

NHS HULL CLINICAL COMMISSIONING GROUP

2021/22 SAFEGUARDING ANNUAL REPORT

April 2022

1) INTRODUCTION

- 1.1 The purpose of this report is to provide assurance to NHS Hull Clinical Commissioning Group (CCG) Board in respect of the local and wider safeguarding progress and developments in the year between April 2021 to March 2022, with reference to compliance with the NHS England/Improvement (NHSE/I) Safeguarding Vulnerable People in the NHS - Accountability and Assurance Framework (SAAF).
- 1.2 The report provides information reflecting 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.
- 1.3 The report also provides an update on involvement in regional and national contextual safeguarding and the associated priorities in progressing the safeguarding agenda during 2021/22.

2) BACKGROUND

- 2.1 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.
- 2.2 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 continued to fulfil its statutory duties with regard to safeguarding during 2021/22. The Hull CCG Safeguarding Assurance Group (SAG) continues to provide the formal strategic oversight and scrutiny of safeguarding activity in the CCG. The SAG has met

quarterly and reports to the NHS Hull CCG Board via the Quality and Performance Committee.

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).

During Q2 2021/22, a paper was presented to SAG with the outcome of an internal self-assessment completed by the NHS Hull Safeguarding team which mapped the compliance of NHS Hull CCG against the requirements of the SAAF (2019). The overall outcome of the self-assessment was positive with the majority of indicators being assessed as meeting the required standard.

However, the self-assessment also identified some areas which were assessed as being only partially compliant. These areas included;

- The capacity of the safeguarding team as benchmarked against the recommendations stated in the Intercollegiate documents
- The systematic recording and monitoring of compliance with safeguarding training for staff above Level 1
- For commissioning services to ensure a smooth transition from childhood to adulthood
- The requirement for the Designated Professional for Safeguarding Children to attend the Safeguarding Children Partnership Executive Board meetings as appropriate.

During Q3 2021/22, NHSE/I launched the digitally enabled single Safeguarding Commissioning Assurance Toolkit (SCAT) which has been developed to support the process of seeking safeguarding assurance at CCG and, in the future, ICS level.

NHS Hull CCG were involved in the pilot of this project and were engaged in the test phase of the system during 2020/21. The first benchmark exercise of the SCAT was undertaken and the report of the finding for Hull CCG was presented to SAG in Q3 2021/22. The findings largely mirrored those of the internal self-assessment undertaken earlier in the year highlighting both the capacity of the safeguarding team as benchmarked against the recommendations stated in the Intercollegiate documents and the systematic recording and monitoring of compliance with safeguarding training for staff above Level 1 as being areas assessed as partially compliant.

For the areas assessed as being partially compliant, the SAG were assured that any risks identified were mitigated, with plans in place to ensure full compliance and progress against these being monitored. This work also informed the developing programme plan for transition of CCG safeguarding functions to the Integrated Care System (ICS).

Within the year the safeguarding team have actively engaged in the completion of the Section 11 audits, across the Safeguarding Children 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 positive. Out of the 8 standards broken down in to 51 criteria, 49 (96%) were assessed as meeting the required standard. Key actions have been identified which focus on the criteria categorised as partially compliant. These actions will focus on:

- Working with colleagues in HR to ensure a robust system is in place to monitor compliance for all levels of safeguarding training.
- Working with colleagues across the ICS to review and align safeguarding policies to ensure that the requirements in relation to LADO are clear and that a review is undertaken to assess the need for a separate safeguarding strategy is required.

In addition to internal safeguarding assurance, informed by the completion of the Domestic Abuse Minimum Standards Audit in 2020/21, the team have worked with colleagues across the organisation to develop and launch a new Domestic Abuse Policy for staff. After significant consultation with various groups, this policy has now been approved supporting NHS Hull CCG to ensure it is compliant with the Domestic Abuse Act 2021 and the Hull Domestic Abuse Strategy 2021/24.

3.2 Provider Assurance

Provider compliance continues to be monitored and assured through;

- Contract Monitoring
- Quality Delivery Groups with providers
- Quarterly meetings completed with Executive Leads and Named Safeguarding Professionals in the main providers of (Hull University Teaching Hospitals NHS Trust (HUTHT), Humber Teaching NHS Foundation Trust (HTNFT), 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.

A revised and significantly condensed version of the self-declaration tool was launched in 2020/21 and is now embedded in provider safeguarding assurance processes. Feedback from providers has been positive with reports that the document is easier to use and more readily highlights themes and trends across the reporting period.

3.3 NHS Hull Safeguarding Team

During the year there have been some changes in the safeguarding team. The Director of Nursing and Quality retired from their role in July 2021 and the new Interim Director of Nursing and Quality for Hull CCG has taken on the role of Executive Lead for safeguarding.

The Designated Professional Safeguarding Adults also retired in August 2021 and the new Designated Professional commenced into post in November 2021.

The team have welcomed the addition of the Medical Advisor as a new role into the CCG team as part of the transition to a new service model for the Adult Medical service for prospective

Adopters/Foster Carers. The Designated Doctor for Children Looked After left their role to take up a new position during Q3 and this post is currently vacant pending recruitment.

The safeguarding team have recently been successful in securing funding for a full-time safeguarding administrator, with the initial agreement given to recruit to a secondment until the end of June 2022. A further request will be made to secure this post as a permanent role in the team beyond the transition to the ICS.

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, adults and Children Looked After. This work involves provision of case-based support and advice as required for health providers and participation in multi-agency case reviews and sub-groups of the partnerships.

There has been continued support in the cascading of key updates and information in relation to the ongoing COVID19 pandemic as well as responding to local and national requirements to provide additional assurance about health responses to partnership systems in relation to the safeguarding risks posed as a consequence of the pandemic.

Safeguarding team members have continued to contribute to internal meetings and also maintained close relationships with health providers and the wider system to ensure current understanding of the local themes, trends or emerging risks.

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.

Newsletters have been produced targeted at the practice safeguarding leads for each surgery with the latest updates and `nuggets` of safeguarding information. It has also included co-facilitating Level 3 Safeguarding Training for GP's across Hull and East Riding.

A review of the safeguarding adult training package has now been completed and will launch in April 2022, this now includes a pre learning package and a one-and-a-half-hour virtual session, bringing a more consistent approach across the children and adult training. There has also been ICS wide webinar training, with a second phase launching in the near future, sessions so far have included Domestic Abuse updates and Mental Capacity Act 2005.

The safeguarding team have been engaged with work locally to support the plans for Accelerated Patient Online Access, which will allow individuals automatic full access to their medical records electronically. A number of safeguarding considerations have been highlighted and escalated to NHSE/I with a proposed delay in the implementation. Information and how to safeguard complex and confidential safeguarding information has been cascaded to GP practices, GP's and practice managers.

The Designated Professional for Safeguarding Adults is a key member of the Liberty Protection Safeguards (LPS) Strategic Delivery and Steering Group across Hull and East Riding and also attends the partnership subgroup. In Q3 the launch of the ICS Strategic Implementation Group was established and attended. LPS readiness audits have also been supported and completed

for NHSE/I reporting to show Hull CCG's preparation for the LPS. In March 2022 the long-awaited MCA 2005 Code of Practice including Liberty Protection Safeguards was published for public consultation for a 16-week period. The safeguarding team will work across health and the partnerships to provide feedback and comments on the publication.

3.4 Safeguarding Risks

There have been three risks identified on the CCG Corporate Risk Register which relate to Safeguarding during 2021/22 as detailed below.

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. The Children and Social Work Act 2017 required that Local Safeguarding Children Boards be replaced with a Multi-Agency Safeguarding arrangement with equal responsibility within a partnership between CCGs, Local Authorities and the Police.

Update: This risk has now been removed from the risk register following significant work across the partnership to review and refresh partnership governance structures and strategic priorities.

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 that had been postponed until April 2022, was again delayed. A new implementation date has not been set, instead consultation will first take place on the MCA 2005 including Liberty Protection Safeguards Code of Practice. Work continues in collaboration with neighbouring CCGs, Local Authority and health provider leads in preparation for this. The risk score has remained unchanged throughout the year due to the amended time frames.

Risk Register ID 968 - Risk of organisational, reputational, safety and quality risk if not meeting safeguarding statutory duties within the Care Act 2014. Hull Safeguarding Adults Partnership Board Multi-Agency Safeguarding arrangement in place with equal responsibility within the partnership between CCGs, Local Authorities and the Police. NHS Hull CCG fulfilling legislative duties via attendance and engagement with HSAPB, however slow and delayed progress with delivery of priorities following Covid-19 pandemic impact.

Update: HSAPB to be held with the new Independent Chair to review the current level of risk, the risk has already been removed from HCC risk register, it is intended that in Q1 2022/23 the risk will be removed.

3.5 NHS Hull CCG statutory and mandatory safeguarding training compliance

	Q1 2021/22	Q2 2021/2022	Q3 2021/22	Q4 2021/2022
SG Children	80%	87%	89%	78%
SG Adults	86%	87%	82%	78%
CT Prevent WRAP	80%	89%	89%	78%

During the year the CCG experienced a fall in compliance with statutory and mandatory safeguarding training. Like all health care organisations, NHS Hull CCG has experienced ongoing challenge in maintaining normal rates of compliance for mandatory training during the pandemic. Work has been ongoing to support staff to address this and 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. The training remains through pre-course learning and a virtual session, a review of the adult Level 3 safeguarding training has been completed to provide a consistent approach aligned to the Level 3 safeguarding children training and will launch in Q1 2022/23.

The Named GP's have provided webinars on safeguarding topics throughout the year and the safeguarding team have implemented safeguarding consultation sessions for primary care commencing in Q4 2021/22. The intended outcome is to provide another opportunity to access the resource of the CCG Safeguarding team whilst providing key updates in relation to local and national safeguarding context.

3.6 Children Looked After (CLA)

NHS Hull CCG continues to commission services from three providers, Hull University Teaching NHS Trust, City Health Care Partnership and Humber Teaching NHS Foundation Trust, in order to assist Hull City Council to undertake its statutory responsibilities in relation to Children who are Looked After.

Hull University Teaching Hospitals NHS Trust (HUTHT) CLA health team

Although not a Local Authority statutory reporting requirement NHS Hull CCG has a contract with Hull University Teaching Hospitals NHS Trust (HUTHT) to provide the required Initial Health Assessments (IHAs) and also Adoption Medicals when a child's care plan becomes one of adoption. Therefore, reporting and contract monitoring against key performance indicators takes place to NHS Hull CCG on a quarterly basis. Quarterly exception reports are received from HUTHT to support full understanding of the data. These reports indicate that the main reasons for breaches are late notifications from the local authority, with appointments subsequently cancelled either by the social worker or the foster carer, and/or lack of consent

available for the medical to proceed. The Named Doctor for CLA in HUTHT is leading a task and finish group with Hull CC to explore solutions.

City Health Care Partnership (CHCP) CLA health team

The CHCP CLA health team co-ordinate and undertake Review Health Assessments (RHAs) for all CLA aged up to 18 years including those CLA placed out of the Hull area for whom Hull City Council remain the responsible authority. Reporting, including by exception, takes place quarterly.

The team also co-ordinate the leaving care health assessments and alongside the Hull CC Leaving Care Team disseminate the “Handy Health Guide” to all care leavers. NHS Hull CCG funds the publication of this guide which was developed following consultation with care leavers. Regularly reviewed and updated, it provides key points of health advice and signposting to local services.

CAMHS CLA Health Team (Humber Teaching NHS Foundation Trust)

The Hull CAMHS CLA team consists of Clinical Psychologists, Counselling Psychologist, Art Therapist, Play Therapists and a Systemic Practitioner. The team offers support to young people aged 0-18 years residing in Hull City Council care, their carers and professionals.

The team was specifically set up to offer a service to those children presenting with emotional distress who do not meet the criteria for a service from core CAMHS. An initial consultation/assessment informs the therapeutic intervention offered to the young person and/ or their carer/s. There are two main ways of accessing support from the team, either via the weekly consultation clinics or by making a referral for a young person into the team.

The consultation clinics continue to be accessed by social workers. The team were initially providing three clinics per week. This has increased to four to meet demand. The consultation clinics appear to have contributed to a reduction in referrals to the team, possibly as social worker’s understanding and confidence increases.

Current wait times show that the longest wait with the team is 12 weeks often due to the children not being ready for CAMHS intervention and/or the unavailability of a social worker to attend the initial consultation. A monthly meeting takes place between the CAMHS CLA health team and the Hull CC Heads of Service to review the waiting list and make any necessary decisions regarding the prioritisation of cases to be allocated.

Adult fostering and adoption medical process

Agreed by the Primary Care Networks, a revised model of service provision whereby prospective foster carers has their statutorily required medical assessment undertaken by their own GP commenced on 1st April 2021.

The implementation of the new service model has been impacted by the pandemic and the compounding pressure across primary care services seen throughout the reporting period. The service continues to be reviewed through a series of meetings between the CCG and Hull CC

Fostering and Adoption Teams to address issues arising with the revised system and process and rectify gaps. NHS Hull CCG recruited to the post of Medical Advisor (one day per week) from June 2021 with the availability of administrative support and co-ordination five days per week.

Dental care

The issue of the impact of COVID on Dental checks has been rectified through negotiation with NHS England and the utilisation of flexible commissioning arrangements. Thus, four dental practices across Hull have been identified to provide dental access and treatment to priority groups, including CLA who are unable to access routine dental services.

The trend has shown a month-on-month improvement with regional information sharing indicating that Hull is achieving a faster recovery than other areas. The local challenge remains to encourage the uptake of dental checks amongst the older young people placed out of area and care leavers. The CCG is currently working with NHS England to explore the extension of the flexible commissioning arrangements to include the offer to care leavers.

Multi-Agency working arrangements

The Integrated Children Looked After and Care Leavers (ILAC) Health Forum is jointly led and managed by the Designated Nurse for CLA (CCG) and the Assistant City Manager for CLA/Care Leavers (Hull City Council).

Meeting bi-monthly, its purpose is to enable all key stakeholders to work together to ensure the health and wellbeing of children looked after and care leavers is assessed, planned for and addressed within statutory timescales in order to improve health and wellbeing outcomes. It reports on a quarterly basis to the Corporate Parenting Board.

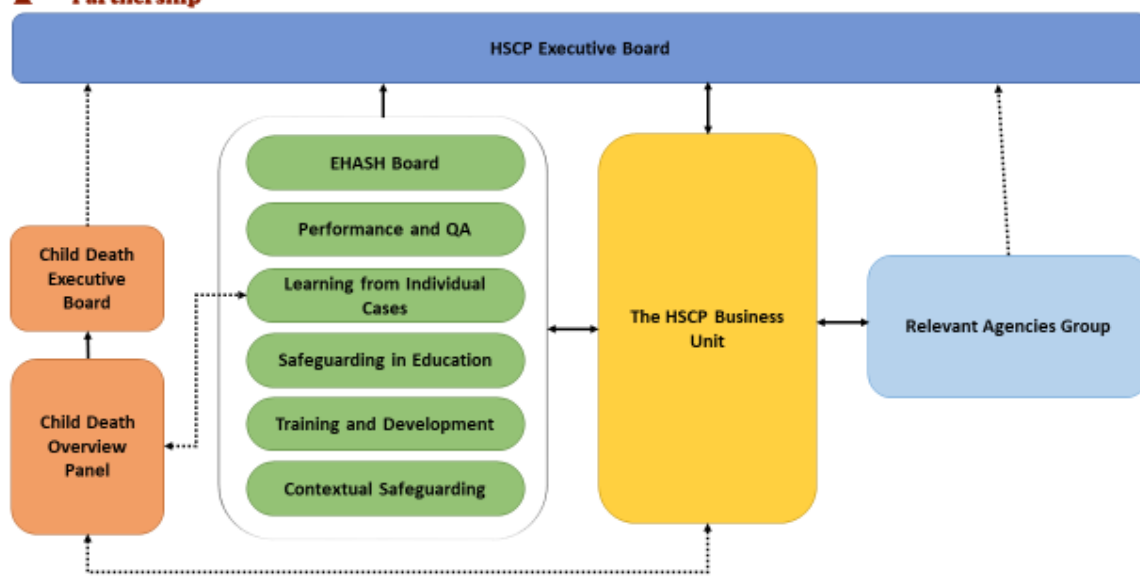
4 PARTNERSHIPS WORKING AND CONTEXTUAL SAFEGUARDING

4.1 Hull Safeguarding Children Partnership (HSCP)

The Interim Director of Nursing and Quality at NHS Hull CCG is one of the three core members of the Hull Safeguarding Children 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 Executive Board has continued to meet monthly and throughout the year have confirmed the priorities for the year which include Neglect, Domestic Abuse, Contextual Safeguarding, Embedding Learning and Covid-19 Recovery. The Executive Board has also led significant work to review the published arrangements in terms of governance and structure of the partnership in Hull as reflected in the revised structure diagram below.

HSCP Governance Structure



The Designated Nurse Safeguarding Children chairs the Quality Assurance and Performance Subgroup and is a member, alongside other Hull CCG team members, of all other subgroups including Child Death Overview Panel (CDOP).

The published arrangements described relevant partners, most of whom are former statutory members of the partnership's predecessor the Local Safeguarding Children's Board, as 'stakeholders' with whom there would be regular engagement. This group of key safeguarding partners, across the statutory and voluntary sectors, is now known as the 'Relevant Agencies Group' and a structure has been established to ensure regular meetings with the Chair of the Executive Board to ensure appropriate engagement across the system.

Ongoing scrutineer activity in relation to Domestic Abuse was concluded during the year with the publication of the final report detailing the findings of this work during Q3. Health partners were invited to contribute to this work via a focus group facilitated by the CCG Safeguarding Team and the outcomes of the work have been integrated alongside significant needs assessment work led by the Domestic Abuse Strategic Board into the city-wide [Domestic Abuse Strategy](#) and Implementation Plan.

During the year there have been several requests for specific assurance against key criteria as outlined in ministerial letters. NHS Hull CCG, as a statutory safeguarding partner of Hull Safeguarding Children Partnership (HSCP) has responded as requested to each of these providing assurance to the Executive Board. One example of this was a letter from Indra Morris, Department for Education on 3rd January 2022.

Addressed to safeguarding partners, the letter referenced the growing number of COVID-19 cases and highlighted the potential for more children to be off school due to infection or limited staff availability resulting in temporary school closures. The letter asked safeguarding partners to review existing COVID-19 plans and assure themselves that they reflect the nature and level of risk of harm faced by children in our local area, as well as having clear plans to respond to

vulnerabilities facing children who have disengaged from education or who do not return after the school holidays.

Work has continued across the partnership including health partners implementing the Signs of Safety (SoS) framework. 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 including health care professionals.

A key element of the partnership 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 for urgent safeguarding referrals.

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. The Safeguarding team at the CCG have supported work across health partners to move to implement the use of the portal and this work is ongoing.

Alongside the introduction of the portal, the CCG Safeguarding team have been working with partners to implement a Humber wide police led triage initiative referred to as PitStop.

PitStop is designed to support with triaging information shared by the police where the threshold for direct referral through for urgent safeguarding and Children's Social Care is not met with the information held by police at that time but there is enough concern about the welfare of a child or young person to warrant further information gathering.

The CCG have worked with health providers who have been incredibly receptive to the request to ensure there is health representation in the daily PitStop meetings.

PitStop was implemented in Hull in Q4 2021/22 and will be further evaluated throughout the year to understand the impact in terms of outcomes for children. The CCG plan to support a health partner specific evaluation to ensure the model is delivering the intended outcomes of the initiative.

4.2 Hull Safeguarding Adults Partnership Board (HSAPB)

The executive representation on the HSAPB is the interim Director of Nursing and Quality as per statutory duties within the Care Act 2014. The designated professional for safeguarding adults has 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, through the strategic action plan, 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.

HSAPB meetings have continued to be held virtually and on a regular basis across the year. Attendance by statutory partners has been challenging at times, and there has been an emphasis placed on the commitment to future meetings as we move to 2021/22.

The independent chair of the HSAPB retired at the end of this reporting year with a new independent chair being appointed. The re-establishment of the group and ongoing commitment to achieving the key priorities will be at the forefront.

A review of deaths linked to homelessness in Hull was completed 2020, from the review ten recommendations were identified and a learning review was held with partners across the health and wider safeguarding system. As a result, a proposed mortality review procedure was produced. Further work is ongoing to implement the procedure across the partnership.

The Designated Professional for Safeguarding Adults completed a review on people in position of trust (PIPOT) policy and guidelines. Current policies that were already in place across organisations were reviewed and identified a gap in the Local Authority procedures, a policy and pathway is in production by the local authority because of this work.

In November 2021 a joint Hull and East Riding safeguarding adult's week was held. Organisations across the areas worked together to provide training, webinars and information on safeguarding topics. The Hull city centre was also lit up in green in recognition of this.

4.3 Hull Community Safety Partnership (CSP)

The Designated Professional for Safeguarding Adults has continued to be one of the five statutory members of the CSP. The CSP is a statutory partnership required by the Crime and Disorder Act (1998) to reduce crime, disorder, drug misuse, to improve community safety, reduce offending and reoffending and support victims, vulnerable people and communities and published its [annual report](#) during the year. The meeting aims to monitor the progress of the delivery plan.

NHS Hull CCG also remained a member of the Domestic Abuse Strategic Board and the Domestic Homicide Review (DHR) panel which report to the CSP. Existing DHR reviews have continued with the learning identified and raised through organisations.

A new review has commenced over the last year. Learning has already been identified with considerations of Black, Asian and Minority Ethnic (BAME) needing further consideration and whether support services are accessible for people from different cultural groups. Learning from other DHR's for health has continued to be highlighted and embedded into practice, learning has included 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 Hull Collaborative Partnership

Work has continued between the Hull Safeguarding Children Partnership, Hull Safeguarding Adults Partnership Board, Community Safety Partnership and Health and Wellbeing Boards to explore opportunities for closer collaboration and alignment, especially in relation to cross-cutting priorities as part of a quad-board arrangement. This has now been established as the Hull Collaborative Partnership and has agreed to focus work on five main priorities for the city. These include domestic abuse, exploitation, data and analytics, learning and improvement and trauma informed working. The Executive Lead for Safeguarding for Hull CCG and the Designated Professionals are engaged with this work and are contributing to the subgroup activity.

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.

4.5 Counter Terrorism Prevent

Statutory safeguarding duties within the Counter Terrorism and Security Act 2015 were maintained during 2021/22 as designated safeguarding leads attended multi-agency meetings and all Channel panels.

Information and updates have been provided through briefings, including a focus paper on 'Incels' and the Designated Professional is working with partners to produce a prompt tool for raising awareness and identifying the signs of someone who is vulnerable to radicalisation or involved in counter terrorism.

4.6 Humber Modern Slavery Partnership

The Humber Modern Slavery Partnership (HMSP) has continued to meet throughout the year and the designated professionals have been engaged members of the partnership. HMSP has facilitated a refresher partner workshop, reviewing the strategic delivery plan and progress against the agreed plan. A portfolio leader has now been established in Hull which acknowledges the local commitment to progress this work.

To support the work of the HMSP, Hull was one of ten pilot sites across the UK selected to participate in a project to test devolved decision-making approaches in response to notifications made via the National Referral Mechanism (NRM) for children and young people.

The Designated Nurse for Safeguarding Children and the Specialist Practitioner Safeguarding attend the panel meetings. Initial evidence of impact of the pilot indicates an improvement in the timeliness of decision making for children and young people suspected of being a potential victim of Modern-Day Slavery.

There has also been a notable increase in the number of notifications made through the NRM which it is understood is as a consequence of the work done across the partnership to raise awareness of the issue locally.

IPSOS have been commissioned by the Home Office to evaluate the pilot of devolving modern slavery decision-making for children to local authorities across the ten pilot sites. Hull CCG has been invited as a key panel member to contribute to the evaluation process.

4.7 LeDeR

Hull CCG Safeguarding Team continue to be involved in the LeDeR Programme, taking a lead role for cases where child deaths also meet the criteria for LeDeR review or other safeguarding review processes as appropriate. This ensures an effective interface with CDOP, HSCP and HSAPB systems and processes where multiple review criteria are met.

4.8 Humber and North Yorkshire Care Partnership - ICS Safeguarding Group

The CCG safeguarding leads continued to meet with ICS colleagues during 2021/22 through the Designated Safeguarding Professional Network meetings.

The work of the group has focussed on planning and preparation for transition of statutory safeguarding functions from CCGs to the ICS post June 2022.

These proposals have been presented to and approved by the ICS Board and NHSE/I and a Safeguarding transitional lead role has been introduced to lead this work and ensure the ICS meets statutory obligations for safeguarding.

Primacy of Place for safeguarding and ensuring safeguarding activity at Place is a core principle of the leadership and governance models. Regular hot spot reports continue to be provided to NHSE/I by the ICS safeguarding group.

5 IMPACT OF COVID-19

The Safeguarding Team have continued to see the sustained increase in activity in elements of services due to the ongoing impact of COVID-19. Specific impacts of COVID-19 in relation to safeguarding across health systems include an increase in children being referred through the Prevent process has been seen, with risks of online extremism and radicalisation.

There has continued to be sustained pressures across the health and social care system, resulting in delays for people requiring support post discharge and within the community.

Assessment by occupational therapy have also been delayed due to capacity and resource in the system, leading to some safeguarding risks. The number of nursing, residential and intermediate care bed closures as a result of covid infections has significantly impacted on the system pressures also. Intermediate measures have tried to be established such as the 'Care Hotel' model, with little impact made.

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 over the last two years in terms of delivering face to face training along with the compounded 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:

- Continue to strengthen and maintain NHS Hull CCG safeguarding arrangements to ensure full compliance with the revised NHSE/I SAAF when this is published in 2022.
- Contribute to successful transition to ICS arrangements through influencing and shaping future ICS, partnership and place arrangements and strengthening Safeguarding and CLA governance/assurance arrangements in the new structures.
- Continue to monitor and support compliance with safeguarding training within NHS Hull CCG.
- To support and consult on the Mental Capacity (Amendment) Act 2019 Liberty Protection Safeguards implementation across Hull CCG and the partnership.
- The development of dental tracking commencing with a pilot project to centralise all dental records for CLA to ensure their dental history will be available regardless of where they live.
- Continue work through ICS wide Task and Finish Group to scope potential implementation of the Sharing Information Regarding Safeguarding project piloted in Northumberland and highlighted as best practice in the recent National Panel Report 'The Myth of Invisible Men'.
- Support the safe introduction of Open Access to online patient GP records.
- Engage with national and local evaluation of Home Office pilot for NRM Devolved Decision Making Panel for Children.
- Scope further-domestic abuse routine enquiry pilots with Primary Care Networks.

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

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
CSPR	Child Safeguarding Practice Review
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	Initial Health Assessments
ILACS	Inspecting Local Authority Children's Services
LeDER	Learning from Lives and Deaths
LPS	Liberty Protection Safeguards
MAPPA	Multi Agency Public Protection Arrangements
NHS E/I	NHS England/Improvement
NRM	National Referral Mechanism
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
SDG	Strategic Delivery Group
SEND	Special Educational Needs and/or Disability
WNB	Was Not Brought