>
<tr>
<td>16.8%</td>
<td>67.2%</td>
</tr>
<tr>
<td>64.06%</td>
<td>87.3%</td>
</tr>
</tbody>
</table>

**Themes identified from the statutory health assessments**

Themes identified from statutory health assessments include emotional well-being, sleep support, smoking and substance cessation, sexual health needs, exploitation and missing from home, development checks as per healthy child programme and complex physical health needs.

**Risks/gaps identified for LAC**

- Effective partnership working
- Ongoing health service for those leaving care
- Timeliness of health assessments
- Immunisations for young people 16-18 years
- Access to LAC and care leavers mental health services

The Pennine CCG Safeguarding team continues to work across the system to mitigate and address these risks and gaps.

**Reducing Unwarranted Variation for Looked After Children (LAC)**

The health system together with local authorities as ‘Corporate Parents’ should together have high aspirations to improve outcomes for these children and young people. NHS England have identified reducing unwarranted variation for Looked after Children as a key area of focus. Work is ongoing to reduce unwarranted for all LAC across the Lancashire and South Cumbria footprint.

The primary areas of unwarranted variation are:

- Access to timely and quality health services regardless of where LAC are placed in the United Kingdom
- The health commissioning pathways to meet the statutory duties for all LAC are complex and there is no single service specification for delivery across the ICS and National footprint.
- Access to mental health services for LAC and care leavers
Strengthening Governance Arrangements for Looked After Children (LAC)

Work continues across Lancashire and South Cumbria to improve the efficiency and compliance with statutory health assessments, notification of placements and tracking of children. The Designated Nurse is supporting improvements as a priority in both areas, such as:

- Scoping of current cases awaiting health assessments, with partnership action plan being driven at pace by Lancashire steering group
- Performance reporting strengthened, escalation process in place across pathways
- Increasing timeliness of notification and consent to health teams from the Local Authority
- Access to social care systems for health staff to promote accurate timely data
- Engagement Pathway developed to ensure there is a health plan even when children refuse to attend

The numbers of children in care continue to rise across both areas. Compliance with statutory targets for Initial health assessment continue to be a challenge, compliance with review health assessments is more consistent. We will continue to progress the action plans at pace, but are unlikely to see an immediate increase in performance until system and practice changes are embedded across all teams.

Safeguarding Adults

Safeguarding alerts received by the Local Authority teams across the Pennine footprint has indicated a reduction in referral alerts. This will continue to be a priority into the next reporting year to raise awareness across the system.

Referral Alerts and Sources

<table>
<thead>
<tr>
<th>Safeguarding Alerts</th>
<th>East Lancashire 2019/20</th>
<th>Blackburn With Darwen 2019/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steped up to</td>
<td>1187</td>
<td>323</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Referral Alerts and Sources</th>
<th>Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Abuse</td>
<td>Leading on strengthening strategic oversight of MCA/DoLS within the CSAB and across the health partnership</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>Adopted and implemented the ADASS Court of Protection Tool within ELCCG and BwDCCG for the Midlands and Lancashire Commissioning Support Unit (MLCSU)</td>
</tr>
<tr>
<td>Neglect &amp; Acts of omission</td>
<td>Facilitated an MCA/DoLS Conference with the Safeguarding Champions</td>
</tr>
<tr>
<td></td>
<td>Engaged with the development and implementation of the LSAB MCA Training Framework</td>
</tr>
<tr>
<td></td>
<td>Supported the development of a suite of MCA Audit Tools which can be used across the LSAB Partnership</td>
</tr>
<tr>
<td></td>
<td>Involved with the implementation plan for the changes within the Liberty Protection Safeguards</td>
</tr>
</tbody>
</table>

Themes of Referrals - Top 3 recurring themes

- Financial Abuse
- Physical Abuse
- Neglect & Acts of Omission
2. Developing and Strengthening Pathways & Services

Changing the Landscape of Safeguarding

The team have worked closely with partners to strengthen safeguarding responses in relation to the changing landscape for safeguarding, our activity has included:

**INFORMATION SHARING**
- Work completed with Primary Care to strengthen information sharing with local authorities
- Use of Team net and Safeguarding Champions model
- Remote Emis agreements in place to support children and adult safeguarding reviews

**DOMESTIC ABUSE (DA)**
- CCG DA in the workplace policy in place. DA Policy for Primary Care updated. Awareness raising of DA through training and forums.
- EMIS template created to prompt GP to enquire about Domestic Abuse. Representative at Lancashire MARAC review.

**MENTAL CAPACITY ACT 2005**
- Leading on strengthening strategic oversight of MCA/DoLS within the Pennine Health system
- Adopted and implemented the MCA ADASS Prioritisation Tool within the Pennine CCG and Commissioning Support Unit

**CRIMINAL EXPLOITATION**
- Supporting strategic partnerships to deliver multi-agency action plan
- Bespoke learning events focussed on Criminal Exploitation, with keynote speakers raising awareness to Primary Care

**PREVENT**
- Pennine CCG took on portfolio lead for ICS to oversee delivery of Prevent agenda across health system.
- Representation at strategic level to assist in the delivery of the multi-agency action plan to ensure the health needs of families place in our area are met

**HUMAN TRAFFICKING & MODERN SLAVERY**
- ICS Rep is an active member of the Pan-Lancashire Anti-Slavery Partnership to strengthen the health response to modern slavery
- Included in Safeguarding Policies and Training Packages

**Hate Crime**
- Pennine CCG have now taken a lead on the Hate Crime portfolio for the ICS footprint.
- E-learning package developed and launched by NHSE. This package further supports the Level 3 face to face training, and also provides a flexible approach to achieving training compliance.
- Facilitated training within the Safeguarding Champions Forum.
3 Using Intelligence and Information to Inform Decisions

Multiagency Safeguarding Hubs (MASH)

Implementation of MASH teams in BwD and Lancashire has improved the sharing of information between agencies, helping to protect the most vulnerable children and adults from harm, neglect and abuse. The two CCG’s commission specialist health input into the MASH processes. Some of the partnership work achieved over the last year is summarised below:

<table>
<thead>
<tr>
<th>Lancashire Partners</th>
<th>BwD Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The re-design of Adult MASH based on the systems thinking model</td>
<td>• Strengthened performance and data reporting across agencies</td>
</tr>
<tr>
<td>• Strengthening of Early Help pathways</td>
<td>• New Information Sharing Agreement following the introduction of General Data Protection Regulations</td>
</tr>
<tr>
<td>• Information Governance agreement and Memorandum of Understanding updated and signed off</td>
<td>• Internal review of efficacy of MASH processes by Professor David Thorpe</td>
</tr>
<tr>
<td>• Review of the public health approach to high risk domestic abuse</td>
<td>• Change of name to Children’s Advice and Duty Service (CADS) – to offer right support at the right time</td>
</tr>
<tr>
<td>• Introduction of Operation Encompass for Domestic Abuse information sharing with schools</td>
<td>• Communication processes and pathways in place across the health economy</td>
</tr>
<tr>
<td>• Consolidation of Information sharing pathways and processes with Primary Care</td>
<td></td>
</tr>
</tbody>
</table>

Regulated Care

The Safeguarding Team is a core member in the RADAR and Combined Quality Meeting and any resulting Quality Improvement Process (QPIP) across Blackburn with Darwen and East Lancashire.

Viability

- Within this reporting period we have seen:
  - 5 nursing home providers, 6 residential homes and 1 learning disability provider all entered the QPIP process across the Pennine footprint (12 in total).
  - Of those 2 nursing providers and 3 residential providers have now achieved and sustained the required improvements from the QPIP and the others are on track to do so.
- Unfortunately there has been 2 home closures within this timeframe 1 nursing and 1 residential home

Key Achievements

- Developed and supported the Implementation of the QPIP process across BwD.
- We have supported 3 providers to achieve an overall CQC rating of ‘Good’ from a previously ‘Requires Improvement’ rating within a 12 month period
- Care Home Champions reduced to bi-annual due to significant improvement of understanding in Safeguarding. This has created capacity for more work on other areas such a Domiciliary Care providers

Themes for Improvement

- Leadership
- Management Engagement
- Financial Investment within Organisations
- Lack of robust pre-admission assessments, which leads to inappropriate placements.
- Recruitment and retention pressures of registered nurses
- Lack of access to robust training and supervision.
- Lack of inconsistency in MCA/DoLS compliance.

Strengthening the system

- Continued to provide educational opportunities and support through the Safeguarding Champions Workshop
- Safeguarding and Quality proactive visits, to improve safeguarding standards across the sector.
- Strengthening the safeguarding Assurance Framework Audits.
- Development of a range of policy templates to support providers to strengthen safeguarding arrangements.
- Strengthening MCA arrangements within Pennine
- Ongoing wrap around support for struggling providers.
4. Influencing Partnerships

Inspectorate - Improvement Journeys

Lancashire County Council completed a practice Joint Targeted Area Inspection (JTAI) around Child Sexual Abuse in the Family Environment, to which Pennine CCG SG Team provided response on behalf of Primary Care. Learning included the need for further upskilling of staff, improvements in information sharing with primary care, the need for multi-agency strategy meetings, strengthening of professional challenge and capturing the child’s voice. When considering the quality of chronologies, assessments, plans and recording it was evident that practice was inconsistent. A multi-agency action plan will address the recommendations.

In April 2019 the CQC carried out an announced inspection of Safeguarding and Looked children’s health services in Blackburn with Darwen. The inspection provided number of recommendations for improvement which included strengthening safeguarding practice across primary care. A multi-agency action plan has been developed to address all recommendations which the Pennine CCG Designated Nurses for Safeguarding Children were required to have overarching responsibility for its delivery within the agreed timescales. The final action plan was submitted to CQC in February 2020 whom provided feedback that they were assured that there were good governance arrangements in place and agencies were on target to meet the required improvements set out within the action plan. However, it was identified that some further improvement activity needs to be continued to be developed within individual agencies to meet the required timescales.

Lancashire County Council were subject to an Ofsted inspection of children’s services in June 2018. The inspectors recognised the significant improvements and progress made since 2015 and have awarded an overall judgement of ‘requires improvement’ noting there is now a clearer focus on improving outcomes for children and developing purposeful practice. The ambition of LCC is to ensure that in the future services for children in Lancashire are rated as ‘good’ and efforts will continue to work further on the findings of the report, the work of which Pennine CCG has supported.

Blackburn with Darwen Council were subject to an Ofsted focused visit of children’s services in February 2020. The inspectors observed that they although they were judged good at their previous full inspection there is significant work to undertake to maintain this rating. Positive progress was noted for the process of children coming into care and it was noted that there is a wide range of effective services are available from a range of partner agencies.
5. Impact of COVID – 19

Lancashire and South Cumbria safeguarding ICS network has been identified nationally as an area to support the development of a transformational model of safeguarding across the Integrated Care System. During this unprecedented time of the COVID-19 Pandemic, Safeguarding Designated Leads have continued to support acute, community, primary and regulated care services together with partners across the system in the most meaningful way possible. It is however recognised that there has been reduced capacity within the safeguarding teams due to supporting Regulated Care and other Covid-19 work streams, throughout the pandemic, in to the recovery phase and beyond.

Maintenance of statutory safeguarding functions and provisions have remained the same throughout the pandemic as outlined in the The Care Act HM Government (2014); Statutory guidance on Promoting the Health and well-being of Looked After Children, Department of Health et al (2015); Working Together to Safeguard Children (HM Government, 2018) and the Safeguarding and Accountability framework (2019).

Recent additional legislation has enforced the need for safeguarding to be maintained as a priority, especially given the recognition that harm and abuse is now hidden. There is an expectation that there will be a rise in demand relating to the care and support to children and young people and vulnerable adults who have experienced harm.

Generically there has been acceptance of alternative processes of service delivery and decreased face to face contact with a number of vulnerable groups, including children looked after. As we move in the recovery/restoration phase, ‘normal’ service delivery is expected to resume and with this it is anticipated that we will see a surge in demand for safeguarding response across children and adult services, which includes: mental health issues; neglect; exploitation; disclosures of domestic abuse and disclosures of sexual abuse.

The CCG’s have each had to maintain its statutory safeguarding responsibilities and the Joint Governing Body has a responsibility to ensure it receives assurance that services are meeting the increased demand and that commissioning arrangements reflect the needs of those children and vulnerable adults that have not had face to face contact so far and there is a mandated need to do so. Assurance has been obtained regarding compliance during this COVID-19 pandemic and will continue through the recovery phase and beyond, as measured against the guidance outlined above. In order to support this, a safeguarding sitrep template has developed, this was submitted to the CCG’s Executive team via the Covid command cell structure (ICC) on 27th May 2020. The purpose of this was to:

- Provide assurance that individual CCG statutory safeguarding functions are being maintained (or not) during the COVID -19 epidemic
- Identify CCG / ICP risks and emerging ICS risks which can then feed into the Children’s Safeguarding Partnerships and Adult Boards - risk mitigation plans can then be developed at the appropriate system level to manage these effectively
- Highlight what functions safeguarding leads / teams were undertaking during the COVID pandemic that were not statutory safeguarding responsibilities
- Identify any areas of potential capacity / i.e. areas where capacity could potentially be released to support increasing health demand during this pandemic period as required
- The lead health executive would then have an overarching view of the Pan Lancs and South Cumbria CCG’s statutory safeguarding compliance to share with NHS England / Children’s safeguarding assurance partnerships / Safeguarding Adult’s Boards etc.

There is also recognition that the Children’s Partnerships and Adult Boards play a role in seeking assurance around the increased demand on safeguarding and system service delivery, all of which requires a partnership approach.
<table>
<thead>
<tr>
<th>Delivery of Statutory Safeguarding Functions</th>
<th>Development of High Quality safeguarding services</th>
<th>Using intelligence and information to inform decisions</th>
<th>Influencing Partnership working</th>
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<tbody>
<tr>
<td>Due to the COVID-19 pandemic the clinical skills of some of the safeguarding team members have been utilised to support the emergency situation. This has resulted in a reduction within the team to focus on statutory safeguarding responsibilities.</td>
<td>Multi-agency safeguarding development work slowed down considerably during this period due to competing COVID demands.</td>
<td>The requirement for commissioned services to complete the ‘safeguarding assurance framework’ as part of their contractual responsibilities was put on hold.</td>
<td>The Pennine CCG’s are part of the wider ICS safeguarding partnership and had already developed the Child Safeguarding Assurance Partnership (CSAP) and the supporting governance framework prior to COVID-19.</td>
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<td>The government temporarily suspended some of the statutory safeguarding responsibilities during the pandemic which alleviated some of the pressures.</td>
<td>Continued to work with LSCFT to develop the safeguarding specialist specification to enhance specialist safeguarding capacity within: Primary care MASH (East Lancashire) Complex safeguarding team (ENGAGE)</td>
<td>In order to ensure we continued to identify emergent risks the CCG have set up bi-weekly meetings with the key health providers and LA leads to share intelligence and identify any emergent system risks.</td>
<td>CSAP and the Safeguarding Adult Boards (SAB’s) have been meeting virtually weekly to identify and act on emergent system risks. The CCG’s Director of Quality is the executive lead for safeguarding on behalf of the Pan Lancashire CCG’s and input and feedback from these meetings has been useful.</td>
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<td>Working from home became a necessity and not all staff had the appropriate levels of equipment to work virtually. Fortunately this was addressed as a matter of urgency.</td>
<td>The new functions were due to commence in April 2020 but due to the COVID demands this was delayed until the 6th July 2020.</td>
<td>The CCG’s have also sought assurance from local 0-19 providers i.e. midwifery, health visiting and school nursing regarding their visiting and contact arrangements for children and families during this period, and this has been presented to CSAP.</td>
<td>In order to support the Director of Quality in this safeguarding role the Pan Lancs designated safeguarding leads have worked on a rota basis to support her. It has been identified during this period that it is essential that we have consistency and capacity in the designated safeguarding leadership representation at CSAP in order to effectively influence, and we are currently looking at how we can address this.</td>
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<td>It was agreed in partnership with provider services that initial health assessments could be undertaken virtually</td>
<td>Work has continued with developing safeguarding practice within primary care via virtual training; telephone consultations and support; and ensuring up to date information is passed to them in a timely manner. Visits to practices, however has been on hold.</td>
<td>Intelligence and information from the regulated care sector identified areas where intensive support was required. The CCG safeguarding team has significantly led and supported developments and interventions within regulated care. This has been a substantive increase in workload for the safeguarding team.</td>
<td>The CCG designated leads across the ICS system have met weekly on a virtual basis and monthly with our provider leads to ensure communication links are maintained; key messages are received and to ensure emergent risks are identified and addressed.</td>
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<td>Named GP function was very limited due to COVID demands and sickness; this functionality had to be delivered by the wider CCG safeguarding team</td>
<td>CCG safeguarding staff have been consistent members of some of the key ‘COVID Cell’ meetings e.g. mental health; childrens; regulated care; learning disability; command etc. This has provided the opportunity for timely and relevant information sharing to establish and act on any risk areas. In addition it has enabled the wider CCG teams to consider safeguarding impacts and has established closer working with the team</td>
<td>Intelligence received across the country has identified an increase in domestic abuse during ‘lockdown’ this is not something that has been demonstrated from our local police and LA referral systems. We have seen a general decrease in children’s referrals to the Lancashire and Blackburn with Darwen LA’s and this is reflective of neighbouring LA’s. These figures are worrying as could imply that these children and vulnerable people are currently ‘invisible’ to services. It is expected that once lockdown is ceased the referral rates will dramatically increase.</td>
<td>The CCG designated leads have continues to work closely with our partners during this period on PREVENT; complex safeguarding; LAC; MARAC;</td>
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<td>ICS Safeguarding development was put on hold due to lack of capacity within the CCG safeguarding teams due to COVID demands (sickness and supporting wider COVID health management)</td>
<td></td>
<td>Anecdotally we are receiving reports from agencies that children and adults are reporting increasing issues with their mental health and emotional well-being which is an area for focus as we emerge from COVID-19.</td>
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Summary

The information contained in this report demonstrates that the CCG has continued to ensure robust commissioning arrangements are in place for safeguarding and importantly our work with partners to support service development, delivery methods and governance arrangements. The need for continuous safeguarding improvement is set against a backdrop of austerity measures across all health and social care services. Whilst there is an imperative to address gaps and meet the challenges of the changing landscape, it is important that we do not comprise progress across the spectrum of safeguarding services from early help through to protecting those who are most vulnerable.

A key area of work during 2019/20 has been to support the development of the Safeguarding Structure within the Integrated Care System structure to enable staff to deliver high quality effective care. This supports the statutory changes in the Children and Social Work Act (2017), which led to a revised publication of Working Together (July 2018).

The new Safeguarding Partnership arrangements may pose some challenges going forward; a move to equal partnership with the Local Authority and Constabulary will feel very different from safeguarding Boards who currently hold the statutory accountability. The changes will impact significantly on the responsibility and accountability of CCG’s. This is a key opportunity for health to take a pro-active role in influencing the new safeguarding arrangements. Whilst there is new legislation to navigate this there is a chance for Strategic Health Commissioners to influence how services are commissioned so that we improve outcomes, ensure the adult and child’s voice is heard and they remain at the centre of our decision making.

The safeguarding agenda is complex, and arrangements are frequently under review, often due to national drivers and local challenges. Safeguarding is multifaceted and continues to evolve in line with national policy, legislation and findings from learning reviews. The ever-increasing statute, statutory requirements and rapidly growing nature of the safeguarding agenda for vulnerable children and adults; places a continual increasing demand on resource. Despite this, the annual report demonstrates a wide range of activity to support and enhance safeguarding arrangements and we are extremely proud of these achievements over the last year, the priorities outlined below will support the CCG to continue to strengthen arrangements and where necessary mitigate current organisational and partnership risks.

In 2020/21 the Safeguarding ICS redesign began to take effect, with Pennine CCG’s providing exec leadership as well as Designated Children and Designated Adult Safeguarding leadership for the whole health system. It is a positive reflection on the Pennine safeguarding team that we have been asked to provide this leadership and reflects the positive and ongoing work the team has put in to the ICS system and safeguarding arrangements.

In light of the current pandemic, some of these developments have been put on hold and some will undergo further redesign, but it is hoped that the newly developed arrangements will significant strengthen not only the CCG safeguarding offer, but also the ICP partnership based approach to Safeguarding.
Priorities for 2020-21

Pennine CCG Safeguarding team will continue to work collaboratively, to engage in work streams to improve quality, strengthen safeguarding arrangements and where necessary mitigate organisational and partnership risks.

**Pennine CCG Safeguarding Team Vision**

**East Lancashire CCG Objectives** – To achieve our vision we will deliver services by adhering to the following principles:

- Patients are central to everything we do
- The services we commission must be sustainable
- We work in partnership to support the achievement of common goals
- Patients experience truly integrated health and social care services
- We commission high quality, safe and effective care

**BwD CCG Vision**

‘To deliver effective, efficient, high quality, safe, integrated care. This will improve the health and wellbeing of the population of Blackburn with Darwen and help people live better for longer, reducing health inequalities and improving outcomes in the borough’.

During 2020-2021 the Safeguarding Team will contribute to these objectives and vision by:

**Ensuring CCG Safeguarding arrangements are in place:**

- Continue to deliver the CCG Core Statutory Safeguarding Functions
- Continue to contribute and influence the safeguarding partnerships and Boards
- Ensuring robust CCG safeguarding governance and reporting processes are in place

**Development and Maintenance of high quality standards of safeguarding practices across the health system:**

- Support Primary Care Networks to ensure effective safeguarding arrangements are in place
- Realigning Designated and Safeguarding resources across the ICP and ICS
- Monitor, assure and reduce impact when performance fails in order to improve quality (Regulated Care)
- Improve compliance with LAC statutory assessments, develop pathways to improve service delivery and reduce unwarranted variation
- Maximise learning from Serious Incidents and learning reviews including LeDeR

**Commissioning of safe services**

- Ensure safeguarding is appropriately considered and referenced in all stages of the commissioning cycle
- Continue to ensure that safeguarding compliance is a requirement of performance monitoring
- Ensure processes are in place so that care placements in the Pennine footprint are based on knowledge of standards of quality care and safeguarding concerns by utilising available intelligence