

Item: 8.3

Report to:	NHS Hull Clinical Commissioning Group Board
Date of Meeting:	26 July 2019
Subject:	Safeguarding Children and Adults Annual Report 2018-2019
Presented by:	Lorna Morris, Designated Nurse Safeguarding Children Emma Stevens, Designated Professional Safeguarding Adults
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STATUS OF THE REPORT:			
To approve	<input checked="" type="checkbox"/>	To endorse	<input type="checkbox"/>
To ratify	<input type="checkbox"/>	To discuss	<input type="checkbox"/>
To consider	<input type="checkbox"/>	For information	<input type="checkbox"/>
To note	<input type="checkbox"/>		

<p>PURPOSE OF REPORT:</p> <p>a) To provide an overview of the arrangements in place to safeguard and protect children and adults in Hull.</p> <p>b) To demonstrate how NHS Hull CCG, as a commissioner of services is fulfilling its statutory duties in relation to safeguarding in accordance with the Children Acts 1989, 2004, Health and Social Care Act 2012, Care Act 2014 and Mental Capacity Act 2005.</p> <p>RECOMMENDATIONS:</p> <p>The members of the NHS Hull CCG Board are requested to approve this report in relation to safeguarding activity and the responsibilities and actions of the NHS Hull Clinical Commissioning Group.</p>

<p>REPORT EXEMPT FROM PUBLIC DISCLOSURE</p> <p>Highly sensitive information for which media interest may not be in the best interests of adults at risk, children and young people.</p>	<p>No <input type="checkbox"/> Yes <input checked="" type="checkbox"/></p>
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CCG STRATEGIC OBJECTIVE

Objective 1- In 2020 we will work together better to enable the people of Hull to improve their own health, resilience and wellbeing and to achieve their aspirations for the future.

Objective 3 – NHS Hull CCG will fulfil its statutory responsibilities in relation to children in accordance with the Children Acts 1989 and 2004.

Section 11 of the Children Act 2004 requires CCGs to work effectively with local authorities, the police and third sector organisations in the operation of the Local Safeguarding Children Board. The Care Act 2014 places CCGs as a statutory partner with responsibilities for safeguarding adults in need of care and support via the local Safeguarding Adults Partnership Board.

Effective arrangements to safeguard and promote the welfare of children and adults are in place.

CCGs as commissioners of local health services need to assure themselves that the organisations from which they commission have effective safeguarding arrangements in place.

IMPLICATIONS: *(summary of key implications, including risks, associated with the paper)*

Finance	There are no financial risks associated with this report.
HR	There are no HR implications.
Quality	Risks not addressed may result in safeguarding concerns. Quality issues not addressed may result in unacceptable levels of care and poor performance from contracted providers.
Safety	Risks not addressed may result in safety concerns for children and adults at risk of, or experiencing abuse and neglect.

ENGAGEMENT: *(Explain what engagement has taken place e.g. Partners, patients and the public prior to presenting the paper and the outcome of this)*

Engagement takes place with commissioned provider organisations via the Hull and East Riding Health Liaison Group and Contract Management Board. Challenge and scrutiny of provider safeguarding compliance and performance takes place via the Clinical Quality Forums (CQF), Quality Delivery Groups (QDG) and Contract Management Boards (CMB).

Inter-agency engagement primarily takes place with health and other partner agencies via the Hull Safeguarding Children Board (HSCB), Hull Adults Partnership Board (HSAPB) and associated sub-groups, Community Safety Partnership (CSP), Counter Terrorism

(CT) Prevent groups, Hull & East Riding Safer Sleep Steering group and other multi agency processes referenced within the report.

Engagement with General Practitioners (GP) takes place via the NHS CCG Board and through the Protected Time for Learning (PTL) training programme.

The CCG Named GPs for Safeguarding children and adults also provide further engagement, training and support for primary care staff.

EQUALITY AND DIVERSITY ISSUES: *(summary of impact, if any, of CCG's duty to promote equality and diversity based on Equality Impact Analysis (EIA). All reports relating to new services, changes to existing services or CCG strategies / policies must have a valid EIA and will not be received by the Committee if this is not appended to the report)*

	Tick relevant box
An Equality Impact Analysis/Assessment is not required for this report.	✓
An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	
An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section xx in the enclosed report.	

THE NHS CONSTITUTION: *(How the report supports the NHS Constitution)*

Safeguarding children is integral to the NHS Constitution and is framed by the values and principles which guide the NHS, with particular reference to the provision of high quality care that is safe, effective and focussed on patient experience.

Principle 1 – The NHS provides a comprehensive service, available to all.

Principle 2 – Access to NHS services is based on clinical need, not an individual's ability to pay.

Principle 3 – The NHS aspires to the highest standards of excellence and professionalism.

Principle 4 – NHS services must reflect the needs and preferences of patients, their families and carers.

Principle 5 – The NHS works across organisational boundaries and in partnership with other organisations in the interests of patients, local communities and the wider population.

Principle 6 – The NHS is committed to providing best value for taxpayer’s money and the most effective, air and sustainable use of finite resources.

Principle 7 – The NHS is accountable to the public, communities and patients that it serves.

CCG Strategic Objectives

Objective No.	CCG Strategic Objective
1	Integrated commissioning
2	Integrated delivery
3	Delivery of statutory duties
4	Hull Place Based Plan
5	Vulnerable people
6	Children and families
7	Clinical leadership / innovation in commissioning
8	Working with partners to develop and implement a single quality improvement plan.
9	Implement a revised Organisational Development Strategy
10	Implement a revised Research Strategy
11	Improvement in clinical outcomes
12	To embed Patient and Public Involvement across the organisation and ensure that the CCG meets its statutory duty under 14Z2 of the Health and Social Care Act

SAFEGUARDING ANNUAL REPORT

1. EXECUTIVE SUMMARY

This Safeguarding annual report covers the period from April 2018 – March 2019 fulfilling the requirement for all NHS organisations to provide an annual report that links to the Children Act 2004 section 11 requirements.

1.1 Purpose

The purpose of this report is to provide an overview of arrangements in place to safeguard and protect children and adults in Hull, demonstrate how NHS Hull as a commissioner of services is fulfilling its statutory responsibilities and to outline key achievements and risks.

1.2 Highlights

NHS Hull CCG has fulfilled its statutory requirements as outlined in the NHS England Accountability and Assurance Framework 2015.

NHS Hull CCG, as a commissioner of services has assured itself that, in respect of the organisations from which it commissions services, there are effective safeguarding arrangements in place.

All duties and functions have been fulfilled through NHS Hull CCG's governance and accountability arrangements, including quarterly reporting to the Quality and Performance Committee and regular reporting to the CCG Board.

The Hull Safeguarding Adults Partnership Board (HSAPB) continues to take a learning approach and completed delivery of the four year action plan to embed the Care Act 2014 across the city. The NHS Hull CCG Director of Quality and Clinical Governance/Executive Nurse continued as vice chair for the HSAPB during the year. NHS Hull CCG has also continued to make a significant contribution to multi-agency partnership safeguarding arrangements through the HSAPB including fulfilling the role of chair of the Systems, Accountability, Focus, Engagement (SAFE) sub group and membership of the Strategic Delivery Group (SDG).

NHS Hull CCG has also maintained significant contribution to multi-agency safeguarding children partnership arrangements through the Hull Safeguarding Children Board (HSCB), including the Performance and Quality Assurance Group chaired by the CCG Director of Quality/ Executive Nurse and fulfilling the role of chair of the Learning and Development and Guidelines and Procedures sub-committees and membership of the Child Death Overview Panel (CDOP). NHS Hull CCG has exercised its statutory duty under the amendments introduced by the Children and Social Work Act 2017 to implement, alongside the local authority and police, revised Multi-Agency Safeguarding Arrangements (MASA) by September 2019.

Key areas of work over the year has seen NHS Hull CCG continue to work closely with NHS England, all commissioned providers and other partner agencies involved in safeguarding adults. These key areas also included modern day slavery, human trafficking, counter terrorism prevent strategy, domestic abuse including three domestic homicide reviews, and criminal justice processes via Multi Agency Public Protection Arrangements (MAPPA) and Humberside Criminal Justice Board (HCJB).

1.3 Key achievements

The role of named GPs for safeguarding children and adults are now firmly embedded within NHS Hull CCG and general practice and has made significant contribution to multi-agency partnership arrangements. As a result there are significantly strengthened arrangements in place to support safeguarding children and adults within primary care.

Safeguarding adults' issues are being highlighted via SI processes and appropriate actions taken including escalation to HSAPB as consideration for Safeguarding Adult Reviews (SAR).

1.4 Challenges

Multi-Agency Safeguarding Arrangements

The Children and Social Work Act 2017 which details changes to multi-agency partnership arrangements, including the replacement of Local Safeguarding Children Boards (LSCBs) with new, flexible local safeguarding arrangements led by three safeguarding partners (local authorities, police and CCGs) is due to be fully implemented in September 2019. The revised arrangements, currently still in development and based on an early adopter "back to practice learning model" are innovative and significant. This poses a challenge for the CCG and partners to embed and evaluate a revised model of partnership working.

Child Death Review Process

Child death review partners are local authorities and CCGs for the local area as set out in the Children Act 2004 and amended by the Children and Social Work Act 2017. Changes to the process outlined in the Child Death Review Statutory and Operational Guidance (HM Government October 2018) are due to be implemented by September 2019. Revised arrangements are in development. A memorandum of understanding has been agreed between Hull, East Riding, North, North East Lincolnshire and York local authorities and CCGs in relation to how to manage the requirement to review child deaths on a larger scale; its effectiveness remains to be tested.

Learning Disabilities Mortality Review (LeDeR) programme

The LeDeR programme aims to make improvements to the standard and quality of care received by people with learning disabilities through reviewing the deaths of individuals with learning disabilities (aged 4 and over) to take forward any lessons learnt that can inform improvements to service provision.

Due to the complex nature of each case, significant time has been taken to complete LeDeR reviews. NHS Hull and East Riding CCGs jointly funded a full day LeDeR conference on 6th November 2018 to further raise awareness with professionals and agencies at the request of the local LD partnership board. The event attracted almost 100 delegates which also included parents, carers and voluntary agencies. Local and regional professionals presented information, data and updates on the progress of the programme.

A separate LeDeR annual report will also be delivered to the Q&P committee in June 2019.

Inter-collegiate Training competencies for Safeguarding Adults

Following lengthy national consultation, the first health inter-collegiate safeguarding adults roles and competencies document was published in August 2018. Publication was supported by all health Royal Colleges and NHS England. The document aims to provide parity to safeguarding children arrangements in relation to required safeguarding adult competencies for roles and responsibilities of staff within the NHS. Providers are now in the process of implementing these new training competencies for their staff. The full document is available to view at:

<https://www.rcn.org.uk/professional-development/publications/pub-007069>

2. INTRODUCTION

Purpose

- a) To provide an overview of the arrangements in place to safeguard and protect children and adults in Hull.
- b) To demonstrate how NHS Hull CCG, as a commissioner of services is fulfilling its statutory duties in relation to safeguarding in accordance with the Children Acts 1989, 2004, Health and Social Care Act 2012, Care Act 2014 and Mental Capacity Act 2005.

Childrens definition

The definition of safeguarding and promoting the welfare of children is necessarily broad and is defined within Working Together 2018 (HM Government) as:

- Protecting children from maltreatment;
- Preventing impairment of children's health or development;
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children to have the best outcomes.

All practitioners, whether working predominantly with children or adults, must follow the principles of the Children Acts 1989 and 2004 that state that the welfare of children is paramount.

Adults definition

Definitions and scope of safeguarding adults are contained within the Care Act 2014, as follows:

- (1) This section applies where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there):
 - (a) has needs for care and support (whether or not the authority is meeting any of those needs),
 - (b) is experiencing, or is at risk of, abuse or neglect, and
 - (c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.
- (2) The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case (whether under this Part or otherwise) and, if so, what and by whom.
- (3) "Abuse" includes financial abuse; and for that purpose "financial abuse" includes:

- (a) having money or other property stolen,
- (b) being defrauded,
- (c) being put under pressure in relation to money or other property, and
- (d) having money or other property misused.

3. BACKGROUND

3.1 Statutory Safeguarding CCG roles

NHS Hull CCG fulfils its responsibilities in relation to safeguarding roles as outlined in the NHS England Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework (July 2015).

The CCG Executive lead for Adults and Children is the Director of Quality and Clinical Governance / Executive Nurse.

Childrens

NHS Hull CCG employs a Designated Nurse for Safeguarding Children, Deputy Designated Nurse for Safeguarding Children/ Designated Nurse for Looked After Children and Named GP for Safeguarding Children (3 sessions p/w). The expertise of a Designated Doctor for Safeguarding Children and Designated Doctor for unexpected deaths in childhood is secured via a service level agreement with Hull University Teaching Hospital Trust (HUTHT). Safeguarding children GP training is commissioned by NHS Hull CCG and East Riding CCG from CHCP who deliver in conjunction with CCG professionals.

Adults

NHS Hull CCG employs a Designated Professional for Safeguarding Adults. Following the substantive designated professional accepting a secondment at NHS England, a new part-time (22.5 hrs p/w) designated professional commenced employment in December 2018, whilst the substantive post-holder retained one day per week within NHS Hull CCG. NHS Hull CCG also employs a Named GP for safeguarding adults (2 sessions p/w). The expertise of a safeguarding adult specialist in the MASH and GP safeguarding adult training is commissioned from CHCP.

3.2 Demographic data

The population of Hull is 260,240 with 62,875 children and young people aged 0-19 years (Office for National Statistics 2016). Using the Index of Multiple Deprivation (IMD) 2015 score, Hull is the 3rd most deprived local authority out of 326.

NHS Hull CCG is ranked as having the 5th most deprived population out of the 209 CCGs. The ranking is different to the local authority ranking as the two most deprived CCGs, Bradford City and Manchester North cover the most deprived parts of their respective local authorities (Joint Strategic Needs Assessment, Feb 2018).

Child poverty (children living in households where income is less than 60% the median household income before housing costs) is high in Hull. Three in ten (31%) of dependent children aged 0-19 years lived in relative poverty compared to 19.9% across England (Public Health Outcomes Framework. Data for child poverty 2014).

Current estimates suggest that there are approximately 36,600 people aged 16 - 64 with a disability in Hull; this equates to just over a fifth (21.9%) of working age people. Rates of disability are higher among females (24.3%) compared to males (19.6%). However, rates

of disability in both females and males in Hull are higher than nationally (21.6% and 17.6% respectively). The majority of disability benefit claimants claim for mental and behavioural disorders including dementia, substance abuse, psychosis, depression and anxiety. (Kingston upon Hull Data Observatory 2018)

It is estimated that 13.2% of households are living in fuel poverty, by spending 10% or more of their income on fuel (or would do so in order to achieve satisfactory heating requirements) (JSNA, 2018).

The rate of domestic abuse incidents recorded by the police in Hull was comparable to wider figures for England (at 20.8 per 1,000 population in Hull compared to 20.4 per 1,000 population in England) (JSNA, 2018). The trends in the rate of hospital admissions due to violence have decreased to a level of 72 per 100,000 population for the most recent year 2014/15 (JSNA, 2018). Despite the decrease from previous years, the rates remain higher in Hull than four of the ten comparator local authorities. In Hull, almost one-third of offenders re-offend (31%) which is considerably higher than England as a whole (25%), and among the highest of comparator areas (only Middlesbrough is higher (35%) (JSNA, 2018).

Many teenage pregnancies are unplanned and can result in poorer health and social outcomes for both the teenage parent/s and child. The under 18 conception rate (per 1,000 females aged 15-17) is currently 30.6%, compared to 38.4% reported last year. The lowest level on record this represents a 64% reduction since the local authority launched its teenage pregnancy strategy in 1998. However, this rate remains significantly higher than the national rate (18.8 per 1,000 females aged 15-17) and is amongst the highest in England and Wales. The under 16 conception rate (per 1,000 females aged 13-15) is also notably high at 4.8 (6.5% in 16/17) compared to the national figure of 3.0%.

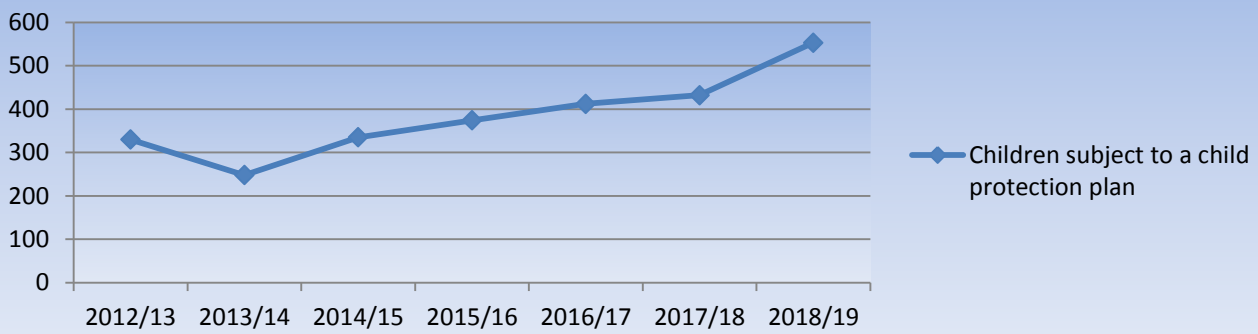
3.3 Child welfare and protection data

Whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm there should be a strategy discussion involving children’s social care, the police, health and other relevant bodies such as the referring agency. One of the potential outcomes of a strategy discussion is a decision to undertake child protection enquiries under section 47 of the Children Act 1989. Where, following an enquiry, concerns of significant harm are substantiated and the child is judged to be suffering or likely to suffer significant harm, social workers and their managers should convene an initial child protection conference (ICPC). An ICPC brings together family members (and the child where appropriate), with supporters, advocates and professionals most involved with the child and family to make decisions about the child’s future safety. If the ICPC considers that the child is at continuing risk of significant harm, they will be made subject to a child protection plan (CPP). There has been a steady and significant increase in the number of children subject to child protection plans since 2012/13.

Children subject to a child protection plan (March 31st)

2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
330	248	335	374	412	432	553

Children subject to a child protection plan



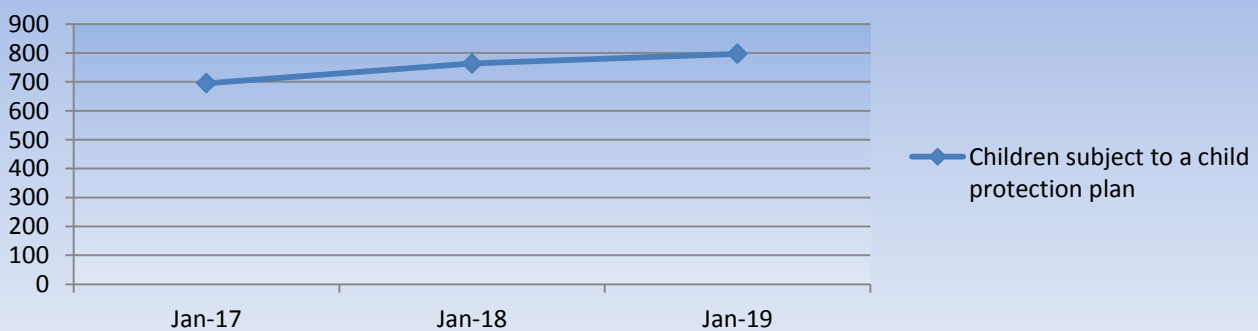
Historically, compared to other indicators (volume of referrals, assessments and section 47 enquiries) Hull had a disproportionately low number of children subject to child protection plans. By 2016/17 the local rate was similar to statistical neighbour rates and now considerably exceeds it.

A child who is “looked after” is in the care of the local authority. They may be placed in local authority care by parents who are struggling to cope or they may be unaccompanied asylum seekers. However, the vast majority are children who are looked after following statutory intervention because the child is suffering, or at risk of suffering, significant harm. The number of children looked after has continued to rise steadily for 3 years following a period of relative stability.

Children looked after (March 31st)

March '17	March '18	March '19
695	763	797

Children 'looked after'



Overall this demographic data continues to raise significant issues in relation to the professional capacity required in both commissioning and provider organisations to safeguard and promote the welfare of children and poses significant challenge to provide suitable care placements for some of the most vulnerable children.

In terms of adult safeguarding, welfare and protection data is not currently available in this format, which is reflective of adult safeguarding only being a legislative requirement since the implementation of the Care Act.

4. LEGISLATIVE CONTEXT

In addition to the legislative duties outlined in the Children Acts 1989 and 2004, and the Care Act 2014, the safeguarding responsibilities of CCGs are clarified within the following national documents:

- Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework, NHS England 2015
- Working Together 2018 (HM Government)
- Intercollegiate Document: Safeguarding children and young people: roles and competencies for health care staff 2014 (Royal Colleges).
- Intercollegiate Document: Adult safeguarding: roles and competencies for health care staff (Royal Colleges, August 2018)

4.1 Children and Social Work Act 2017

The Children and Social Work Act received royal assent in April 2017. It includes provision regarding:

Looked After Children

It introduces corporate parenting principles to which local authorities must have regard including; the publication of a local offer for care leavers; extension of local authority support to care leavers up to the age of 25 and; strengthening arrangements to enhance the educational achievement of previously looked after children. There will be increased emphasis on linking the effects of early child maltreatment on emotional and mental health needs with future care planning.

Safeguarding Children

- I. A Child Safeguarding Practice Review Panel has been established to identify serious child safeguarding cases in England which raise issues that are complex or of national importance. When the panel considers it appropriate it arranges for those cases to be reviewed under their supervision to identify any improvements that should be made by safeguarding partners or others to safeguard and promote the welfare of children. Review of additional cases is decided locally. NHS Hull CCG maintains a leading role in local case reviews.
- II. Local Safeguarding Children Boards are to be abolished and replaced by the introduction of local arrangements for safeguarding and promoting the welfare of children. The safeguarding partners responsible to forming these local arrangements are the local authority, the CCG and the police. It is important that NHS Hull CCG maintains a strong leadership role in the formation of these new local arrangements in order that current areas of strength are capitalised on rather than lost whilst embracing the opportunities presented by re-design. The executive lead and designated nurse for safeguarding children are members of a small working group addressing both interim and long term future arrangements.
- III. Child death reviews remain the responsibility of local authority and health partners although the present Child Death Overview Panel (CDOP) arrangements may alter. NHS England is leading on a programme which is addressing the standardisation of CDOPs and the creation of a national mortality database.

4.2 Working Together to Safeguard Children July 2018 (HM Government)

This document replaces Working Together to Safeguard Children 2015 in order to reflect the Children and Social Work Act 2017. It provides the legislative context and framework for the three local safeguarding partners in relation to multi-agency safeguarding arrangements and the two child death review partners.

4.3 Deprivation of Liberty Safeguards (DoLS)/ Liberty Protection Safeguards

This year, revisions to DoLS requirements have been addressed within parliament, culminating in the Mental Capacity (Amendment) Act Bill, which is expected to be adopted in 2020. This bill establishes reforms to the current Deprivation of Liberty Safeguards, which will be replaced by the Liberty Protection Safeguards (LPS). The LPS will authorise a deprivation of liberty when someone lacks capacity to consent, but they require an authorised detention because they pose a risk towards themselves. Key changes for the LPS is that they will apply from the age of 16 (DoLS is currently aged 18 and over) and they will apply to people living in the community, as well as people in hospitals and care homes. It will also make CCGs one of the 'responsible bodies' for the authorisation of LPS, which will be an area of action in 2019/20.

4.4 Domestic Violence Act 2018

The Domestic Violence Act 2018 which became effective from January 2019 replaces the Domestic Violence Act 1996 and the Domestic Violence (Amendment) Act 2002 and introduces some significant changes such as extension eligibility for orders and intimate relationships being considered an aggravating circumstance in sentencing. The Act which includes the first ever statutory definition of domestic abuse also introduces factors that the Court shall consider when deciding on an application order under the Domestic Violence Act which include; history of violence; any conviction for an offence that involves violence or threat of violence; exposure of children to violence; history of animal cruelty; any destruction or damage to the personal property of the applicant; any recent separation between the applicant and the respondent; access to weapons; economic dependency and; the applicant's perception of the risk. It establishes the office of the Domestic Abuse Commissioner, setting out the functions and powers, provides for a new Domestic Abuse Protection Notice and Domestic Abuse Protection Order and places the guidance supporting the Domestic Violence Disclosure Scheme on a statutory footing. The Act provides a number of measures that will improve the court experience, for example providing protection against cross examination of children giving evidence in an application for a domestic violence order. It brings in two new criminal offences of forced marriage and coercive control.

Locally, a 4 year multi-agency domestic abuse strategy has been agreed with identified priorities and work plan which is being implemented and monitored via a strategic domestic abuse group under the Community Safety Partnership.

4.5 Children Act 1989 (Amendment) (Female Genital Mutilation) Act 2019

The effect of the Act is to amend the Children Act 1989 so that proceedings under the FGM Act 2003 are family proceedings. The court is able to make an interim care order or issue a Female Genital Mutilation Protection Order (FGMPO) where FGM has taken place and separate proceedings do not need to be issued if a girl is considered to be at risk of or a victim of a genital mutilation offence. Breaching an FGMPO is a criminal offence

4.6 The Data Protection Act 2018

This is the UK's implementation of the General Data Protection Regulation (GDPR) which applied from May 2018. In essence GDPR demands greater transparency in respect of an organisation's collection, storage and use of personal data. GDPR enhances the rights of data subjects in relation to right of access and right of erasure introducing a raft of new obligations on the way data subjects are informed of their rights, requiring greater information to be provided to data subjects about the personal data that is being processed. This poses potential challenges for those working with children particularly in relation to enhanced requirements around consent. There are additional layers of complexity, ranging from differing ages of consent and ensuring there are child friendly explanations in relation to consent for data sharing.

4.7 Criminal Exploitation of children and vulnerable adults: County Lines guidance Sept 2018 (Home Office)

County lines is a major, cross-cutting issue involving drugs, violence, gangs, safeguarding, criminal and sexual exploitation, modern slavery and missing persons. The Home Office guidance is primarily aimed at front-line staff who work with children, young people and potentially vulnerable adults, including health staff and explains the nature of harm to enable practitioners to recognise the signs and respond appropriately. NHS Hull CCG and provider organisations have been active participants in multi-agency work streams addressing county lines issues.

5. NHS Hull CCG GOVERNANCE AND ACCOUNTABILITY ARRANGEMENTS

5.1 NHS Hull CCG assurance

Section 11 Children Act 2004 places duties on a range of organisations (including CCGs) and individuals to ensure their functions, and any services that they contract to others, are discharged having regard to the need to safeguard and promote the welfare of children. Working Together to Safeguard Children 2015/ 2018 requires LSCBs, as a minimum, to assess whether LSCB partners are fulfilling their statutory obligations. Whilst Working Together is not prescriptive either about the methodology or frequency in relation to scrutiny of section 11 arrangements, suggested means include audit and self-evaluation. HSCB has approached section 11 audit activity as one of the means of holding each other to account, identifying common themes and challenges and driving improvements. The 2016 evaluation tool was amended to reflect feedback from previous section 11 audits, HSCB priority areas and learning from SCRs and was re-issued in September 2018. The self-evaluation covered 9 key standards including; senior management commitment to safeguarding and promoting children's welfare; up to date policies and procedures; clear lines of organisational accountability; accessibility of services; staff training; safer recruitment/ allegations management processes; effective inter-agency working; information sharing protocols and; the dissemination and embedding of local learning. There were no significant gaps identified for NHS Hull CCG. The one action identified was to strengthen the current safeguarding supervision arrangements already in place. A draft policy is at present out for CCG staff consultation.

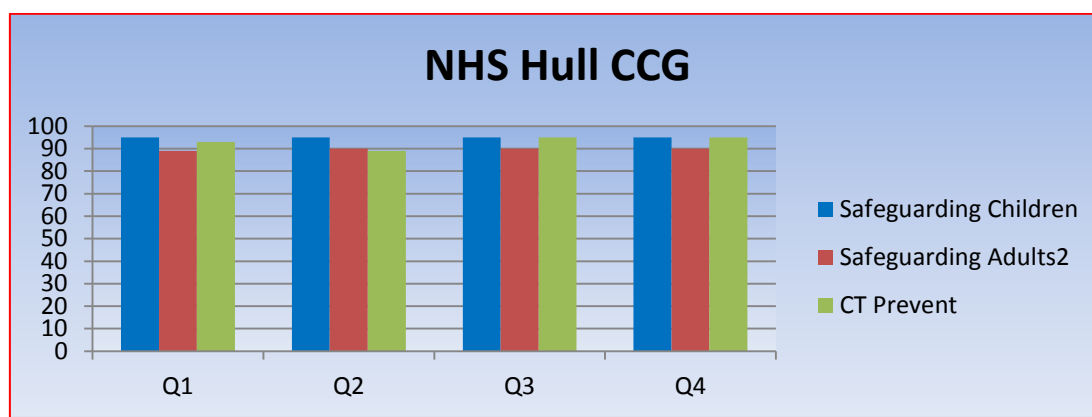
5.2 NHS England

NHS Hull CCG has maintained the required safeguarding leads as outlined in "Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework" NHS England 2015.

Hull CCG designated professional safeguarding adults is a member of the NHSE regional Mental Capacity Act/ DoLS forum. The designated nurse safeguarding children/ lead safeguarding adults and Named GP safeguarding children are active members of the NHS England regional safeguarding forum. The designated nurse has delivered a session to the regional group on the local learning from a serious case review.

5.3 Training compliance

	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/2019
SG Children	95%	95%	95%	95%
SG Adults	89%	90%	90%	90%
CT Prevent WRAP	93%	89%	95%	95%



Considerable progress has been achieved in relation to safeguarding children mandatory training uptake. In accordance with the Intercollegiate Framework 2014 the designated nurse delivered a safeguarding development session to NHS Hull CCG board members in June 2018 on the subject of serious case reviews.

5.4 Assurance processes from provider organisations

Provider self- declarations

As per the NHS England Accountability and Assurance Framework "Safeguarding forms part of the NHS standard contract (service condition 32) and commissioners need to agree with their providers, through local negotiation, what contract monitoring processes are used to demonstrate compliance with safeguarding duties". The provider self- declarations include both qualitative and quantitative information. This is embedded as part of the standard contract for providers and monitoring of performance and compliance occurs via the Clinical Quality Forums (CQF), Quality Delivery Groups (QDG) and/or Contract Management Boards (CMB).

Assurance and performance monitoring arrangements take place via the City Health Care Partnership (CHCP), Hull and East Yorkshire Hospital Trust (HUTHT), Humber Teaching NHS Foundation Trust (HTFT) and Spire Contract Management Boards (CMB). The

Quality and Performance Committee receives quarterly safeguarding performance reports including exceptions.

5.5 General Practice

The Named GP for Safeguarding Children continues to make advice and support available to GPs and practice managers and nurses. This takes place through training, flexible availability by telephone and through regular email contact. This includes the dissemination of relevant updates, information and policies both national and local. The Named GP continues to provide valuable input on a multi-agency basis including input at SCR panel meetings, active membership of the CDOP and regular contribution to multi-agency case file audit. The Named GP has established the Safeguarding Children GP lead Forum, the first meeting of which took place in January 2019 with input from the safer sleep trainer and RENEW being positively received and has taken the lead role in strengthening “was not brought” processes and communication between primary and secondary care. In relation to the development of assurance processes the Named GP has facilitated communication between NHS England and practices regarding the opportunity to sign up to a safeguarding self-assessment and improvement audit toolkit, hosted by Virtual College. A total of 14 practices have signed up to the collation of information which will assist in assessing current compliance and quality of safeguarding processes in addition to identifying gaps requiring action. The Named GP has also been integral to the meetings held with HUTHT regarding the new NHS England led FGM – Information System process in order to ensure that the appropriate alerts are placed on patient records.

5.6 Achievements

NHS Hull CCG has provided significant assurance to NHS England and the HSCB via the section 11 audit process of its robust safeguarding arrangements.

Relationships with provider organisations executive leads and named/ designated professionals for adults and children are strong with clearly demonstrable transparency, openness and professional challenge

The roles of the Named GPs for adults and children are well established.

6. PROVIDER REPORTS

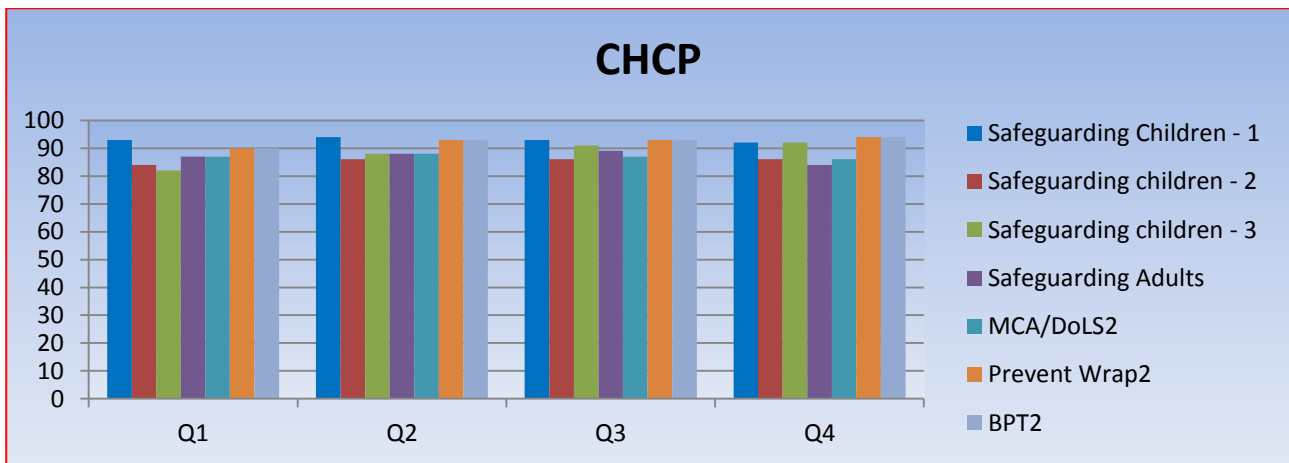
6.1 City Health Care Partnership (CHCP)

Training compliance

	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19
SG Children level 1	93%	94%	93%	92%
SG Children level 2	84%	86%	86%	86%
SG children level 3	82%	88%	91%	92%
SG Adults	87%	88%	89%*	84%
MCA/DoLS	87%	88%	87%	86%
Prevent WRAP	90%	93%	93%**	94%**
BPT	90%	93%	93%**	94%**

* Number is for ‘safeguarding training’, not specifically safeguarding adult training

**This is combined figure for Prevent WRAP and BPT as provider did not report separately.



Governance and Accountability

CHCP is compliant with the requirements for statutory safeguarding posts. The Executive Nurse has the lead with accountability for safeguarding children and is a member of the HSCB and HSAPB. The Named Nurse for Safeguarding Children and the Safeguarding Adults Practitioner attend the relevant local sub-groups/ work streams. The safeguarding team now incorporates both children and adults named professionals.

This year CHCP provided safeguarding adults practitioner cover within the Multi Agency Safeguarding Hub (MASH) for two days per week via a contract variation, thus they are able to contribute to s.42 enquiries. Safeguarding practitioners have a daily presence in the Early Help and Assessment Hub (EHASH) and are therefore, able to contribute to section 47 enquiries. All concerns regarding safeguarding children are made via a referral process to children’s social care and these referrals are quality assured by the safeguarding team to ensure the relevant information is supplied to assist decision making. CHCP has a Safeguarding Supervision Policy for Children and Young People. The Adults Safeguarding Supervision Policy is incorporated into a clinical supervision framework. Regular attendance at children’s safeguarding supervision is monitored with Q4 compliance at 90%.

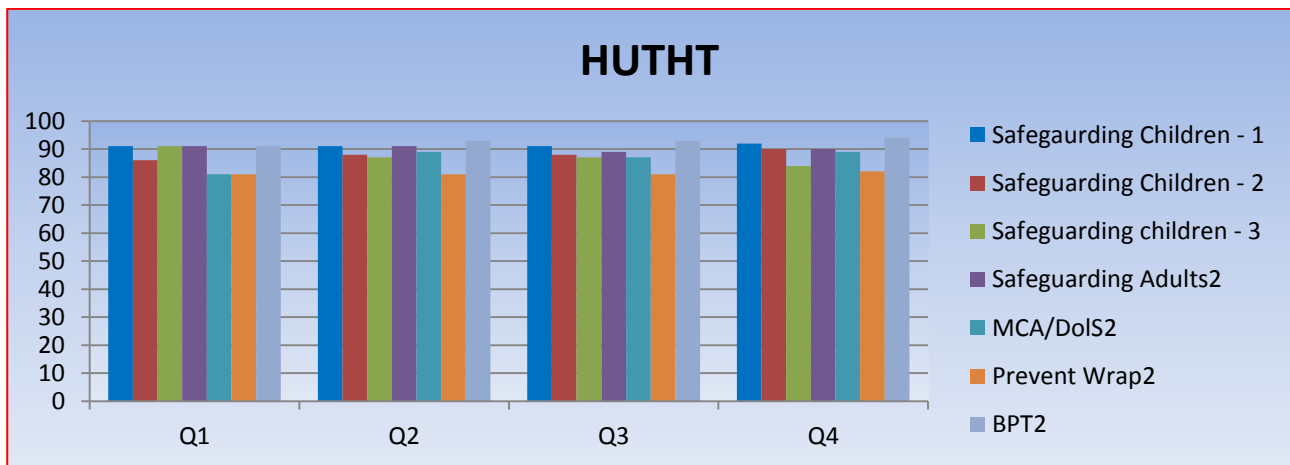
CHCP has an annual safeguarding adults and children audit plan reviewed by the bi monthly Safety and Quality Forum. Safeguarding is a routine agenda item on the Integrated Quality, Governance and Safety Group which is chaired by the NHS Hull CCG executive lead for safeguarding children and adults. A task and finish group has also been established to implement level 3 safeguarding adults training following the publication of the Adult Safeguarding: Roles and Competencies for Health Care Staff in August 2018. The designated professional attended one of these meetings to assist in gain assurances and a safeguarding training needs analysis was completed.

6.2 Hull University Teaching Hospitals Trust (HUTHT)

Training compliance

	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19
SG children – level 1	91.3%	91.4%	91.7%	92.1%
SG children – level 2	85.9%	88%	87.7%	89.9%
SG children – level 3	90.9%	87%	87.4%	84.3%
SG Adults	91%	91%	89%	90%

MCA/DoLS	81%	89%	87%	89%
Prevent WRAP	81%	81%	81%	82%
BPT	91%	93%	93%	94%



Governance and Accountability

The HUTHT Assistant Chief Nurse (ACN) is the trust lead for safeguarding adults and children and is supported by a named nurse for safeguarding children with additional safeguarding (adults and children) practitioners. The trust is engaged with the HSAPB and the HSCB and is represented at all levels on various groups/ sub-committees/ work streams. HUTHT currently has a vacant post for Named Doctor for Safeguarding Children. Support is being offered regarding this on an interim basis by the Designated Doctor Safeguarding Children whilst training is being undertaken by a registrar prior to taking up this position.

The Trust holds a monthly safeguarding committee which covers both adults and children and is supported by commissioned task and finish groups. The Safeguarding Adult Specialist Nurse is working on the Domestic Abuse Policy and, alongside the Named Midwife, is working on a training plan to support the progress of Routine Enquiry. The Trust has hosted a member of the Hull Domestic Abuse Team (DAP) two days a week from November 2018 with positive outcomes being seen as a result of the advice and support offered. The DAP practitioner is supporting staff training and awareness raising for both staff and the public, following up patients who have been referred to safeguarding and assisting with MARAC liaison.

The Named Midwife is the operational lead for FGM, modern slavery and the multi-agency pre-birth vulnerability pathway/ processes. FGM flagging and notification processes are in development and informing the NHS England requirements.

In December 2018, the Serious Incident Panel meeting raised some questions regarding the interface between safeguarding adults and SIs within HUTHT. On 28th March a meeting between HUTHT and designated professionals from Hull and East Riding CCGs explored the issues, which resulted in a number of actions that HUTHT will progress, including the production of a checklist post SI amended to reflect the safeguarding discussions and a retrospective review of several SIs that may now meet the safeguarding criteria.

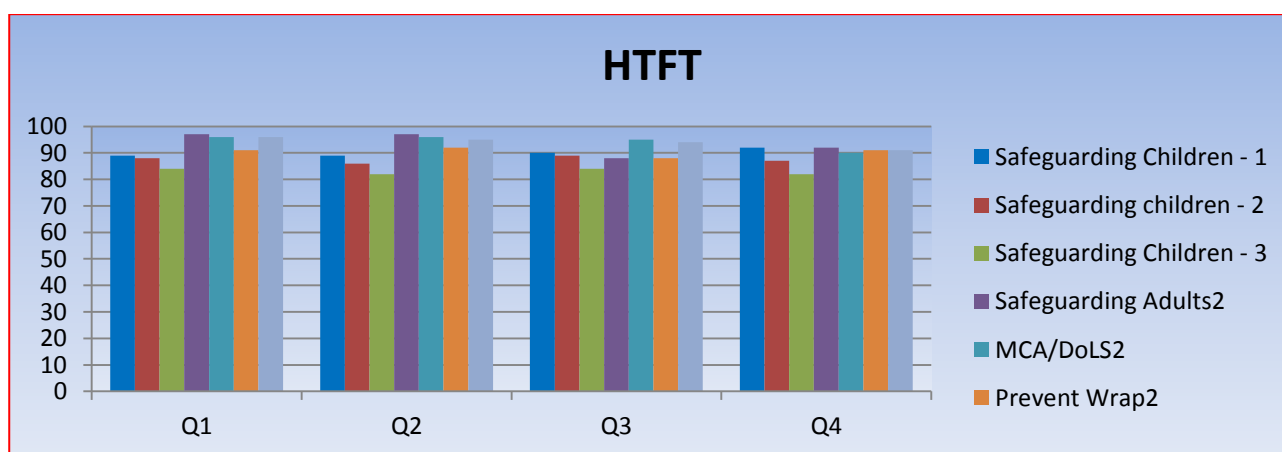
6.3 Humber Teaching NHS Foundation Trust (HTFT)

Training compliance

	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19
SG Children level 1	88.9%	89.2%	90.8%	92%
SG Children level 2	88.4%	86.3%	89%	87.3%
SG Children level 3	84%	81.8%	84.1%	81.5%
SG Adults	97%	97%	96% *	92%
MCA/DoLS	96%	96%	95%	90%
Prevent WRAP	91%	92%	88%	91%**
BPT	96%	95%	94%	91%**

* This figure is for level 1 training, 88% are trained at level 2

** This is combined figure for Prevent WRAP and BPT as provider did not report separately.



HTFT has maintained consistent progress in relation to training compliance.

Governance and Accountability

HTFT is compliant with the requirements for statutory safeguarding posts.

Humber Trust ensure regular safeguarding attendance and support at local Prevent meetings, offering mental health support in the consideration of high risk cases. Prevent, (which is moving to local authority responsibility) is a key area for Humber as mental health issues remain a key risk factor in many Channel referrals. Humber safeguarding attends key Prevent meetings and provides complex information for high risk cases.

Over the last year a representative from HTFT's safeguarding team has been a member of the Hull SAPB SAR panel to ensure their contribution and representation.

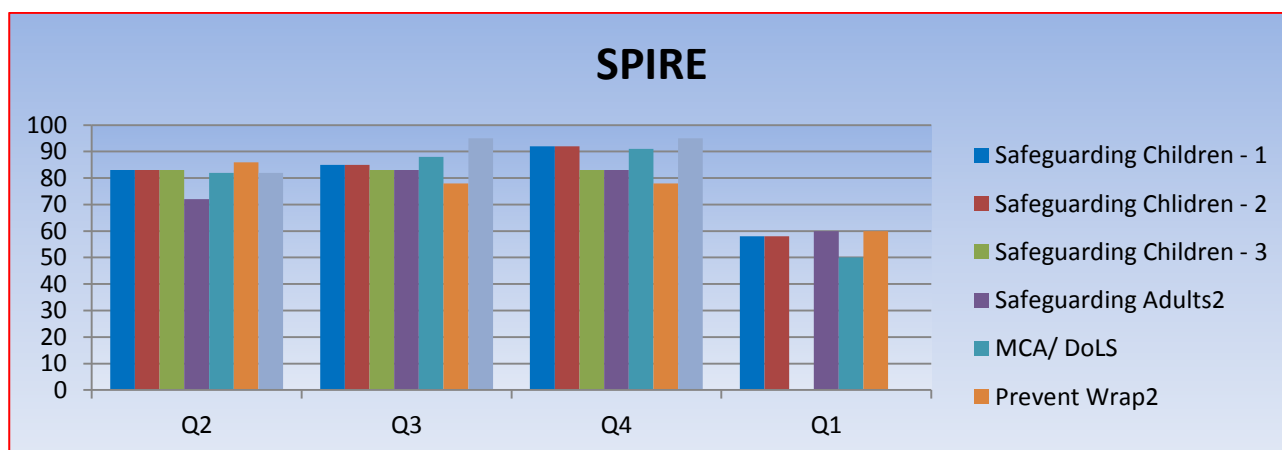
Humber Trust have identified that although training compliance is not an issue, staff sometimes lack awareness of the MCA in practice. Humber have updated their MCA policy and the safeguarding team has been conducting MCA reviews trust-wide to identify areas of poor practice. Bespoke MCA training sessions have been made available to areas where issues are identified.

Humber safeguarding have developed and delivered self-neglect training which is now on the electronic training system and available to all staff. Self-neglect has been a theme for development sessions and both practice notes and 5 minute focus updates have been circulated. Humber safeguarding is currently developing a new self-neglect policy to give further guidance to staff. Humber safeguarding team are part of self-neglect strategy group in East Riding and North Yorkshire.

6.4 Spire

Training compliance

	Q2 (A-J) 2018	Q3 (J-S) 2018	Q4 (O-D) 2018	Q1 (J-M)
SG Children – level 1	82.9%	85%	92%	58%
SG Children – level 2	82.9%	85%	92%	58%
SG children – level 3	82.9%	82.8%	92%	68%
SG Adults	72%	83%	83%	60%
MCA/DoLS	82%	88%	91%	50%
Prevent WRAP	86%	78%	78%	60%
BPT	82%	95%	95%	Data unavailable



As outlined in previous annual reports the system of incremental month on month reporting results in a reduction in % uptake in Q4.

Governance and Accountability

Safeguarding leads are in place within Spire. Reporting in line with the self-declaration for safeguarding children and adults is monitored and challenged via the contract monitoring process.

6.5 Yorkshire Ambulance Service (YAS)

Training compliance (Regional Figures)

	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19
SG Children – level 1	96.8%	94.6%	91.8%	95.2%
SG Children – level 2	80.2%	85.8%	90.7%	93.2%
SG Adults	95%*	94%*	80% **	93%*
MCA/DoLS	94%	93%	87%	89%
Prevent WRAP	88%	87%	87%	89%

BPT	91%	92%	91%	95%
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* Level 1 training

** Level 2 training

NHS Wakefield CCG is the lead commissioner for Yorkshire Ambulance Service NHS Trust. A Memorandum of Agreement (MOA) is in place that empowers all 46 CCG designated safeguarding leads to act as a conduit for YAS to all children's and adults safeguarding boards across the region.

An awareness raising campaign of the Trust wide safeguarding e learning product for all the YAS service, targeted particularly at front line clinicians and Patient Transport Service (PTS) for all YAS service lines has resulted in sustained compliance with training requirements. A training needs analysis in the Trust is in progress with regards to safeguarding children level 3 training, following the publication of Safeguarding Children and Young People: Roles and Competencies for Health Care Staff in January 2019 with the initiation of level 3 safeguarding children planned for relevant staff during 2019.

7. REVIEW OF PRIORITIES 2018/ 2019

7.1 Strengthening arrangements for looked after children

The Designated Nurse for looked after children coordinates and chairs the integrated looked after children and care leaver health forum which has consistent multi-agency membership. The forum has been instrumental in the development and monitoring of an improved process of notification from the local authority child care team to the looked after children health team when a child becomes looked after. This supports the community paediatric service in being able to offer initial health assessments to children looked after within statutory timescales and the data collected through contract monitoring over the last quarter reflects the improvement.

A task and finish group, developed following issues raised within the forum, has completed a piece of work around the assessment of the emotional wellbeing of looked after children using the strengths and difficulties questionnaire and a further group has explored mental health provision for care leavers.

Within the year the Designated Nurse for looked after children and a communications manager from Hull CCG communications and engagement team have coordinated an engagement exercise with a group of care leavers to develop a health information leaflet for children in transition. The care leavers have identified the information that they need and have been involved in the design of the leaflet.

The Designated Nurse for looked after children offers regular supervision to the Named Nurse for looked after children within City Health Care Partnership.

The Designated Nurse for looked after children attends the Hull corporate parenting board.

Outcomes

There has been an improvement in the number of children entering care who are offered and receive their initial health assessments within statutory timescales leading to timely health care plans that inform the overall plan for the child. The emotional wellbeing of looked after children is highlighted and addressed through the improved process for using the strengths and difficulties questionnaire.

7.2 Maintaining safeguarding support arrangements within primary care

The appointment of the Named GP for Safeguarding Children has been crucial in progressing this agenda and the role is now well embedded and utilised. The Named GPs for both children and adults continue to make support and advice available to GPs and also practice managers and nurses. This is extended through regular email contact, disseminating relevant updates and information, along with communication regarding any changes to policies/ guidance that affect general practice, supporting the completion of DHRs and SARs. The Named GP continues to provide valued representation and input at serious case review (SCR) panel meetings on behalf of general practice, including the completion and analysis of the practice reports and necessary support and advice to the GPs involved. The Named GP for safeguarding children is also an active member of the Child Death Overview Panel, contributes to the multi-agency case audit process led by the HSCB and has taken action on issues identified, working to strengthen the safeguarding processes between organisations involved and general practice.

Outcomes

GP safeguarding children training continues to evaluate highly. The programme is revised on a 3 yearly basis to incorporate up to date material and learning. The Named GP has consistently raised the profile of safeguarding children issues within general practice and has been a crucial conduit between general practice and external agencies, particularly the HSCB and local authority children's social care.

This year, the Designated Professional for Safeguarding Adults has been working with CHCP to plan for the implementation of level 3 GP safeguarding adult training. This will be rolled out in 2019/20.

7.3 Undertaking a lead role in future multi-agency safeguarding arrangements

Following the implementation of the Children and Social Work Act 2017 and Care Act 2014, NHS Hull CCG has undertaken its key statutory partner role through the strong leadership of the Executive Lead and Designated Professionals.

Outcomes

The Executive lead and Designated Nurse Safeguarding Children have been active members of the strategic planning business group alongside police and local authority senior colleagues. NHS Hull CCG input has been key in planning a HSCB development day and will be leading on the Operational Implementation Group.

The Executive Lead and Designated Professionals have been active members of Hull Safeguarding Adults Partnership Boards and associated subgroups, as well as supporting the MASH in their complex safeguarding cases.

8. ADDITIONAL ACHIEVEMENTS IN PARTNERSHIP WORKING

8.1 Hull Safeguarding Adults Partnership Board (HSAPB)

A strategic plan for 2018-2020 has been approved by the HSAPB Executive Board, and Strategic Delivery Group (SDG). The Hull CCG Director of Quality and Clinical Governance/Executive Nurse remains as the vice chair of the HSAPB and the designated professional for safeguarding adults is a member of the SDG.

8.2 CT PREVENT Channel panel

The CCG designated professional for safeguarding adults continues to attend monthly Channel panel to represent the NHS Hull CCG. Attendance ensures CCG compliance within legislative duties for the Counter Terrorism Act 2015 and the opportunity to further monitor what health providers are delivering to support CT prevent processes.

Attendance at the monthly Channel panels by NHS Hull CCG ensures that advice and support is provided when risks are assessed and interventions are agreed and arranged for victims. HTFT also attend each month and share information where appropriate and provide suitable support as many cases involve mental health issues and demands.

During Q4 the CTLP questionnaire was also completed by NHS Hull CCG and returned to counter terrorism officers in Humberside Police.

8.3 Community Safety Partnership (CSP)

The Designated Professional consistently attends Hull Community Safety partnership in which advice and support is provided to safeguard vulnerable individuals. The CSP is responsible for commissioning Domestic Homicide Reviews (DHR), thus the Designated Professional is involved in this process.

8.4 Multi-Agency Public Protection Arrangements (MAPPA)

There are 3 categories of MAPPA-eligible offender:

- Category 1 - registered sexual offenders;
- Category 2 – mainly violent offenders sentenced to 12 months or more imprisonment or a hospital order; and
- Category 3 – offenders who do not qualify under categories 1 or 2 but who currently pose a risk of serious harm.

NHS Hull CCG is represented at all MAPPA levels 2 and 3 by the Designated Professional for Safeguarding Adults or a member of the vulnerable people team.

8.5 Humberside Criminal Justice Board

The designated professional for safeguarding adults continued to attend the Humberside CJB as a co-opted member and provide a single point of contact for local health services.

9. SERIOUS CASE REVIEWS / LEARNING LESSONS REVIEWS

SCRs/ LLRs

Currently the HSCB is conducting one Serious Case Review and one Learning Lessons Review, both commissioned under Working Together 2015. NHS Hull CCG has been represented by the Designated Nurse Safeguarding Children on the panels and the GP contribution has been co-ordinated by the Named GP Safeguarding Children. A third SCR is awaiting publication. NHS Hull CCG has been involved in one “rapid review” during the time period covered by this annual report following the revised procedures under Working Together 2018. This requires the LSCB to undertake a “rapid review” into a serious child safeguarding case within 15 working days of becoming aware of the incident and report the decision making regarding progressing to a SCR to the Child Safeguarding Practice Review Panel. The decision, outlined within a comprehensive report outlining the reasons was not to initiate a SCR/ LLR and this decision was endorsed by the Review Panel.

Safeguarding Adults Reviews (SARS)

HSAPB currently has 7 Safeguarding Adult Reviews (SAR) at varying stages in progress, and three more under consideration, pending further information which may involve additional information from coroners. In Q4 one SI report was escalated to the HSAPB for SAR consideration and one SI report was sent to an out of area locality for SAR consideration evidence the partnership approach towards adult safeguarding.

Domestic Homicide Reviews (DHR)

This year has witness the completion of two DHRs in Hull. They have not yet been published. It has been requested that these remain exempt from publication to safeguard surviving children in both cases.

In Q4 an out of area DHR was declared involving a former Hull resident. The Named GP for Safeguarding Adults is working with the GP practice to complete the requested IMR.

A separate Part 2 report will be provided to consider SCRs, LLRs, SARS, DHRs and MAPPA in greater detail.

10. PRIORITIES FOR 2019/2020

10.1 Undertaking a lead role in future multi-agency safeguarding arrangements

Following the implementation of the Children and Social Work Act 2017 and the Care Act 2014, NHS Hull CCG will continue to undertake a key statutory partner role, through the strong leadership of the Executive Lead and Designated and Named Professionals, to ensure that local safeguarding arrangements remain robust during the change process.

The Designated Nurse Safeguarding Children is undertaking the lead role for NHS Hull CCG in relation to the implementation of the revised child death review process.

Through the strong leadership of the Executive Lead and Designated professionals, NHS Hull CCG will continue to undertake its Statutory safeguarding role for adults. To ensure that local safeguarding arrangements remain robust, the CCG shall prioritise the development and implementation of a service specification for a Safeguarding (Health) service within the MASH.

10.2 Domestic abuse

Domestic abuse is a key priority area in Hull and is a significant local public health issue which has been highlighted in the majority of local SCRs, LLRs and DHRs. It is also recognised as a national problem as highlighted by the Domestic Violence Act 2018. Domestic abuse has pervasive, far reaching effects on victims, families and communities, is fundamentally linked to social, psychological, emotional and economic problems and is a key challenge facing all public services which requires a multi-agency response. NHS Hull CCG has signed up to the domestic abuse minimum standards and is committed to taking a leadership role, alongside partner agencies in the review of the Hull Community Safety Partnership Domestic Abuse Strategy 2017-2020 and in particular to strengthening arrangements through increased knowledge and support within primary care.

11. RECOMMENDATIONS

It is recommended that the members of the NHS Hull CCG Board approve this report in relation to safeguarding activity and the responsibilities and actions of NHS Hull CCG.

GLOSSARY OF TERMS

ACN	Assistant Chief Nurse
BPT	Basic Prevent Training
CDOP	Child Death Overview Panel
CHCP	City Health Care Partnership
CMB	Contract Management Board
CPP	Child Protection Plan
CQC	Care Quality Commission
CQF	Care Quality Forum
CSP	Community Safety Partnership
CT	Counter Terrorism
CTLP	Counter Terrorism Local Profile
DAP	Domestic Abuse Partnership
DHR	Domestic Homicide Review
DoH	Department of Health
DoLS	Deprivation of Liberty Safeguards
ED	Emergency Department
EHASH	Early Help and Safeguarding Hub
FGM	Female Genital Mutilation
FGMPO	Female Genital Mutilation Protection Order
GDPR	General Data Protection Regulations
GP	General Practitioner
HCJB	Humber Criminal Justice Board
HCLAS	Hull Children Looked After and Safeguarding
HSAPB	Hull Safeguarding Adults Partnership Board
HSCB	Hull Safeguarding Children Board
HTFT	Humber Teaching NHS Foundation Trust
HUTHT	Hull University Teaching Hospitals NHS Trust
ICPC	Initial Child Protection Conference
ICRO	Independent Conference and Reviewing Officer
ILAC	Integrated Looked After Children
IMD	Index Multiple Deprivation
IMR	Individual Management Report
JSNA	Joint Strategic Needs Assessment
LAC	Looked after children
LeDeR	Learning Disabilities Mortality Review
LLR	Learning Lessons Review
LPS	Liberty Protection Safeguards
MAPPA	Multi Agency Public Protection Arrangements
MARAC	Multi Agency Risk Assessment Conference
MASA	Multi Agency Safeguarding Arrangements
MASH	Multi Agency Safeguarding Hub
MCA	Mental Capacity Act
MHCCC	Mental Health Crisis Care Concordat
MoA	Memorandum of Agreement

MoU	Memorandum of Understanding
PTL	Protected Time for Learning
PTS	Patient Transport Service
QDG	Quality Delivery Group
SAFE	Systems, Accountability, Focus, Engagement
SAR	Safeguarding Adult Review
SCR	Serious Case Review
SDG	Strategic Delivery Group
SDQ	Strengths and Difficulties Questionnaire
SI	Serious Incident
SIDS	Sudden Infant Death Syndrome
SLA	Service Level Agreement
WRAP	Workshop to Raise Awareness of Prevent
WTE	Whole Time Equivalent
YAS	Yorkshire Ambulance Service