

**Item: 8.3**

<b>Report to:</b>	NHS Hull CCG Board
<b>Date of Meeting:</b>	28 <sup>th</sup> May 2021
<b>Title of Report:</b>	NHS Hull CCG Safeguarding Annual Report
<b>Presented by:</b>	Clare Linley
<b>Author:</b>	Dave Blain, Designated Professional Safeguarding Adults, Laura Pickering, Designated Nurse Safeguarding Children and Young People, Lorna Morris, Designated Nurse Children Looked After, Dr Jedah Zaro, Named GP Safeguarding Adults, Dr Guy Clayton, Named Doctor Safeguarding Children.

**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:**

a) The purpose of this report is to ensure that NHS Hull Clinical Commissioning Group (CCG) Board are informed of the local and wider safeguarding progress and developments in the year between April 2020 and March 2021, with particular reference to compliance with the NHS England/Improvement (NHSE/I) Safeguarding Vulnerable People in the NHS - Accountability and Assurance Framework (SAAF)<sup>1</sup>.

b) The report demonstrates how NHS Hull CCG, as a commissioner of services, has fulfilled its statutory duties in collaboration with local multi-agency safeguarding partnerships to protect the welfare of children, including Children that are Looked

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

After (CLA), and adults at risk, in accordance with the Children Acts 1989, 2004, Health and Social Care Act 2012, Care Act 2014 and Mental Capacity Act 2005.

- c) The report also provides an update on involvement in regional and national contextual safeguarding fora and identified priorities for progressing safeguarding during 2021/22.

**LEVEL OF CONFIDENCE:**

<b>PROCESS</b>	<b>RATING</b>
<p>There is a HIGH level of confidence in NHS Hull CCG discharging it's duties in relation to safeguarding adults and children. There are strong safeguarding assurance processes in place and the safeguarding executive role continued to be provided via interim arrangements with North Lincolnshire CCG. There were Designated Professionals and Named Doctors in post throughout the reporting period ensuring compliance with statutory duties.</p>	<b>HIGH</b>
<b>PERFORMANCE</b>	
<p>There is a HIGH level of confidence in NHS Hull CCG discharging it's duties in relation to safeguarding adults and children. NHS Hull CCG was represented at executive and all other levels of the HSAPB, HSCP and many other multi-agency meetings and partnerships in the city to safeguard vulnerable people and families.</p>	<b>HIGH</b>

**RECOMMENDATIONS:**

The NHS Hull CCG Board are asked to:

- a) Note the update provided regarding the CCG arrangements in place to safeguard and protect children and adults in Hull.
- 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.

**REPORT EXEMPT FROM PUBLIC DISCLOSURE**

No  Yes

If yes, detail grounds for exemption

## 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 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 and other multi agency processes referenced within the report.

Engagement with 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*)

	<b>Tick relevant box</b>
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, 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**

<b>Objective No</b>	<b>CCG Strategic Objective</b>
1	Integrated and Joint Commissioning
2	Integrated Delivery
3	Delivery of Statutory Duties
4	Quality and Safety
5	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

# **NHS HULL CLINICAL COMMISSIONING GROUP**

## **2020/21 SAFEGUARDING ANNUAL REPORT**

**May 2021**

### **1. INTRODUCTION**

The purpose of this report is to ensure that NHS Hull Clinical Commissioning Group (CCG) Board are informed of the local and wider safeguarding progress and developments in the year between April 2020 and March 2021, with particular reference to compliance with the NHS England/Improvement (NHSE/I) Safeguarding Vulnerable People in the NHS - Accountability and Assurance Framework (SAAF).

The report demonstrates how NHS Hull CCG, as a commissioner of services, has fulfilled its statutory 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, in accordance with the Children Acts 1989, 2004, Health and Social Care Act 2012, Care Act 2014 and Mental Capacity Act 2005.

The report also provides an update on involvement in regional and national contextual safeguarding fora and identified priorities for progressing safeguarding during 2021/22.

### **2. BACKGROUND**

Safeguarding is firmly embedded within the wider duties of all organisations across the health system with a distinction between providers' responsibilities to provide safe and high quality care and support, and commissioners' responsibilities to assure themselves of the safety and effectiveness of the services they have commissioned.

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

NHS Hull CCG has fulfilled its statutory duties during 2020/21. During the reporting period the arrangements for the formal strategic oversight and scrutiny of safeguarding activity in the CCG have been further strengthened through the establishment of the Safeguarding Assurance Group (SAG) in Q2. The SAG has continued to meet quarterly and reports to the Quality and Performance Committee and via Chairs report to the NHS Hull CCG Board.

NHS Hull CCG has continued to have a strong presence in local safeguarding partnerships both at an Executive leadership level and through representation and engagement with the wider safeguarding team.

Assurance of safeguarding within NHS Hull CCG is provided to NHSE/I in accordance with the Safeguarding Assurance and Accountability Framework (SAAF) process. Assurance is delivered via completion of the SAAF self-declaration and completion of action plans are monitored via the quarterly SAG meetings.

During 2020/21 the NHSE/I national safeguarding team initiated work on a digitally enabled single Commissioning Assurance Toolkit (CAT) to support the future process of assurance of safeguarding in CCGs and at Integrated Care System (ICS) level. The designated professionals in NHS Hull CCG are engaged and involved in the development and delivery of the system and pilot testing. An update was provided to the SAG meeting in Q4.

The team have also been engaged in completion the Section 11 audits across the Safeguarding Children's Partnership. Section 11 of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children. The outcome of the audit for NHS Hull CCG was overwhelmingly positive. Out of the eight standards broken down into 51 criteria, 46 were assessed as meeting the required standard (categorised as Green). For the remaining five areas identified that required review or improvement (categorised as Amber) the safeguarding team have identified key actions required to ensure these improvements are achieved. These actions focus on:

- working with colleagues in HR to ensure we are able to implement a robust system to record and monitor compliance for all levels of safeguarding training
- working with colleagues across the Humber and the wider ICS to review and align the safeguarding policies to ensure that the requirements in relation to LADO and private fostering are clear and to review the need for a separate Safeguarding Strategy.

This work is currently in progress. Prompted by the Section 11 audit outcomes, further work has also been initiated to develop a consistent safeguarding training needs analysis across the ICS footprint.

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.

### 3.2 Provider Assurance

Provider compliance continues to be monitored and assured through;

- Contract Monitoring Boards
- Quality Groups
- Quarterly meetings completed with Executive Leads and named safeguarding professionals in the main providers of (Hull University Teaching Hospitals NHS Trust (HUTHT), Humber Teaching Foundation NHS Trust (HTFT), City Health Care Partnership CIC (CHCP) and SPIRE.
- Assurance from Yorkshire Ambulance Service (YAS) achieved via quarterly reports received from NHS Wakefield CCG as lead commissioners.
- Completion of quarterly and annual provider safeguarding self-declaration
- Completion of Section 11 Audits.

Work has continued throughout the reporting period, in partnership with colleagues at East Rising Yorkshire CCG, to review and revise the Provider Self-declaration Tool. This work was completed and the revised tool circulated for implementation in Q3 and Q4. Initial feedback from providers is that the tool has been easier to use and once embedded it is anticipated will lead to efficiencies in providing this assurance. This work has also enabled the development of a condensed version of the self-declaration tool which has been designed for use by the smaller providers delivering services commissioned by the CCG. Acknowledging this is the first time this has been requested of these providers, the implementation of this has been supported by the safeguarding team and has been positively received by smaller providers so far.

As part of the work completed through the Safeguarding Children's Partnership on completion of the Section 11 Audits, NHS Hull CCG have taken a lead role on assimilation and analysis of the data returned from the health providers in the city. Section 11 audits have been completed city wide to demonstrate compliance with the requirements of statutory guidance. Hull Safeguarding Children's Partnership have analysed the data via the Quality Assurance Partnership Subgroup. The following five key themes were identified from the audit returns across agencies that were identified as a priority for development.

- Staff are aware of their responsibilities in relation to the reporting of private fostering arrangements.
- Staff undertake training in respect of recognising and responding to Child Criminal Exploitation including Child Sexual Exploitation.
- There are processes in place to ensure learning from individual cases occurs across the entire organisation.



- The CT Prevent duties are followed to ensure that staff are trained to recognise and take action with children who could be vulnerable to radicalisation.
- Policies exist that include reference to the importance of listening to children and parents/ carers, and taking account of their wishes and feelings in making individual case decisions. This was the indicator highlighted in the health focused analysis of the returns completed by the CCG safeguarding team.

A partnership report has subsequently been presented to the Executive Board of HSCP with a robust action plan to support agencies across the city.

### **3.3 NHS Hull Safeguarding Team**

The Executive Lead role for safeguarding in NHS Hull CCG has been fulfilled throughout the reporting period by the interim Director of Nursing and Quality. From mid-February 2020 and continuing to the end of Q1 2020/21 year, the Head of Safeguarding from North Lincolnshire CCG also provided interim cover for the role of Designated Nurse for Safeguarding Children, and has provided additional interim support as Head of Safeguarding to the team in Hull during Q4. The new Designated Nurse Safeguarding Children and Young People commenced in post in July 2020 and the team has also welcomed a new Safeguarding Specialist Practitioner into post in February 2021. The team carried a vacancy for the post of Named Doctor for Safeguarding Children during July and August 2020 due to the previous post holder taking up a new role, and welcomed a new Named Doctor Safeguarding Children in September 2020.

During the reporting period, there has been a significant amount of work undertaken in relation to reviewing the provision of medical assessments for adults applying to become foster carers or prospective adopters. This work has now concluded and the contract for the provision of the medicals is now being undertaken by the PCNs across the city and the role of the Medical Advisor has been embedded within the CCG. It is anticipated that the new Medical Advisor will commence in post in Q1 2021.

The team including the Designated and Named Professionals continue to fulfil their roles in line with national and local guidance in relation to safeguarding children and adults and Children Looked After. This work involves provision of case based support and advice as required for health provider and participation in multi-agency case reviews and sub-groups of the partnerships. There has also been a significant role for the team in relation to the cascading of key updates and information for health partners during the COVID-19 pandemic. The CCG Safeguarding Team have continued to maintain close communication with health and wider system partners across the city to understand the local position and supported the implementation of key initiatives including the Ask ANI campaign and domestic abuse awareness campaigns across the city, including the large vaccination site in the city centre.

The Named Doctors for Safeguarding Children and Adults have continued to fulfil their role in accordance with national safeguarding guidance. This included provision of ongoing safeguarding case discussions, advice and support as required with clinicians and practice managers, and contribution to multi-agency statutory reviews and audit as appropriate. The updated RCPCH guidelines on Fabricated Illness along with the new concept of Perplexing Presentations have also been discussed and shared via Safeguarding Assurance Group meetings.

The Covid-19 Pandemic has brought changes in the way that consultations take place within Primary Care (including the widespread use of remote consultations). National guidance has been cascaded to ensure GPs are alert to the potential for additional safeguarding risks posed due to this change.

The Named Doctor Safeguarding Adults has completed Mental Health Section 12 training and is awaiting approval. This will aid with forthcoming Liberty Protection Safeguards (LPS) duties and implementation.

### 3.4 Safeguarding Risks

There have been three risks identified on the CCG Corporate Risk Register which relate to Safeguarding during 2020/21. The three risks are outlined 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 administering 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. Regular reports were provided to the Senior Leadership Team (SLT) in response to national and local updates. The risk score has remained unchanged throughout the year due to the amended time frames.

**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 later in this report, the Hull Safeguarding Children’s 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 with the recruitment of an Independent Chair, an Independent Scrutineer, a Business Manager and Business Support Officer to progress 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. The progress made means this risk has significantly reduced and it is anticipated will be removed from the risk register in Q1 2021/22.

**Risk Register ID 928** – The functionally 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 and this risk has been removed from the risk register. NHS Hull CCG are working with NHSD and the BMA to agree a long term solution.

### 3.5 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%	90%	85%
SG Adults	93%	81%	85%	84%
CT Prevent WRAP	93%	94%	93%	94%

During the year the CCG experienced a fall in compliance with statutory and mandatory safeguarding training. Acknowledging this, all staff have been reminded to complete safeguarding training during safeguarding updates delivered in their team brief presentations in Q3 and Q4. Compliance continues to be monitored through the Health Safety and Security Group.

The team have also continued to engage with the delivery and development of the Safeguarding Level 3 training offered to colleagues in Primary Care. Due to the impact of the COVID-19 pandemic, the initial focus of this work in the first part of the year was focussed on moving the face to face training to a virtual training solution. Remote sessions were successfully arranged and delivered for safeguarding children and adults during Q3 and Q4.

GPs and Practice managers were informed of the updated safeguarding training requirements (for all practice staff, based on the published Inter-collegiate documents for both adults and children), and the training has been modified in 2021 to reflect these changes, incorporating additional awareness of internet safety, modern slavery and the effects of County Lines.

### 3.6 Children Looked After

The responsibilities of CCGs to Children Looked After (CLA) are set out in Promoting the Health and Wellbeing of Looked After Children (DfE, 2015) and Working Together 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.

In fulfilling these responsibilities, CCGs in partnership with NHSE/I and the local authority have a duty to:

- Co-operate with requests from local authorities to undertake health assessments and help them ensure support and services to CLA are provided without undue delay.
- Commission health services for all children in their area.
- Ensure that they comply with the NHSE/I guidance on establishing the responsible commissioner in relation to secondary health care when making placement decisions for CLA and to resolve any funding issues that arise.
- Ensure that plans are in place to enable children leaving care to continue to obtain the healthcare that they need.
- Have in place a contractual agreement to secure the expertise of designated doctors and nurses for CLA.

In order to meet statutory responsibilities in relation to CLA, NHS Hull CCG has in place:

- Designated Nurse CLA
- Designated Doctor for CLA
- Specialist clinical advice provided to the local authority permanency panel
- Medical Advisor Adult Fostering and Adoption (from June 2021).
- Strategic Lead for Children, Young People and Maternity (Commissioning responsibilities include Looked After Children's Health Service, Community Paediatric Medical Service, Adult Fostering & Adoption Health, Medical Assessment and Screening Service and CCG Commissioner lead for SEND)
- Strategic Lead for Mental Health and Learning Disabilities Commissioning
- Membership of the Corporate Parenting Board via the Designated Nurse CLA and the Strategic Lead for Children, Young People and Maternity.

- Membership of the Complex Needs Panel via the Strategic Lead for Mental Health and Learning Disabilities Commissioning.

In order to meet the statutory responsibility in relation to commissioning of health services for children NHS Hull CCG commissions;

- a) Community Paediatric Medical Service, provided by Hull University Teaching Hospitals NHS Trust (HUTHT).

The service provides:

- The Designated Doctor for CLA.
- The Named Doctor for CLA.
- Initial Health Assessment and health care plan for each child within 20 working days of coming into the care of Hull City Council and contribution to the multi-agency LAC core group planning and review requirements.
- Adoption medical when a child's care plan becomes for adoption.
- The Medical Adviser role to the Adoption Panel.

- b) Looked After Children's Community Health Service, provided by City Health Care Partnership CIC (CHCP)

The service provides:-

- The role of the Named Nurse for CLA
- Review Health Assessments for children 0-5 years on a 6 monthly basis and 5-18 year olds on an annual basis.
- Completion of the child's health care plan (based on the Review Health Assessment (RHA)), ensuring actions taken to implement the health care plan are tracked and outcomes measured.
- Contribution to the multi-agency care planning and review including LAC core groups.
- Undertake a leaving care health assessment and provide the 'Care Leavers Passport'.
- Co-ordinate the RHA process for Hull children placed out of area.
- Undertake RHAs for Hull children placed within the East Riding of Yorkshire.
- The principal health contact for day to day management of children in care.
- The role of named health advisor within residential children's homes.
- Clinical advice, support and training to foster carers.
- Clinical advice to the foster panel.
- Advice and health expertise to other professionals working with CLA.
- Acts as the key conduit and contact point for the child and their carer where they have difficulties accessing health services.
- Health information within the Hull CC Foster Carer Training programme.

- c) Child and Adolescent Mental Health Service, provided by Humber Teaching NHS Foundation Trust (HTFT)

The service provides:

- The LAC attachment therapy service.
- Expertise to the Complex Needs Panel.
- Psychological support to residential children's homes and to foster carers.
- Training to foster carers regarding mental and emotional health.

#### CLA Key achievements

- The permanent post of Designated Children Looked After (CLA) is in place. Hull University Teaching Hospital which provides the Initial Health Assessment and Adoption Medical service has increased its CLA team capacity and now includes a Named Doctor for CLA.
- As required following the Ofsted compliance visit in January 2020, NHS Hull CCG has successfully re-commissioned the adult fostering and adoption medical service. The revised process whereby prospective foster carers and adoptive parents have their medicals undertaken by their own GP commenced 01.04.21. NHS Hull CCG has successfully recruited to the post of Medical Advisor (2 PAs per week), with the applicant due to take up post on 07.06.21. Continuity of service has been maintained by the outgoing Medical Advisor until that date and supported by the Named Doctors throughout.
- Negotiation with NHSEI in respect of lack of availability of dental appointments during COVID-19 and close working with the City Health Care Partnership (CHCP) specialist dental service has resulted in the identification of additional dental practices willing to assess and treat CLA in a timely manner.

#### CLA Areas for development

- Consolidation of work with the local authority to improve IT systems and the connectivity with the HUTH and CHCP systems.
- Alongside the Designated Doctor and Named Professionals, to review the training package offered to foster carers, with the resumption of face-to-face training suspended during COVID-19.
- The establishment of closer working relationships between the Designated and Named Professionals for CLA and the Medical Advisor for Adult Adoption and Fostering.

## **4 PARTNERSHIP WORKING AND CONTEXTUAL SAFEGUARDING**

### **4.1 Hull Safeguarding Children's Partnership (HSCP)**

The HSCP published its first annual report in Q4 which is a requirement set out in the revised Working Together guidance published in 2018. The Children and Social Work Act 2017 abolished Local Child Safeguarding Boards (LSCBs) and placed a statutory duty on Local Authorities, the Police and Clinical Commissioning Groups to form local Safeguarding Partnerships by the end of September 2019.

The interim Director of Nursing and Quality at NHS Hull CCG is one of the three core members of the Hull Safeguarding Children's Partnership (HSCP) Executive Board representing health as a statutory partner alongside the Director of Children, Young People and Families for the Local Authority, and the Chief Superintendent (North Bank Divisional Commander) for Humberside Police.

The report acknowledges that there was some delay in implementing the published HSCP arrangements in response to the new guidance. There were also significant changes in senior leadership within the Local Authority and in March 2019, a Children's Commissioner was appointed placing Hull Children's Services under formal Direction by the Secretary of State. The 'Learning Hub' was paused in March 2020 due to the impact of COVID-19 and the need for the workforce to return to business critical roles in their respective agencies. The full-time partnership Business Support Officer also became vacant in March 2020 and recruitment to vacant posts was paused pending the outcome of the review of arrangements agreed by the HSCP Executive Board.

The HSCP Annual Report also acknowledged that whilst the sub-groups of the HSCP have continued to meet but there has been recognition of a lack of clear, regular line of accountability between these groups and the Executive Board.

The Executive Board has continued to meet monthly meeting throughout the period of the pandemic. The current Executive Board members were not directly involved in the design and development of the new arrangements. Given the background and context to the partnership in Hull, the statutory partners identified and agreed a need for the arrangements to be reviewed to ensure fitness for purpose for the future and this work was commenced in July 2020.

The HSCP Annual Report sets out the key findings from this review including actions identified. It also provides an overview of current Child Safeguarding Practice Reviews/Serious Case Reviews, Multi-Agency Safeguarding Improvement Activity, Multi-Agency Safeguarding Training and Feedback from Children and Young People.

The report concludes that the arrangements published in June 2019, and subsequently (partially) implemented from September 2019 onwards were not sufficient to ensure an effective set of strategic safeguarding arrangements for Hull. This has limited the impact of the arrangements during their first year.

However, these limitations have been identified by the current statutory partner strategic leads and action has been agreed to strengthen the arrangements in Hull and deliver on an effective and clear safeguarding partnership. The outcome of the review has put in place the foundations for a more effective partnership with key priorities agreed for the first six months of 2021. These include:

- Complete appointment to posts of HSCP Manager and HSCP Business Support posts;
- Complete Section 11 audit process;
- Complete current Local Child Safeguarding Practice Reviews;
- Plan schedule of stakeholder meetings and events for the year to be chaired by Independent Chair of HSCP, supported by monthly HSCP newsletter;
- Complete review of HSCP governance structure;
- Confirm plan re Learning Hub model (within 3 months of HSCP Manager commencing in post)
- Design three-month thematic learning programme focused on the impact of domestic abuse on children;
- Re-design the multi-agency safeguarding training programme.

Building on the foundations now in place and the key activity described above, further work will be completed in the first six months of 2021 on developing the medium-term strategy for the partnership, including a strategy for meaningful and ongoing engagement with children and young people.

The Designated Nurse Safeguarding Children chairs the Quality Assurance and Performance Sub Group which is part of the published structure of the HSCP. Following the review, this group has been meeting monthly since January 2021 to review Terms of Reference and re-establish the group. It is anticipated that the review of the wider governance arrangements in the partnership that is now underway will provide further assurance to the Quality Assurance systems and processes in place across the partnership.

The Safeguarding team, alongside other colleagues in the CCG with a strategic role in relation to services provided for vulnerable people, have also supported the work that



is ongoing to re-establish a Contextual Safeguarding Strategic sub group which will report into the HSCP Executive Board. As part of this work Hull has at the time of writing received confirmation that it has been successful in an application for bespoke project management support with the Tackling Child Exploitation (TCE) support programme. The Terms of Reference for this group are still in development but it is anticipated that the Designated Nurse Safeguarding Children will represent the CCG on this sub group supported by colleagues as appropriate.

Work has also been ongoing in relation to the implementation of the Signs of Safety (SoS) framework for social work practice. The Signs of Safety framework is a child-centred approach which can be used by everyone who works within children's services but also anyone who works with children, young people and their families.

The implementation of SoS will have a significant impact on the work we do with children, young people and families across the breadth of children's services and the way in which we do it. A key element of this has been work has been the move to an 'integrated front door' which has replaced previous referral and access points into Children's Social Care Services and now provides referrers with the option of completing their referral via an online portal as well as contacting the Early Help and Safeguarding Hub (EHaSH) team via telephone. The aim of this work has been to improve the quality of information gained at that early stage in the referral processes, improving the efficiency of the referral process, enhancing the quality of the subsequent decision making processes and expediting feedback to the referrer. Briefing sessions have been available to all those who work with children or who interface with the EHaSH team to ensure everyone is aware of these changes.

The Safeguarding Team at the CCG are also working with Children's Social Care colleagues in the Early Help and Safeguarding Hub to cascade the implementation of the changes to the referral processes across health systems.

## **4.2 Hull Safeguarding Adults Partnership Board (HSAPB)**

During the year, executive representation on the HSAPB was provided by the interim Director of Nursing and Quality as per statutory duties within the Care Act 2014. The designated professional for safeguarding adults continued to fulfil duties as a member of HSAPB Safeguarding Adults Review (SAR) panel and Strategic Delivery Group (SDG).

The HSAPB continued to progress the identified four priority areas which are;

1. Put in place a joined-up approach to safeguarding for people of all ages, i.e. across the Adult Safeguarding Board, Children, Families and Young People's Safeguarding Board and the Community Safety Partnership.

2. Put in place more effective governance structure for the Board that enables clearer assurance and accountability, and any potential synergies and economies of scale with other Boards.
3. Build a more proactive, evidence-based approach in how we use and develop our collective data and intelligence to inform our priorities for action.
4. Review our communication and engagement across the three statutory agencies (and with the voluntary and community sector) to make sure that it is two-way, supporting the work of the Board to raise the profile of safeguarding, and informing learning and practice in a timely way.

The HSAPB SAR continued to meet remotely during the year to complete existing reviews and consider new referrals to the process. This included a thematic review of deaths within the homeless community in the city.

### **4.3 Hull Community Safety Partnership (CSP)**

Designated safeguarding professionals continued to attend and represent NHS Hull CCG at the CSP throughout the year to fulfil statutory duties with the Police and Justice Act 2006. This enabled the CCG to continue to offer support and guidance from the health organisations in the city on key issues and challenges affecting public safety and support for vulnerable victims of crime and abuse that were exacerbated during the COVID-19 pandemic impact.

NHS Hull CCG also remained a member of the Domestic Homicide Review (DHR) panel. The panel continued to complete 2 reviews despite the challenge of COVID-19 restrictions and delays caused by criminal trials. The reviews again highlighted the importance of health organisations and professionals being vigilant and professionally curious when dealing with victims and perpetrators of domestic abuse. Reviews highlighted themes and issues for health including;

- Think family when parental issues of substance misuse and mental health
- Domestic abuse awareness and training for primary care staff
- Content and quality of safeguarding/ domestic abuse policies
- Governance arrangements within primary care to support victims

### **4.4 Multi Agency Public Protection Arrangements (MAPPA)**

NHS Hull CCG continued to fulfil duty to co-operate statutory duties within the Criminal Justice Act 2003. Attendance at MAPPA panels and the Strategic Management Board ensured that the local health agencies were represented and proportionate information was disseminated with all partners appropriately. These arrangements ensured health care and support to offenders residing in the local community, whilst also mitigating risks of abuse and violence towards NHS staff were reduced. The Humberside MAPPA annual report 2020/21 was shared at the SAG meeting in Q4.

### **4.5 Counter Terrorism Prevent**

Statutory safeguarding duties within the Counter Terrorism and Security Act 2015 were maintained during 202/21 as designated safeguarding leads attended multi agency meetings and all Channel panels. In Q4 all NHS Hull CCG staff were provided with a CT Prevent update during a Team Brief including extracts from the Counter Terrorism Local Profile for the Humberside area.

#### **4.6 Humber Modern Slavery Partnership**

The designated professionals from NHS Hull CCG remained fully engaged members of the partnership during the year, assisting in the development of the HMSP 3-year strategy that was shared with the SAG meeting in Q4.

NHS Hull CCG reviewed and updated its modern slavery statement during 2020/21 as per duties under Section 54 of the Modern Slavery Act 2015.

Hull has recently been successful in an application to the Home Office to pilot a new approach for the devolved decision making in National Referral Mechanism (NRM) referrals for child victims of trafficking and modern slavery. In summary, the bid was for 3 elements:

- Formation of a new Multi-Agency decision making panel (to replicate the work currently done by the Single Competent Authority (SCA) at the Home Office);
- Recruitment of a Specialist Assessment Officer. This role includes assessing the child in all domains, identifying risk factors using the localised Signs of Safety Model, ensuring a safety plan to minimise risks and to provide a comprehensive report for the panel to aid the NRM decision making;
- Training by the Wilberforce Institute for 20 staff to include designated panel members, VEMT staff, EHASH staff, EDT and identified champions in the localities.

The Designated Nurse Safeguarding Children has been part of the project group supporting this bid and will form a core member of the new multi-agency decision making panel to represent health.

#### **4.7 NHSE/I Safeguarding Adults National Network**

The designated professional for safeguarding adults continued to engage and attend national SANN meetings throughout the year. This ensured focus and engagement with regional and national issues, including information of emerging themes as a result of the impact of the COVID-19 pandemic that affected multiple areas of adult safeguarding.

#### **4.8 Humber Coast and Vale (HCV) Integrated Care System (ICS) Safeguarding Group**

The CCG safeguarding leads continued to meet with ICS colleagues during 2020/21 and the frequency of meetings increased during the first few months of the year due to

the COVID-19 pandemic impact. This enabled sharing of regional safeguarding issues and themes enabling a joint approach to some commonalities. One example being the establishment of a regional sub-group to address mental capacity issues in care and nursing homes to support testing and vaccination delivery. Regular hot spot reports were also provided to NHSE/I throughout the lockdown and pandemic period by the ICS safeguarding group.

In Q4 the CCG safeguarding leads began scoping safeguarding arrangements across the ICS footprint to begin the process of alignment for portfolios in future ICS processes.

## **5 IMPACT OF COVID-19**

2020/21 has been an extraordinary year and the disproportionate impact of the COVID-19 pandemic on those most vulnerable in our communities including children and adults at risk are well documented. Throughout the pandemic, the CCG Safeguarding Team have continued to ensure that the statutory duties of the organisation are fulfilled and have worked with health and wider system partners to understand and respond appropriately to emerging issues posed in relation to safeguarding children and adults. Further support was provided to the Frailty Team in the Integrated Care Centre during Q1 as the designated professional for safeguarding adults assisted with the transition of services to a community-based model created by lockdown restrictions.

The Safeguarding Team have continued to see the sustained increase in activity in elements of services due to the ongoing impact of COVID-19. Safeguarding referral rates for both children and adults are now reported to be back within expected parameters, but there has been a sustained increase in referrals for domestic abuse incidents/support in the city with this being up to 40% reported increase at times. Anecdotal data suggests the referrals that are coming through for children particularly indicate increasing complexity and acuity of need.

The CCG Safeguarding team have worked closely with the Hull Domestic Abuse Partnership (DAP) to support awareness raising across the city in the face of increased reported cases. The designated professionals supported and facilitated the placement of public facing posters at testing centres, vaccination centres, supermarkets, GP practices and all pharmacies in the city to support the national Boots/pharmacies place of safety campaign. This increased the offer of support to victims and perpetrators of domestic abuse. The offer was enhanced further in Q4 as the CCG supported the local roll out of the Ask ANI campaign.

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. The designated professionals also assisted with challenges relating to COVID-19 testing and

vaccination for patients that lacked mental capacity particularly in nursing and care homes.

The other significant challenge that continues to be 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 continue to work closely with each of the provider organisations to address this.

## **6. SAFEGUARDING PRIORITIES FOR 2021/22**

Key areas identified for development are:

- a) Continue to strengthen and maintain NHS Hull CCG safeguarding arrangements to ensure full compliance with the NHSE/I SAAF.
- b) Continue to improve arrangements for gaining safeguarding assurance from all providers through full implementation of the new self-declaration tool.
- c) Develop and initiate further-domestic abuse routine enquiry pilots with Primary Care Networks.
- d) Support further development of the HCV ICS safeguarding partnership arrangements.
- e) Continue to support delivery of statutory duties in partnership with HSCP, HSAPB and CSP, especially in response to continued COVID-19 impact.
- f) Progress planned work in partnership with colleagues across the ICS on production of safeguarding newsletter updates to primary care.
- g) During Q4 of 2020/21, the Hull CSP, SAPB and CSP began working together to identify shared agendas and opportunities for joint working. NHS Hull CCG will continue to support this tri-board work throughout 2021/22.

## **7. RECOMMENDATIONS**

It is recommended:

- a) That NHS Hull CCG Board note the update provided regarding the arrangements in place to safeguard and protect children and adults in Hull.
- b) That NHS Hull CCG are assured that, as a commissioner of services, it 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.

## Glossary of Terms

<b>CAMHS</b>	Child and Adolescent Mental Health Services
<b>CHCP</b>	City Health Care Partnership
<b>CLA</b>	Children that are Looked After
<b>CMB</b>	Contract Management Board
<b>CQF</b>	Clinical Quality Forum
<b>CSP</b>	Community Safety Partnership
<b>CSPR</b>	Child Safeguarding Practice Review
<b>CT</b>	Counter Terrorism
<b>DFE</b>	Department for Education
<b>DHR</b>	Domestic Homicide Review
<b>FGM</b>	Female Genital Mutilation
<b>HCV</b>	Humber, Coast and Vale
<b>HSAPB</b>	Hull Safeguarding Adults Partnership Board
<b>HSCP</b>	Hull Safeguarding Childrens Partnership
<b>HTFT</b>	Humber Teaching Foundation Trust
<b>HUTHT</b>	Hull University Teaching Hospitals Trust
<b>ICS</b>	Integrated Care Systems
<b>IHA</b>	Initial Health Assessments
<b>ILACS</b>	Inspecting Local Authority Children's Services
<b>LPS</b>	Liberty Protection Safeguards
<b>MAPPA</b>	Multi Agency Public Protection Arrangements
<b>NHS E/I</b>	NHS England/Improvement
<b>PTL</b>	Protected Time for Learning
<b>QDG</b>	Quality Delivery Group
<b>RCGP</b>	Royal College of General Practitioners
<b>SAAF</b>	Safeguarding Accountability and Assurance Framework
<b>SAG</b>	Safeguarding Assurance Group
<b>SAR</b>	Safeguarding Adults Review
<b>SCR</b>	Serious Case Review
<b>SDG</b>	Strategic Delivery Group
<b>SEND</b>	Special Educational Needs and/or Disability
<b>WNB</b>	Was Not Brought