

Item: 8.2

Report to:	NHS Hull CCG Board Meeting
Date of Meeting:	27 November 2020
Title of Report:	NHS Hull CCG Safeguarding Six Monthly Report
Presented by:	Clare Linley – Interim Director of Nursing and Quality
Author:	Dave Blain, Lorna Morris, Laura Pickering, Dr Sanjedah Zaro, Dr Guy Clayton.

STATUS OF THE REPORT:			
To approve	<input 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 checked="" type="checkbox"/>
To note	<input checked="" type="checkbox"/>		

PURPOSE OF REPORT:
<p>a) To provide an overview of the arrangements in place to safeguard and protect children and adults in Hull, in accordance with the NHSE/ I Safeguarding Accountability and Assurance Framework 2019.</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>
RECOMMENDATIONS:
<p>The NHS Hull CCG Board are asked to:</p> <p>a) Note the update provided regarding the CCG arrangements in place to safeguard and protect children and adults in Hull.</p> <p>b) Be assured that NHS Hull CCG, as a commissioner of services is fulfilling its statutory duties in relation to safeguarding and Children Looked After in accordance with the Children Act 1989, 2004, Health and Social Care Act 2012, Care Act 2014 and Mental Capacity Act 2005.</p>

REPORT EXEMPT FROM PUBLIC DISCLOSURENo Yes

If yes, detail grounds for exemption

CCG STRATEGIC OBJECTIVE(S)

5 – Work in partnership with Hull City Council and others to implement a population driven approach to improving health outcomes and reduce health inequalities, targeting in particular the most disadvantaged in local communities.

7 – Focus on care and services for children in Hull, improving performance against statutory responsibilities and achieve better outcomes as measured by experience and engagement.

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 Partnership. 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 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:

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

Inter-agency engagement primarily takes place with health and other partner agencies via the Hull Safeguarding Children Partnership (HSCP), Hull Safeguarding Adults Partnership Board (HSAPB) and associated sub-groups, Community Safety Partnership (CSP), Counter Terrorism (CT) Prevent groups, Hull & East Riding Safer Sleep Steering group, Child Death Overview Panel (CDOP) and other multi-agency processes referenced within the report.

Engagement with primary care and General Practitioners (GP) takes place through the Protected Time for Learning (PTL) events and GP safeguarding training programme.

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

LEGAL ISSUES: (*Summarise key legal issues / legislation relevant to the report*)

- Children Act 1989 and 2004
- Care Act 2015
- Children and Social Work Act 2017
- Children Act 1989 (Amendment) (Female Genital Mutilation) Act 2019
- Modern Slavery Act 2015
- Counter Terrorism and Security Act 2015 (CT Prevent)
- Police and Justice Act 2006 – (CSP)
- Domestic Violence Crime and Victims Act 2004 (DHR)
- Criminal Justice Act 2003 – (MAPPA)
- Mental Capacity Act 2005
- Mental Capacity (Amendment) Act 2019
- Mental Health Act 1983, 1997, 2007
- Domestic Violence Act 2018
- The Data Protection Act 2018
- Human Rights Act 1998

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 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, fair and sustainable use of finite resources.

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

NHS HULL CLINICAL COMMISSIONING GROUP

2020/21 SIX MONTHLY SAFEGUARDING REPORT

NOVEMBER 2020

1. INTRODUCTION

- 1.1 The purpose of this report is to ensure that NHS Hull Clinical Commissioning Group (CCG) NHS Hull CCG Board are informed of the local and wider safeguarding progress and developments in the Q1 and Q2 period of 2020/21, with particular reference to compliance with the NHS England/Improvement (NHSE/I) Safeguarding Vulnerable People in the NHS - Accountability and Assurance Framework (SAAF) 2019.
- 1.2 The report reflects how NHS Hull CCG has fulfilled its statutory and legislative duties in collaboration with local multi-agency safeguarding partnerships to protect the welfare of children (including Children that are Looked After) (CLA) and adults at risk across the health economy in Hull.
- 1.3 The report also provides an update on involvement in regional and national contextual safeguarding fora.

2. BACKGROUND

- 2.1 NHS Hull Clinical Commissioning Group (Hull CCG), as with all other NHS bodies, has a statutory duty to ensure that it makes arrangements to safeguard and promote the welfare of children and young people, and to protect adults from abuse or the risk of abuse, reflecting the needs of the population it serves.
- 2.2 Safeguarding for both children and adults has transformed in recent years with the introduction of new legislation, creating duties and responsibilities which need to be incorporated into the widening scope of NHS safeguarding practice. All health organisations are required to adhere to the guidance and legislation outlined in the Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework (SAAF) 2019¹.
- 2.3 Safeguarding is firmly embedded within the core duties of all organisations across the health system. However, there is a distinction between providers' responsibilities to provide safe and high-quality care, and commissioners' responsibilities to assure

¹ <https://www.england.nhs.uk/publication/safeguarding-children-young-people-and-adults-at-risk-inthe-nhs-safeguarding-accountability-and-assurance-framework/>

themselves of the safety and effectiveness of the services they have commissioned (SAAF, 2019). Fundamentally, it is the responsibility of every NHS funded organisation and each individual healthcare professional working in the NHS to ensure that the principles and duties of safeguarding adults and children are holistically, consistently and conscientiously applied, with the wellbeing of those adults and children at the heart of what we do. For adult safeguarding this also needs to respect the autonomy of adults and the need for empowerment of individual decision making, in keeping with the Mental Capacity Act, its Code of Practice and human rights articles.

3. INFORMATION

3.1 NHS Hull CCG Safeguarding Arrangements

3.11 During the first two quarters of 2020/21, there have been some changes in the safeguarding team. The Director of Nursing and Quality has continued to provide Executive Leadership for safeguarding, with a new Designated Nurse and Named Doctor for Safeguarding Children both commencing in post during Q2. Processes were also initiated to consolidate capacity within the CCG Safeguarding Team with the recruitment of a permanent Safeguarding Practitioner during Q3.

3.2 Safeguarding Assurance

3.21 The SAAF 2019 makes clear that, as a commissioner of local health services, Hull CCG needs to assure itself that it has appropriate arrangements in place to seek safeguarding assurance from commissioned services and organisations. Following an internal review of the NHSE/I Safeguarding Accountability and Assurance Framework (SAAF, 2019) it was identified that there had been no forum for the CCG safeguarding team to offer formal oversight and scrutiny of safeguarding activity. The Safeguarding Assurance Group (SAG) was therefore introduced in Q2 to offer strategic oversight of safeguarding activity. The SAG held its inaugural meeting on 27.07.2020 and reports to the NHS Hull CCG Board each Quarter via a report from the Chair.

3.3 Safeguarding Policy

3.31 In Q2 of 2020/21 the NHS Hull CCG Safeguarding Policy was reviewed and updated for compliance with current legislation and guidance, and this was approved by the CCG NHS Hull CCG Board in July 2020. As part of the process, the designated professionals completed consultation with the safeguarding leads within each of the commissioned provider organisations to revise, update, and improve the quarterly safeguarding self-declarations. The revised and updated self-declaration is also an appendix of the aforementioned policy.

3.4 Named Doctor for Safeguarding Children

- 3.41 Since commencing in post in September 2020 the Named Doctor for Safeguarding Children has fulfilled the required position in accordance with role and activities stipulated within national guidance Working Together to Safeguarding Children 2018 and Safeguarding Children and Young People Intercollegiate document 2019².
- 3.42 The Named Doctor has continued to provide ongoing safeguarding children case discussion, advice and support as required with clinicians and practice managers.
- 3.43 The Named Doctor has continued to contribute to Child Safeguarding Practice Reviews (CSPRs), Learning Lessons Reviews (LLRs) and multi-agency case audits completed by the HSCP.
- 3.43 The Named Doctor has supported the development of and co-facilitated the Level 3 Safeguarding Children Training which has been significantly refreshed to enable virtual delivery via an online platform due to the challenges posed by the COVID-19 pandemic in terms of delivery of face to face training

3.5 Named GP for Safeguarding Adults

- 3.51 Currently there are no national guidelines for the Named GP for safeguarding adult roles within CCGs, however, role and activity (sessions) within NHS Hull CCG for safeguarding adults is commensurate with the Named GP role for safeguarding children.

The Named GP continues to support the adult Multi Agency Safeguarding Hub (MASH) in Hull to address any safeguarding concerns involving primary care, ensuring expert advice was provided for any enquiries being completed.

Primary Care continued to feature strongly in all of the Domestic Homicide Reviews (DHR) during Q1 and Q2. The Named GP initiated and established a domestic abuse routine enquiry pilot with one of the practices involved, assisting with training the practice staff and developing governance arrangements to support the process. However this pilot did not start due to COVID-19 restrictions in GP practices during the reporting period. The safeguarding team will continue to pursue this when the pandemic situation allows. The Named GP continued to circulate domestic abuse information to all practice managers and placed numerous documents on the CCG portal for information.

The Named GP further supported the DHR process by completing chronologies for all reviews following liaison with practice staff and accessing clinical records remotely.

² <https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2019/january/007-366.pdf>

The Named GP is currently working with CHCP colleagues to develop a level 3 educational resource for remote delivery to GPs and practice staff, with two events planned for delivery in Q4.

3.6 Impact of COVID-19

3.61 The Safeguarding Team have continued to see the sustained increase in activity in certain elements of services due to the ongoing impact of COVID-19. The CCG Safeguarding Team have continued to ensure that statutory duties are fulfilled. Safeguarding referral rates for both children and adults are now reported to be back within expected parameters, but there has been a sustained 40% increase in referrals for domestic abuse incidents/support in the city.

During Q1 and Q2 the CCG worked closely with the Hull Domestic Abuse Partnership (DAP) to support awareness raising across the city in the face of increased reported cases. Posters were placed at testing and swabbing stations, supermarkets, GP practices and all pharmacies in the city to support the national Boots campaign offering support to victims and perpetrators.

3.62 Specific impacts of COVID-19 in relation to safeguarding across health systems included children not being visible in universal settings in the usual way, challenges posed by conducting consultations over the phone or virtually, difficulty accessing dental care for Children who are Looked After (CLA), and reported increase in mental health issues associated with safeguarding vulnerable people.

3.63 The other significant challenge faced by all organisations is in relation to maintaining training compliance. For all health professionals who require Level 3 Safeguarding Children or Adults training, the Intercollegiate Document (2019) outlines the requirement for 50% of this to be participatory learning. The limitations posed by COVID-19 in terms of delivering face to face training, compounded by the pressure on the clinical workforce across the health system has meant that there has been a reduction across all organisations in overall reported compliance with safeguarding training. The Designated Professionals are working with each of the provider organisations to support the development of an alternative model of training delivery, including the use of virtual platforms.

3.7 Safeguarding Risks

There are three risks identified on the CCG Corporate Risk Register which relate to Safeguarding. The three risks are outline below.

Risk Register ID 941 – Implementation of the Liberty Protection Safeguards (LPS) as a new legislative duty for the CCG. Liberty Protection Safeguards transfers legal responsibilities to hospitals and CCGs. Failure to operationalise will result in a breach of human rights, legal proceedings and financial risk to the CCG.

When implemented this will include deprivations of liberty for 16-17 year olds. Risk of failing to operationalise statutory duties within the Mental Capacity Amendment Act 2019 relating to CCG new responsibilities of administrating Liberty Protection Safeguards.

Update: The implementation of the LPS, originally planned for October 2020 has been postponed until April 2022. Work continues in collaboration with neighbouring CCGs, Local Authority and health provider leads in preparation for this.

Risk Register ID 936 – Implementation of the new HSCP arrangements following changes to national guidance and legislation. Risk of organisational, reputational, safety and quality risk if not meeting statutory duties in ensuring the implementation of the Health and Social Care Partnership. The Children and Social Work Act 2017 requires that Local Safeguarding Children Boards are to be replaced with a Multi-Agency Safeguarding arrangement with equal responsibility within a partnership between CCGs, Local Authorities and the Police.

Update: As per update included further on in this report, the Hull Safeguarding Childrens Partnership (HSCP) Executive Board has continued to meet regularly and had been undertaking a structured review of the arrangements for the HSCP. Plans are progressing to re-establish a Business Unit for the HSCP and recruit an Independent Scrutineer and Business Manager to support this work. The HSCP Executive Board has also approved a Scrutiny and Assurance Framework which provides clarity regarding the assurance function aligned to the HSCP Governance structure.

Risk Register ID 928 – The functionality allowing safeguarding teams to override sharing consent preferences is being removed from SystmOne. Therefore the risk of not being able to rapidly spot serious abuse, which may lead to death, will increase significantly.

Update: Currently, due to the impact of COVID-19 the functionality has been reinstated. NHS Hull CCG are working with NHSD and the BMA to agree a long term solution.

3.8 NHS Hull CCG statutory and mandatory safeguarding training compliance

	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21
SG Children	96%	89%*		
SG Adults	93%	81%*		
CT Prevent WRAP	93%	94%		

*CCG compliance has fallen below 90% target

This fall in compliance will be addressed with CCG learning and development lead

3.9 Children Looked After (CLA)

3.92 The responsibilities of CCGs regarding CLA are set out in Promoting the Health and Well-being of CLA (DfE 2015) and Working Together to Safeguard Children 2018. CCGs in collaboration with other NHS commissioners and local authority partners have a responsibility to ensure the timely and effective delivery of health services to CLA.

3.93 In recent months Hull has seen a sustained increase in the number of Children who are Looked After in the city and now is reported to have the highest number of Children Looked After per 10,000 population (currently 899 children and young people with a further 287 receiving care leaving services).

3.10 Integrated Looked After Children (ILAC) and Care Leavers Health Forum

The ILAC Forum, chaired by the Designated Nurse Looked After Children meets bi-monthly (currently virtually) and is well represented on a multi-agency basis by relevant partners including at a strategic level. Standing agenda items include mental health of CLA and care leavers and the monitoring of the timeliness of Hull CC CLA notifications and receipt of consents. In relation to the mental health of CLA in transition, alongside exploring long term resourcing, the local authority has secured dedicated support from the city's psychological service to sit across children's and adult's transition, an identified gap in service provision. This will include offering consultation to staff and young people, triage and the provision of suicide awareness training to the leaving care team.

3.11 Dental access

Uptake of annual dental checks for CLA is a reportable indicator for the Local Authority. During the pandemic access has dropped from 86% to 44% and continues to fall. This issue has been escalated by Hull CC to the ILAC and the Designated Nurse LAC has raised it at the Humber Coast and Vale ICS safeguarding/ LAC meeting. Clearly a regional and national issue this has been highlighted within the "hotspot report" as an area of concern. The Designated Nurse LAC has escalated to the NHS E/I dental commissioning lead and is awaiting a response.

3.12 Performance monitoring

HUTH is commissioned to provide Initial Health Assessments (IHAs) and Adoption medicals and CHCP to provide Review Health Assessments and Care Leaver Assessments through services specifications providing performance information to the NHS Hull CCG contracting team. The role of designated Doctor for LAC was covered on an interim basis by the Designated Doctor for Safeguarding until the substantive post holder returned in August.

3.13 Initial Health Assessments (IHA) for Children who are Looked After

During lockdown many IHAs were conducted virtually. The Designated Doctor has resumed face to face IHAs for all children entering the looked after system and has instigated a review process in relation to children who did not receive face to face IHAs.

Performance reporting for this element of the service has not been received by NHS Hull CCG contracting team since October '19. This is an issue which has been escalated via the Designated Nurse Safeguarding Children to the Head of Safeguarding at HUTH.

3.14 Review Health Assessments (RHA) for Children who are Looked After

- RHAs 0-4 year olds (6 monthly) – from April – August '20 uptake was 90-100%. September '20 uptake was 63.6%.
- RHAs 5-18 year olds (yearly) – from April – August uptake was 83.9 – 85.7%. September '20 uptake was 91.4%

The exception report indicates of the 11 children seen outside timescales, 8 were under 5 years, all had appointments offered which were cancelled by the carers, re-arranged for the following month and completed. Of the 3 children over 5 years old, one had repeated failed telephone calls prior to being seen and 2 were offered appointments which were cancelled by the carers and then completed the following month.

3.15 Adult Adoption and Fostering Service

The current Adult Adoption and Fostering Health and Medical Screening Service is commissioned from CHCP. It includes the provision of the requirement for the agency Medical Advisor role in addition to the foster carer medicals being undertaken by Kingston Medical Centre (adoption medicals are undertaken by the applicants own GP at the cost to the applicant).

In December '19, as a result of feedback from Essex Local Authority "Partners in Practice" (as part of the improvement plan following the Ofsted inspection of the LA Children's Services) Hull CC notified NHS Hull CCG that the current practice of self-reporting for health and medical reports for foster carers did not meet the regulatory

requirements and statutory guidance. This was also raised during the Ofsted monitoring visit focussed on services for CLA in January 2020. The provider service confirmed that this practice was in place and that it was not in a position to implement the necessary changes whereby the same model is required for both foster carers and prospective adoptive parents in that the applicants own GP is required to complete the medical and health report prior to submission to the Medical Advisor for summary and sign off, within the current commissioned arrangements. The provider also confirmed that it was no longer in a position to provide the role of Medical Advisor which it had been sub- contracting.

Notice has been served to CHCP which will cease to provide the Adult Fostering and Adoption Service on 31.03.21. The proposal to site the role of Medical Advisor within the NHS Hull CCG Quality Directorate is to be taken to SLT. Work has commenced to explore foster carer medicals being undertaken by the applicants own GP through the Extended Primary Care Services contract.

4. Partnership Working and Contextual Safeguarding

4.1 Hull Safeguarding Children's Partnership

The Hull Safeguarding Childrens Partnership (HSCP) Executive Board has continued to meet regularly. The Board have reviewed feedback from the stakeholder event held in July and this will be shared with wider partners. This feedback has been considered as part of wider work to review the arrangements for the HSCP. At the September meeting of the Executive Board a number of recommendations were supported. These included the re-establishment of a Business Unit for the HSCP, recruitment of an Independent Chair and Scrutineer and to create a full time Business Manager role.

The HSCP Executive Board also agreed to a review of the learning and development arrangements once the new support structures are in place. NHS Hull CCG are currently recruiting a Specialist Safeguarding Practitioner to consolidate capacity for this work.

In addition to this, work has been ongoing in relation to the assurance function of the HSCP and the HSCP Executive Board approved the Scrutiny and Assurance Framework which provides clarity regarding the assurance function aligned to the HSCP Governance structure. The Scrutiny and Assurance Framework outlined how the independent scrutiny function would provide critical challenge and appraisal of the effectiveness and impact of multi-agency safeguarding arrangements on outcomes for children, young people and families in Hull.

4.2 Hull Safeguarding Adults Partnership Board (HSAPB)

During this reporting period, executive health leadership on the HSAPB was provided by the Director of Nursing and Quality as per statutory duties. The NHS Hull CCG Designated Professional for Safeguarding Adults also fulfilled statutory duties as a member of HSAPB Safeguarding Adults Review (SAR) panel and Strategic Delivery Group (SDG) which both continued to meet remotely during Q1 & Q2.

4.3 NHSE/I Safeguarding Adults National Network (SANN)

The Designated Professional for Safeguarding Adults continued to be the representative for the North region on the SANN. This provided close involvement with national and regional developments during the pandemic, completing weekly calls to share and disseminate information and intelligence and the impact of COVID-19 on safeguarding.

4.4 Community Safety Partnership (CSP)

The Designated Professional for Safeguarding Adults continued to attend and represent NHS Hull CCG at the CSP during Q1 and Q2 as per legislative duty. During the lockdown period CSP meetings escalated to weekly remote arrangements to address concerns and issues highlighted by the impact of COVID-19. This included many issues, most notably increased domestic abuse challenges, housing and homeless, substance misuse and drug deaths, potential early release of offenders. Agency updates were also shared highlighting risks, issues and community safety concerns from elected council members.

4.5 Multi Agency Public Protection Arrangements (MAPPA)

NHS Hull CCG is currently involved in the management of numerous violent and sexual offenders in the city and surrounding area as per legislative duty to co-operate. This is a combination of level 2 and level 3 offenders with a background of a range of offences and licence conditions. The Designated Professional for Safeguarding Adults and a mental health case manager attended numerous meetings to provide a single point of contact for access to health providers and agencies in the city. During the COVID-19 period in Q1 and Q2, frequency of meetings escalated to support the remote management of offenders and address any risks associated with early release from custodial sentences. This resulted in MAPPA meetings being separated into violent offenders and sexual offenders to accommodate the increased workload. Each meeting currently reviews 6-8 cases per panel and lasts a full day.

There remains two approved premises (AP) in the Humberside area to house MAPPA subjects when they are released from custodial sentences.

There were many challenges faced by MAPPA panels when trying to accommodate subjects after leaving the AP. CCG attendance at the panels provides the MAPPA processes with support to navigate the NHS, register with a GP, access mental health services and share risks appropriately with any health agency that may come into contact with the subjects. Warning flags are placed on systems such as Emergency Departments and ambulance service 999/111 call centres where a sexual or violent risk/threat to staff and public is known. Information sharing is subject to strict governance controls and the Hull CCG stores this information on the secure y drive in a limited access folder. Warning flags for 8 individuals were shared with health partners in Q1 and Q2.

4.6 Counter Terrorism (CT) Prevent

NHS Hull CCG continued to attend and support local arrangements established to safeguard vulnerable individuals who may be radicalised towards extremism and terrorism. During Q1 & Q2 meetings were increased to monthly arrangements to address an increase in CT Prevent activity and referrals into the local Channel panel process and national information suggesting increased reporting of online grooming during lockdown. Support was provided to the multi-agency processes to ensure that navigation and identification of appropriate local health services were identified to safeguard and protect the individuals and fulfil this legislative duty under the Counter Terrorism and Security Act 2015.

4.7 Humber Modern Slavery Partnership

During Q1 and Q2 the partnership continued to meet quarterly and progress work on a 3 year strategic action plan. The Office of the Police and Crime Commissioner (OPCC) provided continued funding for a full time co-ordinator for the partnership to support this work. The strategy can be found at www.humberside-pcc.gov.uk

4.8 CCG of Sanctuary

The Designated Professional for Safeguarding Adults was involved in supporting the CCG in development of the CCG of sanctuary project. This will enhance the current provision to vulnerable individuals and families seeking sanctuary in the city and will support the modern slavery agenda also.

4.9 Humber, Coast and Vale (HCV) Integrated Care System (ICS) Designated Safeguarding Group

During Q1, ICS meetings escalated to bi-weekly to maintain close safeguarding working with neighbouring CCGs to share information and provide peer support during the lockdown period. Work continued to develop Terms of Reference and identify leads for the various work streams of the group. NHSE/I North safeguarding team allocated £10k of funding to the ICS group to deliver safeguarding conferences

focussing on workforce development/planning and career progression into designated safeguarding roles.

5. Safeguarding Priorities for Q3 and Q4 in 2020/21

Key areas identified for development are:

- a) Continue to strengthen NHS Hull CCG safeguarding arrangements to ensure full compliance with the SAAF and Commissioning Assurance Toolkit when published in January 2021.
- b) Continue to mature and develop Safeguarding Assurance Group (SAG).
- c) Continue to improve arrangements for gaining safeguarding assurance from all providers through full implementation of the updated self-assessment tool.
- d) Continue to embed and strengthen NHS Hull CCG safeguarding system leadership and participation across all partnerships.
- e) Develop and initiate further domestic abuse routine enquiry pilots and awareness raising within primary care practices/networks including pharmacies.
- f) Support further development of the ICS/CCG safeguarding partnership arrangements.
- g) Address the drop in safeguarding training compliance within NHS Hull CCG
- h) Continue to address emerging safeguarding issues highlighted and impacted by COVID-19 pandemic

4. RECOMMENDATIONS

It is recommended:

- a) that the members of the NHS Hull CCG Board note the update provided within this annual report.
- b) that members of the NHS Hull CCG Board be assured that the Executive Lead for safeguarding and the Safeguarding Team are taking appropriate action to ensure the CCG meets its statutory requirements in relation to all areas of safeguarding.

Glossary of Terms

CAMHS	Child and Adolescent Mental Health Services
CHCP	City Health Care Partnership
CLA	Children that are Looked After
CMB	Contract Management Board
CQF	Clinical Quality Forum
CSP	Community Safety Partnership
CT	Counter Terrorism
DFE	Department for Education
DHR	Domestic Homicide Review
FGM	Female Genital Mutilation
HCV	Humber, Coast and Vale
HSAPB	Hull Safeguarding Adults Partnership Board
HSCP	Hull Safeguarding Childrens Partnership
HTFT	Humber Teaching Foundation Trust
HUTHT	Hull University Teaching Hospitals Trust
ICS	Integrated Care Systems
IHA	Independent Health Assessments
ILACS	Inspecting Local Authority Children's Services
LPS	Liberty Protection Safeguards
MAPPA	Multi Agency Public Protection Arrangements
MASH	Multi Agency Safeguarding Hub
NHS E/I	NHS England/Improvement
PTL	Protected Time for Learning
QDG	Quality Delivery Group
RCGP	Royal College of General Practitioners
SAAF	Safeguarding Accountability and Assurance Framework
SAG	Safeguarding Assurance Group
SAR	Safeguarding Adults Review
SCR	Serious Case Review
SPR	Safeguarding Practice Review (Replaced Serious Case Reviews for Children)
SDG	Strategic Delivery Group