

NHS North Cumbria CCG Governing Body	Agenda Item
5 December 2018	9

Safeguarding: CCG Safeguarding Annual Report 2017/18
 CCG Safeguarding Internal Audit Report
 CCG Safeguarding Policies – Revised

Purpose of the Report							
<p><u>CCG Safeguarding Annual Report 2017/18:</u> -</p> <p>To inform the CCG Committee of the CCG’s compliance with safeguarding responsibilities and the arrangements in place to undertake the responsibilities, during the year 2017/2018.</p> <p>This report provides assurance that NHS Cumbria Clinical Commissioning Group (CCG) fulfilled its own statutory responsibilities to safeguard the welfare of adults, children and children looked after and those of its commissioned health services during 2017/18.</p> <p><u>CCG Safeguarding Internal Audit Report:</u> -</p> <p>To inform the CCG Committee of the findings of a risk-based audit of Safeguarding Arrangements, which was undertaken as part of the 2018/19 internal audit plan and related action plan.</p> <p><u>CCG Safeguarding Policies – Revised August 2018:</u> -</p> <p>In response to the findings of the Internal Audit of Safeguarding one of the actions was for the CCG to make minor revisions to all of its Safeguarding Policies.</p> <p>To request the Committee’s approval in line with the CCG’s Scheme of Delegation of the CCG Safeguarding Policies which have been updated with minor revisions in August 2018.</p>							
Outcome Required:	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>	For Discussion	<input type="checkbox"/>	For Information
							X
Assurance Framework Reference: As detailed in the Strategic Objectives below.							

Recommendation(s):
<p>The Governing Body is asked to receive:</p> <ol style="list-style-type: none"> 1. the CCG Safeguarding Annual Report 2017/18 2. the CCG Safeguarding Internal Audit Report

3. the CCG Safeguarding Policies – Revised

Executive Summary:

Key Issues:

CCG Safeguarding Annual Report 2017/18

This annual report provides an overview relating to the local challenges and developments relating to safeguarding and children looked after in the county over the last 12 months.

The report provides assurance that the CCG was able to fulfil its statutory duties and responsibilities for safeguarding and children looked after despite the challenges reported during this period.

CCG Safeguarding Internal Audit Report

Safeguarding arrangements were subject to an internal audit as part of the 2018/19 CCG internal audit plan. The report giving an assurance level of good. Three medium priority issues were identified

- CCG wide guidance

for the development and approval of policies

- approval of safeguarding policies by the Outcomes and Quality Assurance Committee (OQAC), as required by the CCG's scheme of delegation.
- The staffing capacity issue had been recognised on the CCG's risk register, the actual control and assurance and the gaps in these were not appropriately described to ensure effective action. In addition, the risk was not added to the CCG's Assurance Framework.

CCG Safeguarding Policies – Revised

The policies have been revised to include required updated information regarding named safeguarding leads, version control, CCG committee approval and process for monitoring, in line with the findings of the Internal Audit.

To note: policy numbers will be allocated by the CCG's Corporate Office.

The Safeguarding Policies include:

- CCG Safeguarding Children and Adults at Risk Policy
- Policy for Allegations Against Staff
- Prevent Policy
- Safeguarding Supervision Policy
- Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) Policy
- Domestic Abuse and the Workplace Policy
- General Practice Policy – Safeguarding Children
- General Practice Policy – Safeguarding Adults

<p>Key Risks:</p> <p>Safeguarding Annual Report 2017/18 identified the following areas of risk:</p> <ul style="list-style-type: none"> • Safeguarding Stocktake – Safeguarding Leadership Capacity • Children Looked After • Safeguarding Information Sharing System <p>Implications/Actions for Public and Patient Engagement:</p> <p>Work has continued with the CCG commissioning team to complete engagement work with children looked after. The voice of the child is captured at the CCG led LSCB Health sub group and the CLA Health sub group. Further work is required during 2018/19 to provide a focus on work with vulnerable adults.</p> <p>Financial Impact on the CCG:</p> <p>No additional financial impact.</p>
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Strategic Objective(s) supported by this paper:	Please select (X)
Support continuous quality improvement within existing services including General Practice	X
Commission a range of health services, including an increasing range of integrated services, appropriate to our population’s needs	X
Develop our system leadership role (in the context of an integrated health and care system) and our effectiveness as a partner	X
Continuously improve our organisation and support our staff to excel	X

Impact assessment: (Including Health, Equality, Diversity and Human Rights)	
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Conflicts of Interest Describe any possible Conflicts of interest associated with this paper, and how they will be managed	Anna Stabler is currently seconded into NCCCG from NCUHT. This report has been compiled by the NECSU and the Senior Nurses in the CCG Nursing and Quality team to ensure there no omissions of information pertaining to NCUH.
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Date Report Written	27 September 2018



North Cumbria
Clinical Commissioning Group

Safeguarding Annual Report: 1 April 2017 to 31 March 2018

**NHS NORTH CUMBRIA CLINICAL COMMISSIONING GROUP
REPORT ON THE RESPONSIBILITIES TO ENSURE ARRANGEMENTS FOR
SAFEGUARDING ADULTS AND CHILDREN
AND
CHILDREN LOOKED AFTER**

Date: 27 September 2018

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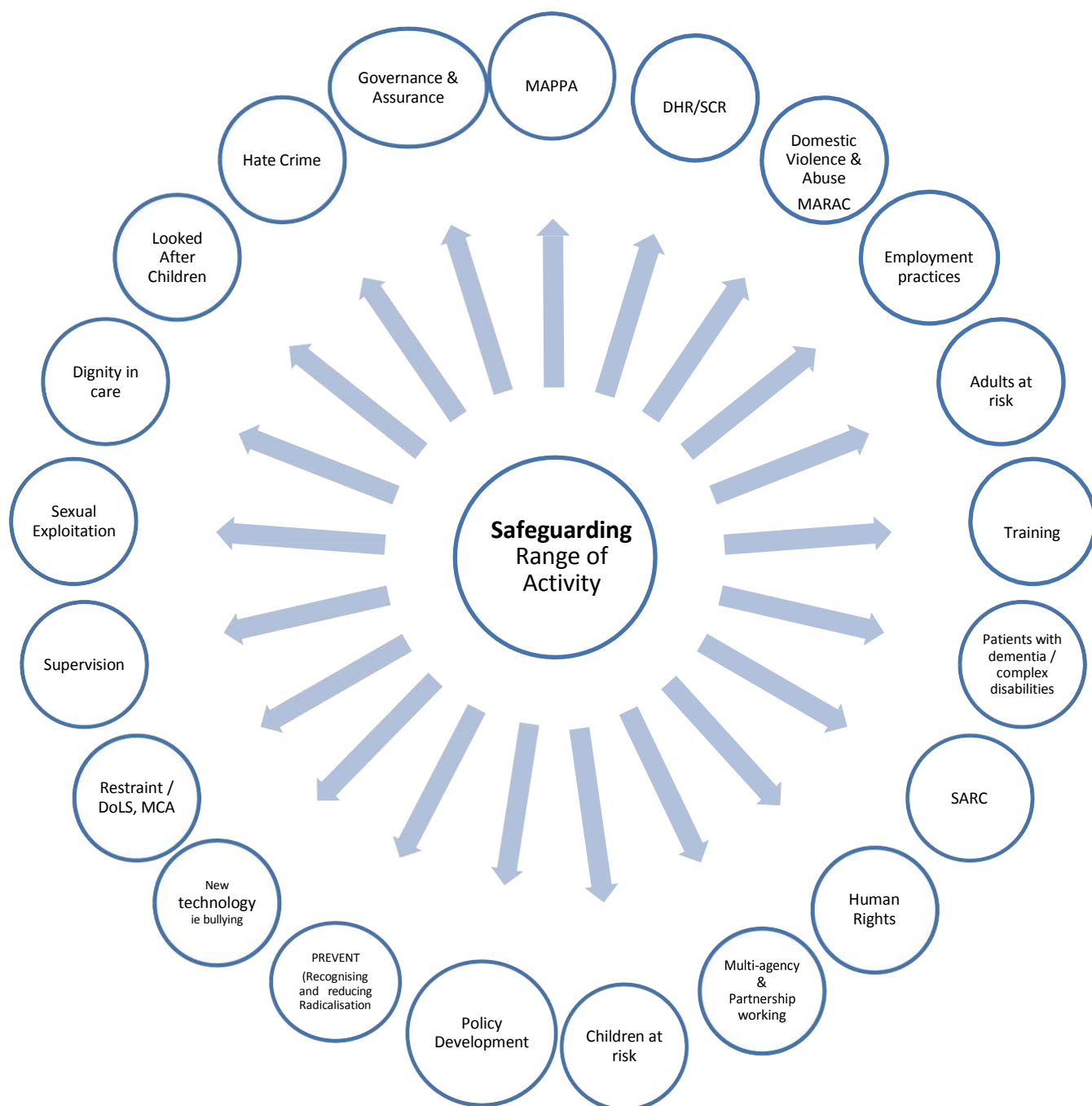
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- **Appendix 1 - Safeguarding Dashboard**
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Safeguarding Range of Activity



From Rotherham NHS Foundation Trust
Authors: J Summerfield, S Atkin, S Pagdin and J Lovett – May

1. Executive Summary

This is the first report for NHS North Cumbria Clinical Commissioning Group (NCCCG). The document provides a joint Annual Safeguarding and Children Looked After (CLA) Report to NHS NCCCG Governing Body. It covers the period 2017/18 and fulfils the requirement for all NHS organisations to provide an Annual Safeguarding Report that links to the Children's Act 2004 Section 11 requirements.

Key Issues:

The purpose of the joint report is to assure the CCG's Governing Body and members of the public that NHS North Cumbria Clinical Commissioning Group (NC CCG) fulfilled its statutory duties in relation to safeguarding and children looked after in North Cumbria during 2017/18; it takes account of the post boundary and operational changes within the CCG during this time as well as national changes and wider local influences.

The duties and functions in relation to safeguarding for NHS North Cumbria CCG are currently outlined within NHS England Safeguarding Accountability & Assurance Framework (June 2015)

<http://www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-accountability-assurance-framework.pdf> .

The duties and functions in relation to Children Looked After are outlined in Promoting the health and well-being of Looked After Children statutory guidance for Local Authorities, Clinical Commissioning Groups and NHS England: (March 2015)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked-after_children.pdf

The CCG has fulfilled its requirement to NHS England - Cumbria and North East to complete an annual Safeguarding Self Assessment of its functions and arrangements.

NHS North Cumbria submitted the online Section 11 Audit to Cumbria Local Safeguarding Children's Board (LSCB) in January 2018 and was compliant in all standards.

The CCG in turn, as a commissioner of local services assured itself that, in respect of the organisations from which it commissions services, and in the CCG's role of supporting Primary Care General Practice, there were effective safeguarding arrangements in place.

All duties and functions were fulfilled through NHS North Cumbria CCG's governance and accountability arrangements including regular reporting to the Governing Body and the CCG Outcomes and Quality Assurance Committee; there was direct access by the Designated Professionals to the Accountable Officer.

All CCG contracts for commissioned services included Safeguarding Adults, Safeguarding Children and Children Looked After (CLA) standards. Performance monitoring of these standards and of all Serious Case Review, Safeguarding Adults Review and Domestic Homicide Review action plans were reported via the CCG contracting mechanisms, with oversight from the Designated Leads' attendance at NHS providers' internal Safeguarding Committees.

The CCG continued to make a significant contribution to the work of Cumbria's Safeguarding Boards (Local Safeguarding Children's Board – LSCB and Cumbria Safeguarding Adults Board – CSAB) and, through the CLA Health sub group, to the Corporate Parenting Board (CPB). The statutory Cumbria Health and Wellbeing Board with responsibility for Safeguarding had Executive CCG representation.

An Ofsted re-inspection of services for Children in Need of Help and Protection, Children Looked After and Care Leavers was undertaken over the period of the 6 to 30 November 2017. This followed three previous inspections where these services were assessed as inadequate. The latest inspection reported consistent and sustained improvements and whilst assessed 'requiring improvement to be good' the report acknowledged the strong governance and leadership arrangements in the County. As a direct result of these findings the functions previously undertaken by the Childrens Improvement Board (CHiB), established to provide an additional layer of system wide oversight, the scrutiny and management of practice were incorporated into the existing frameworks of governance, including the LSCB, Childrens Trust Board and CPB.

During this time the Children and Social Work Act 2017 became statute and an update to the Working Together to Safeguard Children guidance is now anticipated.

Cumbria Safeguarding Adults Board (CSAB) underwent significant changes during this reporting period with the appointment of a new Independent Chairperson and a newly created position of Business Manager to support the work of the Board. These changes resulted in a restructure and refocus of the Board work and its priorities going forward. The Cumbria Learning and Improvement Collaborative (CLIC) were engaged to support this programme of improvement work.

In its role in coordinating and driving improvements across the health system, the CCG focussed its work on the priorities outlined in its Safeguarding Strategy (2016-2019, revised March 2018), underpinned by a work plan based on quality improvement. The CCG continued to chair and provide system leadership through the LSCB Health Sub Group. Similar arrangements were trialled throughout 2017/18 for this same health focus to be given to adults.

For Children Looked After the CCG has continued to take a lead role in coordinating improvements across the health system and, with Local Authority partners, to improve health outcomes for Children Looked After through the Children Looked After Health Group chaired by the Deputy Director of Nursing and Quality /Designated Nurse for Safeguarding.

There has been an ongoing collaborative approach to Safeguarding and Children Looked After with our counterpart colleagues in Morecambe Bay CCG.

Key Risks:

The report covers the period 2017/18 during which NHS North Cumbria CCG experienced challenges in meeting the statutory requirements in respect of Safeguarding and Children Looked After; these challenges were linked to revised roles and job functions described below.

- Safeguarding Stocktake – Safeguarding Leadership Capacity

The Designated Nurse from 1 April 2017 took on the additional responsibility of the Deputy Director of Nursing and Quality role. The Deputy Designated Nurse for Safeguarding also picked up additional responsibilities for the Learning Disability Mortality Reviews (known as LeDeR) and began coordinating applications to the Court of Protection.

The post boundary change reorganisation resulted in the CCG appointing one Named GP in place of the previous Locality based Named GP's and County Lead GP roles. This change did continue to meet the statutory requirements relating to Primary Care.

The role and expertise of a Designated Doctor was provided through a Service Level Agreement commissioned from the North East covering one day per week. This arrangement continues to work well and provides a consistent and highly specialised contribution to the local safeguarding arrangements.

A Stocktake of CCG safeguarding arrangements was undertaken in order to ensure the robustness and integrity of the CCG's safeguarding arrangements. The aim of the Stocktake was to ensure compliance was maintained with current Section 11 and NHS Standard requirements and that any risks were mitigated. It linked directly to the annual NHS England self-assessment requirements for Safeguarding Children, Adults and Children Looked After. This stocktake identified that, within the current arrangements, the CCG did not meet the minimum staffing requirements outlined in the Revised Accountability and Assurance Framework (2015).

As a consequence of the above team pressures described above, there was an impact on overall learning from serious incidents and events and the ability to evidence practice changes within the CCG and across primary care. Notably the audit and assurance programme and wider support to the partnership has also been substantially compromised.

- Children Looked After

A separate self-assessment review captured Children Looked After (CLA) in more detail but it is important to note here however that team pressures also impacted on strategic oversight of CLA services.

In November 2017 the CCG's Outcomes and Quality Assurance Committee was provided with a summary update on the self assessment and action plan in relation to Children Looked After (CLA) standards for Commissioning Arrangements, Commissioning Practice and Commissioning CAMHS within the CCG.

This self assessment showed an improvement with 8 amber rated standards and no red rated standards (improved from 9 amber and 3 red rated standards in February 2016). The self assessment findings and Designated Leads' summary indicated:

Key Issues:

Standard Operating Procedures and processes were in place but assurance was needed regarding consistency in their use.
Issues regarding timely notification of placements into the county.

Key Risks:

Children Looked After are a highly vulnerable group.
Recent recommissioning of the 0-19 services and leadership changes within the CPFT services for Children Looked After.

- Safeguarding Information Sharing System (SISS)

It is a CCG responsibility to ensure an effective system facilitates communication between acute and community services regarding hospital attendances by children and young people. In 2017/18 there was no one standard communication system in place. The issue had originally been raised during the 2012 CQC Inspection of Safeguarding arrangements in NHS Cumbria Primary Care Trust. During the period 2017/18 North Cumbria CCG, Morecambe Bay CCG and partners continued discussions regarding the most appropriate IT solution to ensure that Children and Young People could be kept safe in Cumbria.

It was agreed with agencies that, until the Safeguarding Information Sharing System was fully functional, a physical presence would be maintained by CPFT staff to triage and action relevant notifications.

2 Purpose

This report provides assurance to the Governing Body and members of the public that NHS Cumbria Clinical Commissioning Group (CCG) fulfilled its own statutory responsibilities to safeguard the welfare of adults, children and children looked after and those of its commissioned health services during 2017/18.

The main body of this report reviews the overall progress against the arrangements in place and the progress against the 2017/18 priorities for Safeguarding and Children Looked After. It also identifies additional specific requirements and progress for each of the main areas of Children, Adults and Children Looked After, as well as detailing how Primary Care has been supported.

3. CCG Governance Arrangements

3.1 Leadership

Leadership and management for safeguarding is one of the key requirements for the CCG. The Safeguarding Team comprised: -

- Designated Doctor (2PA/week) expertise was secured through a Service Level Agreement.
- The Deputy Director of Nursing and Quality/Designated Nurse for Safeguarding (1wte) with responsibilities for adults, children and children looked after.
- Deputy Designated Nurse-Safeguarding (1wte) with responsibilities for adults, children and children looked after.
- Named GP for Safeguarding Children and Adults (5PA/week)
- Safeguarding Business Manager (1wte)
- Designated Paediatrician for Child Death to support the Child Death Overview Panel (CDOP) (1PA/week)

The post of Director of Nursing and Quality within the CCG was vacant for the majority of this reporting period. As a result, the Deputy Director of Nursing and Quality /Designated Nurse for Safeguarding reported directly to the Accountable Officer. The Deputy Director of Nursing and Quality / Designated Nurse for Safeguarding represented the CCG, including Primary Care, on both the LSCB and CSAB, and line managed the CCG Safeguarding Team.

From May 2017:

- The Director for Children and Families remained the commissioning lead for Children Looked After and represented the Accountable Officer on the Children's Improvement Board (ChIB) during its entire remit.

All of the Designated Leads acted as clinical advisors to the CCG, NHS England – Cumbria and North East, and/or primary care on safeguarding matters to ensure that the local health system was meeting its safeguarding responsibilities effectively. The Deputy Director of Nursing and Quality / Designated Nurse for Safeguarding reported exceptions and issues to NHS England – Cumbria and North East through the Quality Surveillance Groups (QSGs), set up for this purpose.

4 Progress against 2017/18 Safeguarding Dashboard and Achievements

4.1 Safeguarding Dashboard Update

In the last planning cycle NHS Cumbria CCG set out 14 actions on its Safeguarding Dashboard for Safeguarding Children and Adults and Children Looked After (see Appendix 1). These actions were aligned to the NHS Cumbria CCG 2016-2019 Safeguarding Strategy. This Strategy was adopted by the new North Cumbria CCG following the CCG boundary change.

Of the 14 areas where action was required, progress is noted in all areas. Action has been completed in 8 of the areas which are now marked Green.

The North Cumbria CCG dashboard for the year 2017/18 (Appendix 1) identified those areas where continued focus was required including: -

- Continued input into the development of Integrated Care Communities (ICCs)
- Reviewing the consistency and effectiveness of the vulnerable patient meetings between General Practices and CPFT, in particular in relation to the impact of changes in the CPFT 0-19 recommissioned services
- Development of a comprehensive safeguarding performance framework to incorporate national KPI requirements
- Ensuring that mechanisms are in place that utilise the views of vulnerable adults in service developments
- Ensuring that NHS providers meet the requirements of the Children Looked After (CLA) Knowledge and Skills Framework.
- Ensuring that Health Needs Assessments and the profiling of Children Looked After health needs inform the Joint Strategic Needs Assessment (JSNA) and key health priorities eg. Smoking cessation.

4.2 Overall achievements

- There is now a Modern Slavery Statement for the CCG which is available on the website and sets out the CCG's commitment in this area throughout all of its commissioning and contractual arrangements.
- The CCG has supported the process of self-audits across Primary Care services in relation to the Mental Capacity Act and standards of practice in this setting.
- The Safeguarding Team has worked closely with the CCG Children's Commissioning Team to provide oversight and challenge to the Public Health led commissioning of the 0-19 Service.
- The Safeguarding Team has worked closely with the CCG Childrens Commissioning Team to provide oversight of the CCG's approach to align our commissioning arrangements in support of Children Looked After and the health input into the Children's Safeguarding Hub.
- The Designated Leads have retained particular oversight of the Strengthening Families element of the 0-19s services, focussed on supporting vulnerable children in Cumbria
- The rollout of the Child Protection Information Sharing System (CP-IS) has been supported by the CCG Safeguarding Team with partners from NHS Digital, the Local Authority, CPFT & NCUHT. CP-IS is a system to enable frontline practitioners to access information on the most vulnerable children in our region.
- The CCG Prevent Policy was produced to ensure the CCG's compliance with national guidance issued by NHS England.
- The Deputy Designated Nurse for Safeguarding has led the implementation of the Learning Disability Mortality Review (LeDeR) process. LeDeR currently has support from Bristol University and has a Local Steering Group connected formally to a similar regional group with the aim of reducing the gap between life expectancies of this cohort of patients by developing and improving local services.
- All CCG policies have been revised and updated in line with national guidance.
- The Designated Leads have led on the implementation of the Care Act to influence working together on complex cases.
- The Designated Leads' roles and functions included discussions and action with commissioners in relation to services commissioned by other organisations. Eg Unity Drug and Alcohol recovery service, School Nursing (0-19 Commissioned Services)
- Safeguarding Supervision arrangements are in place for the Named GP
- Designated Leads liaised with NHS England – Cumbria and North East regarding safeguarding issues and medication errors
- Support was provided to Primary Care in the delivery of training to ensure that trauma histories are taken when interviewing appropriate patients.
- Early work has been completed around support to Primary Care in relation to prospective standards for self assessment of adult safeguarding in General Practice.

- Lessons from Serious Case Reviews and Domestic Homicide Reviews have been cascaded and evidence of their impact established.
- Work has taken place to ensure that the changing profile of the Children Looked After population informs future commissioning arrangements and workforce plans.

4.2.1 Learning and Improvement

The Designated Leads have had an ongoing programme to ensure that a competency based approach to learning in respect of Safeguarding and Children Looked After has been continually reinforced and supported within and across the health system.

Within the CCG, the Deputy Director of Nursing / Designated Nurse for Safeguarding and Deputy Designated Nurse have delivered a series of face to face Training/Safeguarding updates for all CCG staff to support their competency requirements at Level One. The training material incorporated lessons learned and themes from Serious Case Reviews and Learning Reviews.

As part of the CCG's appraisal process, each staff member has also been required to formally declare that they were meeting the appropriate and statutory safeguarding training requirements for their role and to sign a Safeguarding Compact Agreement.

Training Compliance figures for CCG staff as at 31 March 18 were: -

Mandatory Training	93%
Annual Refresher Training	96%

The Deputy Director of Nursing and Quality / Designated Nurse for Safeguarding has chaired the LSCB Learning and Development Sub Group and, from January 2018, was invited to chair the newly formed Cumbria Safeguarding Adults Board Learning and Improvement Sub Group in order to strengthen the links and support joint learning priorities.

The Named GP for Safeguarding led Protected Learning Time (PLT) events for Primary Care health professionals supported by members of the CCG Safeguarding Team, which enabled the lessons learned from Serious Case Reviews to be cascaded and discussed.

4.2.2 Learning from Serious Case and Practice Learning Reviews

The Designated Leads and Named GP have been involved with 1 LSCB SCR (Children P) and 2 Multiagency Practice Reviews during 2017/18.

In 2017 Cumbria LSCB published 1 SCR Report. This related to Children P and the detail of this is included on the Cumbria LSCB webpage: -

<http://www.cumbria.gov.uk/LSCB/professionals/learningscr.asp>

For each publication or practice review NHS North Cumbria CCG has had a notification system in place and a mechanism for circulating reports and lessons learned widely across the CCG and Primary Care.

NHS Cumbria's Deputy Director of Nursing and Quality / Designated Nurse for Safeguarding has facilitated a number of LSCB Practice Review meetings with the practitioners involved and also mentored Named Safeguarding Professionals from the health system in facilitating these reviews.

<http://www.cumbria.gov.uk/LSCB/professionals/learningfrompracticereviews.asp>

4.2.3 Safeguarding Standards

It is noted that the expected annual Designated Leads' review of the Safeguarding Self Assessments and Section 11 Audits was not able to be completed for 2016/17. A combined 2017/2018 report is scheduled for July 2018.

4.2.4 Designated Professionals' Leadership

The Designated Professionals have worked within the changing landscape to maintain a coordinated approach to safeguarding across the county. In summary the Designated Professionals: -

- Ensured that the health component of the initial response to child deaths in the north of the county has been coordinated by a Designated Paediatrician for Child Deaths. This role has now been directly employed by the CCG. The CCG Designated Doctor for Safeguarding has provided support and supervision accordingly.
- Continued to update safeguarding information on the CCG website; this included updates to CCG staff and Primary Care on any relevant national or local safeguarding issues. All staff have been able to access the Safeguarding Boards' multi agency procedures via the CCG website.

- Updated the CCG Safeguarding Policy on an annual basis or as new national guidance was issued. This included updates and briefings circulated to CCG staff and Primary Care staff.
- Continued to lead the county wide Safeguarding Practitioner Forum for all NHS Safeguarding and Children Looked After Named and Specialist health professionals: these quarterly meetings have focussed on business and development.
- Contributed to Early Help work through links with commissioning colleagues.
- Worked to improve communication and information sharing between Primary Care and Adult and Children's Social Care services, and the wider partnership.
- Continued to work in close collaboration with senior colleagues in Adult and Children's Social Care to address Safeguarding and CLA system issues and directly support improvements in multi-agency safeguarding practice.
- Promoted a culture where the voices of all vulnerable groups are heard in the audit and assurance programmes, all service specifications and reports, all meeting agendas, and planned or proposed service changes.
- Provided oversight and liaison for Court of Protection processes for vulnerable adults.
- Provided oversight and liaison for the Learning Disability Mortality Reviews (LeDeR) in the North of the County.
- Both the Deputy Director of Nursing and Quality / Designated Nurse for Safeguarding and the Deputy Designated Nurse for Safeguarding have been active participants in the NHS England led Cumbria and North East Safeguarding Network and regional sub groups.
- Since October 2017 the Designated Leads from North Cumbria CCG, in collaboration with colleagues in Morecambe Bay CCG, have initiated a shadow Adult Safeguarding Health Group to mirror the form and function of a similar group underpinning the work of the LSCB, providing both CCGs with greater system wide coordination and assurance around the Adult Safeguarding agenda.
- The Designated Leads have successfully fulfilled their Home Office WRAP training requirements and are now part of the network of WRAP Facilitators to enable delivery of Workshops to Raise Awareness of Prevent (WRAP).

- Contributed to the revised county wide multiagency Multi Agency Risk Assessment Conference(MARAC) protocol. MARAC is a regular forum where information is shared and plans made to support the highest risk domestic abuse cases
- Facilitated interim information sharing with Primary Care in relation to MARAC Cases.

4.2.5 Audit and Assurance

During 2017/18 the Designated Leads undertook reactive assurance visits in response to concerns raised within the system. These visits then contributed in particular to the CCG response to inadequately rated organisations with which the CCG had contracted care provision. It is acknowledged in this report that due to capacity and demand the pre-planned audit element of assurance programme was not able to be delivered.

4.2.6 Supervision and Support

The Designated Professionals have continued to provide support and provide supervision to all the Named Professionals within the NHS system; this has included formal supervision sessions combined with targeted supervision and support on a case by case basis.

5 NHS England North CCG Safeguarding Assurance

The CCG fulfilled its requirement to NHS England – Cumbria and North East in 2017/18 to complete a review of its CCG safeguarding assurance and functions.

The CCG's Safeguarding Self Assessment Report was submitted to the CCG Outcomes and Quality Assurance Committee on 16 March 2018 where it was approved for submission to NHS England with 2 amber ratings as follows: -

1) *Learning from Serious Case Reviews.*

Further development of systems and processes was required to ensure continuous improvement and that learning was embedded and sustained both within the CCG and across the health system. Work was ongoing in this area with partner agencies and internally.

2) *The Stocktake Report findings included: -*

Within the current arrangements, the CCG did not meet the minimum staffing requirements outlined in the Revised Accountability and Assurance Framework (2015).

6 Safeguarding Children

6.1 NHS England – Cumbria and North East Safeguarding Priorities for 2017/18

NHS Cumbria CCG has contributed to the delivery of the NHS regional and national priorities as follows: -

6.1.1 Changes to National Legislation and Guidance

The key change was in respect of Children's Safeguarding. Alan Wood's review of Local Safeguarding Children Boards (LSCBs) was published in May 2016. The Wood Review looked at the underlying role and functions of these boards and found widespread agreement that current multi-agency arrangements needed to change. A model of collective accountability was suggested to introduce a new triumvirate arrangement between Local Authorities, Police and Health and, specifically, CCGs.

The review also recommended a new national system for reviews to replace the existing Serious Case Reviews. Added to this was a recommendation that the responsibility for Child Death reviews be transferred to the Department of Health and with a wider geographical catchment and new ways of working expected across many areas.

These key recommendations were all included in the Children and Social Work Act which was given Royal Assent in April 2017.

The anticipated revision of the statutory guidance 'Working Together to Safeguard Children' was formally consulted upon between October and December 2017. The CCG Safeguarding Team contributed to the regional and local responses during this consultation period.

6.1.2 Regional Changes – NHS England Cumbria and North East

During this reporting period and in anticipation of the above changes, NHS England Cumbria and North East issued two memorandums of Understanding to NHS North Cumbria CCG: -

A Memorandum of Understanding was agreed in respect of representation at Cumbria Local Safeguarding Children's Board meetings and the Cumbria Safeguarding Adults Board. In summary it was agreed that the CCG Executive Lead for Safeguarding would act as a conduit between the LSCB and CSAB Boards and NHS England – Cumbria and North East to ensure that any safeguarding issues which related to or required action from NHS England Cumbria and North East or the wider

health system would be addressed effectively by the local health and social care system.

A second MoU was agreed in respect of the 2017 Children and Social Work Act, which requires the CCG, Police and the Local Authority to identify the new arrangements to replace LSCBs. This MoU set out the working arrangements between NHS England – Cumbria and North East and the CCG whilst recognising that NHS England – Cumbria and North East continued to retain statutory responsibilities as a LSCB Board member. The MoU stated that the CCG would work cooperatively with NHS England – Cumbria and North East and would represent, within appropriate limits, the perspective of NHS England – Cumbria and North East. NHS England – Cumbria and North East and the CCG would alert and advise each other in exception based matters or issues of relevance around the LSCB function and requirements, and would ensure robust routes of escalation between the LSCB, CCG and NHS England – Cumbria and North East.

6.1.3 Safeguarding Priorities

6.1.4 Child Sexual Exploitation (CSE)

The Government response to the chronic failure to protect children from Child Sexual Exploitation in Rotherham was published in March 2015. In recognition that those failures were not unique to Rotherham and affect all communities, the Government took a “step change approach” in their response to Child Sexual Exploitation, making a number of recommendations for all partner agencies working with children and young people. These recommendations included the need to strengthen accountability; to change the culture of denial; to improve joint working and information sharing; to protect vulnerable children by improving the local response to Child Sexual Exploitation; to better protect children who go missing or who are placed in care; to stop offenders and to support victims and survivors.

The requirement for NHS providers to have a CSE Named Lead and comply with CSE guidance has been monitored through the CCG’s safeguarding monitoring arrangements with commissioned services.

CSE has remained a strategic priority for Cumbria LSCB. In partnership the Designated Leads have directly contributed to the work of the LSCB including strategic direction and a review of operational oversight of practice.

The Designated Leads have also raised awareness of the Truth Project. The Truth Project was set up for victims and survivors of child sexual abuse to share their experiences in a supportive and confidential setting.

It is part of the Independent Inquiry into Child Sexual Abuse (IICSA) which was set up in 2015 to investigate organisations and institutions that have failed to protect children from sexual abuse with the aim of understanding the past to help protect children now and in the future.

By sharing their experiences, victims and survivors will be able to make an important contribution to the work of the Inquiry and their experiences will feed into and influence its findings and recommendations.

6.1.5 Modern Day Slavery and Human Trafficking

The Modern Slavery Act 2015 (“the 2015 Act”) received Royal Assent on 26 March 2015. The Act ensures that the National Crime Agency, the Police and other law enforcement agencies have the powers they need to pursue, disrupt and bring to justice those engaged inhuman trafficking and slavery, servitude and forced or compulsory labour. The 2015 Act also introduces measures to enhance the protection of victims of slavery and trafficking.

During 2016 the Home Office produced further guidance to support a National Referral Mechanism for victims of human trafficking. From 1 November 2015, specified public authorities were required to notify the Home Office about any potential victims of modern slavery they encounter in England and Wales. Whilst this duty does not apply to NHS staff it is important that frontline staff are able to identify a person as a potential victim of modern slavery. These are victims of human trafficking in any part of the UK (or slavery, servitude, or forced or compulsory labour where identified in England or Wales). Once identified, a potential victim of modern slavery should have any urgent health needs assessed and met.

Victims of slavery are likely to come into routine contact with Healthcare providers; Healthcare settings should be safe places where victims of modern slavery have what is often their only opportunity to come into contact with people who have knowledge about modern slavery, can identify the signs of trafficking and can refer them to organisations which can provide support.

NHS England has produced a video to explain Modern Slavery and its relevance and impact on healthcare. Please click on the following link <https://www.youtube.com/watch?v=cRskjqpgSNs&feature=youtu.be>

The Department of Health has produced a guidance leaflet “Identifying and supporting victims of modern slavery” to support frontline staff.

The 2015 Act also introduced changes in UK law, focused on increasing transparency in supply chains, to ensure that our supply chains are free from modern slavery.

The CCG now has a public statement relating to its commitment to identifying and supporting victims of modern slavery across all its functions.

The Designated Leads are members of the NHS England Cumbria and North East Region Human Trafficking and Modern Slavery Sub Group aimed at delivering the NHS responsibilities in relation to Human Trafficking and Modern Slavery. This includes discharging its direct commissioning responsibilities, demonstrating strong system leadership, working as committed partners and investing in effective co-ordination and robust quality assurance of safeguarding arrangements.

6.1.6 Unaccompanied Asylum Seeking Children and Young People (UASC) and

The Designated Leads have continued to be engaged with the Cumbria wide arrangements to ensure that children, young people and families placed in the North of the County either as Unaccompanied Asylum Seeking Children or as part of the Syrian Resettlement Programme (as announced by the Prime Minister on 7 September 2015) have timely and appropriate access to primary and secondary care facilities including mental health services, screening and immunisations.

6.2 Child Protection - Information Sharing (CP-IS)

This is an NHS England national sponsored work programme dedicated to delivering a higher level of protection to Children and Young People who have been identified as affected by abuse or neglect when they visit NHS unscheduled care settings. The CP-IS project initially featured within the NHS Standard Contract for 2015/16 and CCGs have been required to receive assurance that NHS provider organisations and relevant stakeholders are aware and that plans are being mobilised to implement the solution.

The Designated Leads have supported named professionals and influenced the wider partnership to enable the local implementation of this national database of vulnerable children. They worked with NHS Digital along with internal and external partners to promote and enable the local implementation of Child Protection– Information Sharing (CP-IS) across the north of the county.

7 Adult Safeguarding

7.1 NHS England – Cumbria and North East Safeguarding Priorities agreed for 2017/18

NHS Cumbria CCG has contributed to the delivery of the NHS national and regional priorities as follows: -

7.1.1 PREVENT:

The Prevent Duty under the Counter-Terrorism and Security Act 2015 requires all specified authorities to have “due regard to the need to prevent people from being drawn into terrorism”; local authorities and their partners have a core role to play in countering terrorism at a local level and helping to safeguard individuals at risk of radicalisation.

During 2016 the Office for Security and Counter-Terrorism (OSCT) were keen to support Local Authorities, where practical, to deliver the Prevent Duty. For Cumbria this engagement was led by the Senior Prevent Adviser supporting Non-Priority Local Authorities (NPLA) in England and Wales. Following this review a number of recommendations were developed to be implemented during 2017/18. This included establishing a CONTEST board and a Prevent sub group, the instigation of a pre-Channel multi agency referral review process, and the development of a comprehensive action plan for the delivery of Prevent in Cumbria.

The CCG Designated Leads have been fully engaged in these partnership developments and are members of the local Channel Panel. Channel is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. The programme uses a multi-agency approach to protect vulnerable people by:

- identifying individuals at risk
- assessing the nature and extent of that risk
- developing the most appropriate support plan for the individuals concerned

The Designated Leads provide support and advice to health care professionals and facilitate primary care engagement with the Channel programme directly with GPs.

The Deputy Director of Nursing and Quality / Designated Nurse for Safeguarding and Deputy Designated Nurse for Safeguarding are members of the NHS England Yorkshire & Humber and North of England Prevent Forum and have met the CCG’s requirements to attend at least two of these events annually (this has ensured CCG

compliance with the requirements outlined in the NHS England Prevent Competency Guidance (February 2015 NHSE).

There have been ongoing challenges faced by NHS providers during the reporting period in meeting the requirements identified in the Prevent Competency Guidance. Prevent remains an ongoing priority in the NCCCG Safeguarding Strategy.

7.1.2 Mental Capacity Act (MCA):

In supporting this priority, NHS North Cumbria CCG has previously distributed the Safeguarding Adults Pocket guide across its safeguarding networks – this guide covers all aspects of Safeguarding Adults practice. As the Mental Capacity Act applies to all health professionals, Designated Leads have been working closely with NHS providers and partners to ensure that all staff have been trained in its implementation and have an understanding of how the Act relates to their own responsibilities. NHS North Cumbria CCG is still to audit and receive consistent assurance from commissioned services that there is an organisational culture which ensures that the wishes of patients are at the forefront of any decision making regarding care and treatment of individuals.

The Designated Leads have supported primary care services to self-audit against nationally agreed standards in relation to the implementation of the MCA in Primary Care settings. All health commissioned services are expected to evidence mandatory training around the MCA. In support of this, Cumbria Learning Collaborative (CLIC) has also been engaged in a wider roll out of training to both qualified and unqualified staff to help to integrate learning with day to day practice.

7.1.3 Deprivation of Liberty Safeguards (DoLS):

A Supreme Court Judgment (**'Cheshire West'**) on 19 March 2014 dramatically widened the definition of Deprivation of Liberty Safeguards. This has had a substantial impact on all Local Authorities and on CCGs, who have had to consider their role in ensuring that local health services comply with the ruling.

Any Deprivation of Liberty (where the person lacks capacity to consent to it and the person is not being detained under the Mental Health Act), can only be lawful if it has been authorised through the Deprivation of Liberty Safeguards (DoLS) if it is in a care home or hospital, or by an Order of the Court of Protection (CoP), for any other setting.

CCGs are responsible for commissioning services that are compliant with the DoLS legislation, including the Cheshire West Supreme Court ruling. The requirement was included within the contracts for the main NHS Trusts.

CCGs have also been responsible for the supported living / domiciliary care arrangements they commission which may also deprive someone of their liberty.

The Designated Leads for Safeguarding have worked closely with the CCG Legal Advisors where, either a Standard Authorisation for a DoLS has been challenged and as such further ruling is needed from 'The Court of Protection', either as the Lead commissioning and responsible organisation or as co-respondent along with the County Council.

Services commissioned by NCCCG need to be further engaged going forward to provide evidence and assurance of best practice relating to such cases in the future.

7.1.4 Learning Disabilities and Mortality Review (LeDeR)

The LeDeR Programme was initiated during 2015 with the aim of driving improvements in the quality of health and social care services for people with learning disabilities.

The Programme supports local areas in England to review the deaths of people with learning disabilities aged 4 years and over.

A confidential telephone number and website enables families and other key people to notify the LeDeR team of the death of someone with learning disabilities.

An initial review of the death will then take place. The purpose of this is to provide sufficient information to be able to determine if there are any areas of concern in relation to the care of the person who has died, and if any further learning could be gained from a multiagency review of the death that would contribute to improving practice.

If indicated, a more in-depth, multiagency review will be conducted.

As part of the review, the local reviewer will include family members, friends, professionals and anyone else involved in supporting the person who has died to find out more about their life and the circumstances leading to their death.

During this reporting period the role and responsibility of a Local Area Contact (LAC) was moved to within North Cumbria CCG and assigned to the Director of Nursing and Quality. This was in turn operationally supported by the Deputy Designated Nurse for Safeguarding.

As acknowledged in previous reports, not all deaths of people with a Learning Disability are safeguarding issues. However, the learning and improvement that is envisaged from such reviews across the county, region and nationally, needs to be shared and acted upon across the wider safeguarding frameworks.

There is now a County wide steering group consisting of representatives from across the local partnerships of health and social care service. The Steering Group has oversight of individual reviews and thematic learning that arises from this work.

7.2 Safeguarding Adults Reviews and Practice Reviews

The Designated Leads, Named GP for Safeguarding have been actively involved in finalising three CSAB Safeguarding Adults Reviews (SARs) which have been awaiting publication for some considerable time. It is anticipated that, following the appointment of the new CSAB Independent Chair, these reports will be published during 2018. One statutory multiagency Domestic Homicide Review (DHR) was initiated during the past reporting period and is awaiting conclusion to the process and publication.

7.3 Care Homes

The collaborative work with the Cumbria County Council and other partners including the Care Quality Commission (CQC) has continued during 2017/18 to ensure a robust approach to improve quality and address concerns in the Care Home sector.

The CCG has continued to actively monitor contract compliance and issued safeguarding self-assessments to all the Care and Homes with nursing with residents and Domiciliary Care providers in North Cumbria. In December 2016 a revised and updated safeguarding self-assessment was developed by the Designated Leads for the 2017/18 contracts.

The Designated Leads have worked closely with the wider CCG Nursing and Quality Team, Continuing Health Care Team, Commissioners, CQC and Cumbria County Council Staff in relation to safe care. The Care Home Collaborative initiative is the multiagency group focussed on developing support and improving quality across the sector and delivering against the NHS England High Impact improvements. North Cumbria CCG has reviewed and refined its quality assurance and contractual processes for Care Home during 2017/18.

Care Homes with nursing who have had restrictions imposed are reported to regulators, health and social care commissioners and safeguarding teams. Communication and arrangements, whilst in place, need further work to become fully embedded both internally within the CCG and between partner agencies.

7.4 Domestic and Sexual Violence

During 2017/18 work was commenced to review the governance arrangements to support both domestic and sexual violence. The CCG Designated Leads contributed to the development of a revised County wide strategy for both domestic and sexual violence.

The current Domestic Abuse strategy aims to support the identification, prevention and interventions to break the cycle of Domestic Abuse across Cumbria and to reduce incidents of abuse and repeat victimisation. This strategy aims to ensure that the following objectives are achieved through an effective partnership approach:

- To agree that Domestic Abuse is never tolerated or accepted.
- System wide early identification of Domestic Abuse.
- Preventing Domestic Abuse and tackling its causes
- All relevant professionals are fully aware of the signs and symptoms of Domestic Abuse and know how to respond.
- All Partner agencies work together taking a 'think family' approach to dealing with Domestic Abuse.
- Children in homes where Domestic Abuse is present are supported and safeguarded.
- Victims and their families are protected and supported.
- Perpetrators' behaviour is challenged.
- Reduce offending and re-offending rates of Domestic Abuse

The Designated Doctor has continued to support the CCG and the wider partnership in its commissioning and provision of the Bridgeway, Sexual Assault Referral Centre, in Penrith.

8 Children Looked After (CLA)

8.1 The Health of Children Looked After in Cumbria

The number of Children Looked After by the County Council, as at 31 March 2017 was 665 which reflected an increase of Children Looked After and challenges a previously reported downward trend (627 from the last reporting period). This figure has remained above our statistical neighbours for a number of years. Clear governance and plans were developed to ensure care plans were effectively managed, a campaign to recruit more foster carers was initiated amongst other initiatives to ensure that drift was being minimised and that those children and young people who could return home could do so as soon as possible.

8.1.1 Cumbria Data Summary for Children Looked After

Age	Under 1	31	5%
	1 to 4	89	13%
	5 to 9	137	21%
	10 to 15	217	48%
	16 and over	91	14%
	Total	665	
Legal Status	Interim care order	150	23%
	Full care order	402	60%
	Placement order	62	9%
	Accommodation under s20	49	7%
	Emergency/Police Protection order	1	0%
	Other	1	0%
	Total	665	
Provider	Placement with parent	36	5%
	Foster placement-friends and family	85	13%
	Foster placement-other foster carer	404	61%
	Residential children's home/hostel/other	105	16%
	Residential- school	4	1%
	Placed for adoption	18	3%
	other	13	2%
	Total	665	
Children living in placements more than 20 miles from home outside of the Local Authority	Number Placed 20+ miles from home and outside the Local Area	176	26%
	Total	665	

Source: Cumbria County Council

8.1.2 Health Assessments for Children Looked After

NHS North Cumbria CCG has received quarterly performance data on the Health and Emotional Wellbeing of Children Looked After from Cumbria Partnership Foundation Trust (CPFT). During a Commissioner / Provider meeting in August 2017, the North Cumbria CCG Commissioners became aware of the decline in Initial Health Assessment (IHA) performance and scrutinised the recovery actions being taken to address performance. An urgent diagnostic review of administrative and clinical (nursing and medical) processes was undertaken at the end of August 2017, which subsequently informed the formation of the Recovery Plan. Mitigation was put into place and IHA performance for September 2017 improved from 33% to 87.5%.

Under 5 yrs. Review Health Assessments

Review health assessments for looked after children aged under 5	Number with up to date RHA	70.9%
	Number CLA aged under 5	110

Source: CPFT Update report

Over 5 yrs. Review Health Assessments

Review health assessments for looked after children aged 5 and over	Number CLA aged 5 and over	514
	Percentage with up to date RHA	86.2%

Source: CPFT Update report

8.1.3 Children in Care who are in line with Immunisation and Vaccination Schedule

Immunisation uptake for Children Looked After in Cumbria continued to show reduced performance in this area achieving 84.9%, slightly below the 85% expected threshold and both the North West and England-wide performance. Data was accurate as at 23 Feb 2018.

8.1.4 Children in Care attending a dentist in the last 12 months

Dental attendance performance continued to show an equal decline in performance achieving 80.6%, again below the expected 85% threshold. Dental health promotion has remained a key area in Review Health Assessments (RHA). Data was accurate as at 23 Feb 2018.

8.2 Children Looked After Health Group

During 2017/18 this partnership group chaired by the Deputy Director of Nursing / Designated Nurse for Safeguarding has strengthened and developed. The health focussed group has included members from Children's Social Care, a Foster Carer, the Voluntary Sector and the Policy Officer supporting the Corporate Parenting Board. Its purpose has been to monitor and enable access to a range of health services that promote and support the emotional, physical and mental health of Children Looked After in Cumbria. It has also aimed to ensure that CLA inform service developments.

The group have an agreed set of priorities with underpinning initiatives to support improvements across: -

- Dental Health
- Emotional Health and Well Being
- Care Leavers

8.3 Children Looked After / Primary care

The Named GP for Safeguarding was a member of the CLA Health Group and led on improvements in how Primary Care supports the most vulnerable children in our communities. One initiative was to recommend that every child would be offered a follow up appointment with a GP three months after their Initial Health Assessment, to review progress and identify any issues that the GP could help with. This recommendation was positively accepted by our GP practices and a review is planned to assess the impact for CLA.

9. Supporting Safeguarding Standards in Primary Care

9.1 Support to Primary Care

The Named GP for Safeguarding

- supported GP practices involved in multiagency SCRs, SARs, Practice Reviews and DHRs to ensure that the learning for primary care and the wider health and social care system was captured and SMART actions were identified that would improve safeguarding practice.
- Developed resources relevant to Primary Care in safeguarding children and adults at risk.
- Monthly newsletters were developed and published throughout 2017/18. A Safeguarding section was developed by the Communications team on the CCG website and all of the newsletters were archived there. A section of useful documents for primary care was created.
- The Named GP also facilitated PLT Sessions on key safeguarding issues with the members of the safeguarding team to support compliance with Intercollegiate competency requirements.

10. Contribution to Multi Agency Safeguarding Arrangements

10.1 Cumbria Safeguarding Boards

The independently chaired Cumbria Safeguarding Boards have been the key mechanism for agreeing how organisations in Cumbria cooperate to safeguard and promote the welfare of children and vulnerable adults: this includes the contribution to the prevention of abuse and neglect.

NHS North Cumbria CCG Leads and the Safeguarding Team have actively supported the work of the Safeguarding Boards and reinforced a shared partnership approach to ensure a more holistic view of families.

NHS North Cumbria CCG's commitment to the work of the Safeguarding Boards and their sub groups is outlined in Tables 1 and 2 following.

Table 1 - NHS North Cumbria CCG membership of Cumbria Safeguarding Boards and sub groups:

Children

Cumbria Local Safeguarding Children's Board	Director of Nursing and Quality (From Jan-Feb 18) Deputy Director of Nursing & Quality /Designated Nurse for Safeguarding
Chairs/Business Group	Deputy Director of Nursing & Quality /Designated Nurse for Safeguarding
Child Death Overview Panel	Deputy Director of Nursing & Quality /Designated Nurse for Safeguarding. Designated Doctor for Safeguarding Children (from Jan 2017) Designated Paediatrician for Child Death
Case Review Sub Group	Deputy Director of Nursing & Quality /Designated Nurse for Safeguarding (Chair). Designated Doctor for Safeguarding Children (from Jan 2017).
Health Sub Group	Deputy Designated Nurse for Safeguarding
CSE/Missing from Home	Deputy Designated Nurse for Safeguarding
Hub Programme Board	Deputy Director of Nursing & Quality / Designated Nurse for Safeguarding
Learning and Improvement	Deputy Director of Nursing & Quality / Designated Nurse for Safeguarding (Chair)
Children Looked After Health Group	Deputy Director of Nursing & Quality / Designated Nurse for Safeguarding
Children's Improvement Board (CHiB) (Ceased in February 2018)	Director for Children and Families

Table 2 - NHS North Cumbria CCG membership of Cumbria Safeguarding Boards and sub groups:

Adults

Cumbria Adult Safeguarding Exec Board	Director of Nursing and Quality and Deputy Director of Nursing and Quality / Designated Nurse for Safeguarding (From Jan/Feb 2018)
Cumbria Adult Safeguarding Board Operational Sub Group	Deputy Designated Nurse for Safeguarding
Learning and Improvement Sub Group	Deputy Director of Nursing and Quality / Designated Nurse for Safeguarding
Serious Adult Review Sub Group	Deputy Designated Nurse for Safeguarding
Domestic and Sexual Violence Operations Group	Deputy Designated Nurse for Safeguarding. Designated Doctor

10.2 Children’s Improvement Board (CHiB) and Associated Plan

During 2017/18 there continued to be a strong commitment across the partnership to continue to improve safeguarding practice across Cumbria for the benefit of children and young people. Through its role on the Children’s Improvement Board the CCG has been part of the ongoing improvement journey for the Local authority as monitored and reviewed through the overarching Children and Young People’s Plan. Feedback from the last formal Ofsted inspection undertaken in November 2017 and reported in January 2018 commented that;-

‘All local authority services for children have significantly improved and overall effectiveness now requires improvement to be good. This is an achievement, as it follows three inspection ratings of inadequate. Services for children were inadequate for overall effectiveness in 2012 and 2013 because of weaknesses in safeguarding. In 2015, help and protection services had improved, but services for children looked after had declined and were inadequate. The local authority has now achieved a period of continuous development in all services.’

As a result of this the Children’s Improvement Board that was established to drive forward the essential changes was stood down, with partnership governance groups in place including the LSCB, Corporate Parenting and Children Trust Board leading the ongoing improvement work.

10.3 Child Death Overview Panel (CDOP)

The CDOP has reviewed each death of a child normally resident in Cumbria.

The 2016/17 Annual CDOP report ascertained whether the child deaths for the period April 2016 – March 2017 were modifiable. Of the 29 deaths with a completed review, 21 (76%) were felt to have no modifiable factors. This is comparable with England as a whole, where 73% of child deaths were felt to have no modifiable factors. Of the remaining seven, parental smoking was identified in four cases. In two cases there were factors relating to infant sleeping. In two cases factors relating to healthcare were identified, though in neither case were these factors directly a cause of death.

Place of death

In light of the national proposals to change CDOP arrangements as part of the Working Together review, it is worth noting the pattern of deaths across the County where NHS services have been most involved. Of the 29 deaths in total, seven could be described as “non-medical” – injury, suicide or trauma – even where the death actually occurred in a hospital. Three deaths occurred at home or in a hospice. The remaining 19 deaths happened in a hospital. Of the 13 deaths in West, North and East Cumbria, only five actually occurred within a Cumbrian hospital; the other eight were in hospitals in the North East, mainly the Royal Victoria Infirmary in Newcastle. Of the six South Cumbria deaths, only two occurred at Furness General; the other four were in hospitals in Lancashire or Greater Manchester.

This pattern is not surprising, given the location of specialist tertiary paediatric services outside the County. However this, together with the main causes of death, does potentially lend some support to the proposition that child death is largely something that has to be seen in a medical context, and that reviewing them as part of a clinical system may be more appropriate than doing so as part of a safeguarding system, as long as any non-clinical modifiable factors are adequately reported and responded to at a local level. .

It is notable that of the 22 “medical” deaths, 19 took place in hospital, with only three occurring at home or in a hospice. In three of the categories of death used in this review (4 – malignancy; 6 – chronic health condition; and 7 – chromosomal, genetic and congenital abnormalities) good end of life planning could enable some people to die comfortably in a non-hospital setting, without the added trauma of ultimately fruitless medical intervention. In Cumbria in 2016/17 there were 10 deaths within these three categories, and it is positive to note that three of those deaths did indeed occur at home or in a hospice. A very subjective review of the remaining seven deaths suggests that in two cases it is arguable that a decision to move to palliative care could have been more appropriate in the best interests of the child than continued treatment. Such a decision is of course a highly sensitive one that has to be taken in full consultation with families, and it may be that such

discussions did indeed take place in these two cases. However as part of promoting a more person-centred approach to end of life care (Dying Well), continuing to monitor place of death and whether palliation has been appropriately considered should become part of the CDOP considerations.

11. Performance and Assurance

The effectiveness of the safeguarding system has been assured and regulated by a number of bodies and mechanisms. These include:

- Provider internal assurance processes and Board accountability
- The local Safeguarding Boards
- External regulation and inspection - CQC and Monitor
- Locally developed peer review and assurance processes
- Effective commissioning, procurement and contract monitoring.

All provider services, now including every General Practice are required to comply with the Care Quality Commission Essential Standards for Quality and Safety that include safeguarding standards (Regulation 13).

NHS North Cumbria CCG has performance managed each provider organisation via formal contract review meetings led at Director level. In addition the following arrangements have been in place to strengthen the NHS North Cumbria CCG's assurance processes:

- Designated Leads are members of each Provider Trust's internal Safeguarding Committees.
- Joint Commissioner/Provider quality contract meetings considered safeguarding issues/priorities and receive updated actions plans from Serious Case Reviews.
- Systematic review of serious untoward incident reports from North of England Commissioning Support (NECS) Quality Team.

12. Conclusion

This Annual Report provides an overview of the challenges and developments relating to Safeguarding and Children Looked After in North Cumbria CCG over the reporting period 31 March 2017 to 1 April 2018. It has been a busy and productive year in which, despite some significant organisational changes, progress has been reported against our priority areas for development. This has also included the focus on the emerging areas of safeguarding including Child Sexual Exploitation, Asylum Seekers, Modern Slavery and Human Trafficking, and PREVENT.

The report provides assurance that the CCG was able to fulfil its statutory duties and responsibilities for Safeguarding and Children Looked After despite the challenges reported during this period. During the remainder of 2018 the team will start to focus on the impact of the revised Working Together guidance, the Intercollegiate Competency Guidance for Adults and the safeguarding arrangements within the developing Integrated Health and Care system.

13. Glossary

CDOP	Child Death Overview Panel
CHOC	Cumbria Health On-Call (provider of Out of Hours GP service)
CHIB	Children's Improvement Board
CLA	Children Looked After
CLIC	Cumbria Learning and Improvement Collaborative
LSCB	Local Safeguarding Children's Board
CPFT	Cumbria Partnership NHS Foundation Trust
CQC	Care Quality Commission
DHR	Domestic Homicide Review
DoLS	Deprivation of Liberty Safeguards
IHA	Initial Health Assessment (for a Child Looked After)
LeDeR	Learning Disabilities Mortality Review
MALAP	Multi Agency Looked After Partnership
MARAC	Multi Agency Risk Assessment Conference
NCUHT	North Cumbria University NHS Hospitals Trust
NHSE CNE	NHS England – Cumbria and North East
QSG	Quality Surveillance Group
RHA	Review Health Assessment (for a Child Looked After)
Section 11 Audit	Statutory Requirement to complete annual Children's Safeguarding Audit
SMART	Smart Measurable Attainable Realist Timely (Actions)

14 References

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<http://www.cumbrialscb.com/professionals/cdop.asp>

15. Acknowledgements

Louise Mason-Lodge, Deputy Director of Nursing and Quality /Designated Nurse for Safeguarding, North Cumbria CCG

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Linda Awang, Performance Officer, Cumbria County Council

Bethan Hill-Gorst, Performance Officer, Cumbria County Council

Anne Cooke, Safeguarding Business Manager, North Cumbria CCG

NHS Cumbria CCG Safeguarding Dashboard Report - 31 March 2018 Update

Summary of safeguarding arrangements across health economy of Cumbria

Key issues for consideration		Safeguarding Assurance Exception Reporting from Safeguarding Standards	
CCG compliance with statutory /national safeguarding arrangements	Annual Safeguarding Stocktake identified that the CCG does not meet the minimum staffing requirements outlined in Accountability and Assurance Framework (2015)	Provider	Comments
PREVENT	Implement plans to meet the competency requirements for NHS staff including primary care	CPFT	NHS and Section 11 assurance for 2017/18 : contractual obligation via NHS Self Assessment. In January 2017, the CQC undertook an unannounced inspection of the Trust's community health services for children and young people - services were rated good
System Leadership in assuring Safeguarding standards in Care Homes	To formalise current processes and reporting arrangements; this includes assurance visits in liaison with Quality Team	NCUHT	NHS and Section 11 assurance for 2017/18 : contractual obligation via NHS Self Assessment.
Assurance of implementation of Mental Capacity Act	Assurance of health system-wide implementation required.	Primary Care Providers and assurance	Section 11 audit completed. Analysis of responses by Named GP.
Implementation of Safeguarding Information System to enable effective information sharing to support vulnerable children and young people accessing acute services	Assurance of health system-wide implementation required.		
Appointment of a Designated Doctor for Children and Children Looked After	Interim arrangements were in place for 2016/17. A Service Level Agreement is currently in place with a fixed term arrangement.		
0-19 Services recommissioning particularly in relation to the Strengthening Families service.	Assurance of safeguarding arrangements in the Strengthening Families service, through partnership working between the CCG and Public Health commissioners.		
Rolling Log of Statutory Reviews with current CCG safeguarding team involvement.			
Recently published reviews.			
Children's SCRs	1 Serious Case Review for a North Cumbria child was completed and due for publication (2 Serious Case Reviews completed by Cumbria LSCB)		
Adults SARs	3 cases had been completed in 2017/18 and remained due for publication. The individuals were all from N Cumbria CCG.		
DHRs	1 ongoing (Carlisle)		
Published Reviews - Children's	Cumbria Children's SCR cases (6) L, N, R, O, AC (2016), New publication - Children P (2017/18)		
Published Reviews - Adults	Adults SAR cases (1) - Adult Y (Feb 2016). No new reviews were published in 2017/18		
Published Reviews - DHRs	DHRs (3) DHR S Lakes, DHR W Cumbria (Jan 2016), DHR N Cumbria (June 2016) No new DHR Reviews were published in 2017/18.		
Action required		Comments/Update	
Safeguarding Team to be directly involved in ICC Development in North Cumbria CCG		Safeguarding team to be directly involved in the ongoing developments around ICCs in relation to safeguarding and CLA. This will also include input into the wider STP / ACO developments. 2017/18 update: this action will be carried forward to 2018/19 plan	
Standardise the quality of primary care meetings for vulnerable patients (child and adult)		This was included in actions in learning from Serious Case Reviews. Guidance and template for meetings developed by Named GPs in collaboration CPFT Named Nurse, for dissemination to all General Practices. 2017/18 update: whilst improvements were made during 2017 ongoing review of the consistency and effectiveness of these meetings as an impact of the 0-19 recommissioning changes. This will need to be reviewed again during 2018/19 to gain appropriate assurance	
Develop comprehensive safeguarding performance framework to incorporate national KPI requirements.		Framework developed in collaboration with the Children's Commissioning Team; this needs to be reviewed in the context of the provider and ICC framework. Delayed implementation was linked to CCG boundary change. 2017/18 update: this action will be carried forward to 2018/19 plan	
Ensure that mechanisms are in place that utilise the views of vulnerable children and adults in service developments		2017/18 update: work has continued with the CCG commissioning team to complete engagement work with children looked after. The voice of the child is captured at the CCG led LSCB Health sub group and the CLA Health sub group. Further work is required during 2018/19 to provide a focus on work with vulnerable adults.	
Ensure that NHS Cumbria CCG meets the requirements in Promoting the health and well being of CLA (March 2015) and knowledge and skills framework		Ensure that all relevant service specifications meet the requirements. Outline the key components for inclusion in provider training strategies. The Safeguarding Team has been actively involved in the collaborative commissioning of the 0-19 service and this has included a specification for the CLA service, including the skills and competences to deliver. 2017/18 update: this action will be carried forward to 2018/19 plan to audit processes in place to ensure staff can demonstrate the required competencies	
Ensure health needs assessments and the profiling of children looked after health needs informs the JSNA and key health priorities eg. Smoking cessation.		Using current CLA health needs assessment and progress against the 2015/16 priority areas in particular. Children Looked After Health Needs to inform the JSNA refresh. 2017/18 update: see above to be combined as one action in the 2017/18 CLA Health Group action plan	

Action required	Status	Comments/Update
Ensure implementation of the Care Act to influence working together on complex cases.		2017/18 update: this action is complete. Developing integration in Integrated Care Communities including social care colleagues is providing the focus for this work
Ensure the Designated Leads' roles and functions include discussions and action with commissioners in relation to services commissioned by other organisations. Eg. Unity, School Nursing.		Ensured a coordinated approach to safeguarding in the changing landscape of commissioning and provision. 2017/18 update: this action is now identified as an issue for key consideration for 2018/19 linked to the second phase of public health led commissioning of 0-19 services
Develop a supervisory system for Named GPs		2017/17 update: The CCG Safeguarding Team including the Designated Doctor provides safeguarding supervision to the Named GP.
Liaise with NHS England / Pharmacy regarding safeguarding issues and medication errors.		Messages in the learning from Serious Case Reviews (Adult Y) The profile of safeguarding issues linked to medication errors has been raised in multiagency case reviews and PLT sessions. The issue has also been discussed with the CCG's Primary Care team and NHS England 2017/18 Update: clear processes now in place to cascade lessons learnt in the CCG and across primary care.
Support Primary Care to ensure trauma histories are taken when interviewing appropriate patients.		Message in the learning from Serious Case Reviews (DHR 2 - Copeland) Training was delivered via PLT sessions. 2017/18 update: action now complete
System of self assessment of adult safeguarding standards to be implemented in Primary Care.		There is currently no statutory requirement for primary care to undertake a safeguarding self assessment for adult safeguarding. Early work has been completed around support to primary care in relation to prospective standards and there is a plan to update the Adult Safeguarding Protocol in 2017/18.
Ensure lessons from serious case or domestic homicide reviews are cascaded and establish evidence of impact		Taking full account of the number and range of reviews to seek assurance of impact on practice. There is a mechanism in place to communicate the learning. LSCB and CASB briefings are routinely communicated to staff. 2017/18 Update: clear processes now in place to cascade lessons learnt in the CCG and across primary care
Ensure that the changing profile of the Child Looked After population informs future commissioning arrangements and workforce plans.		The CLA Health Group is well established. It is chaired by the Designated Nurse for Safeguarding and a clear set of priorities has been agreed with an action plan in place. A deep dive presentation on the health needs of CLA went to the Corporate Parenting Panel. There is representation from the Corporate Parenting Board on the CLA Health Group. 2017/18 update: link made with the DPH to ensure CLA continue to be a focus in the JSNA. The CLA Health Group continues to ensure work is undertaken to collate health needs data to support the priority areas of focus

Appendix 2

Data:
Safeguarding Adults and Children
and Children Looked After
Annual Report:
2017 / 18

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1. Safeguarding Leadership Roles within NHS North

Cumbria CCG:

NHS North Cumbria CCG Leadership	
Medical Director and Accountable Officer	Dr David Rogers
Director of Nursing and Quality	Helen King From April 2017 to September 2017
Deputy Director of Nursing and Quality and Designated Nurse for Safeguarding	Louise Mason-Lodge
Director for Children and Families	Eleanor Hodgson
Senior Management Officer – Allegations (Children)	Peter Rooney
Designated Leads for Safeguarding	
Designated Doctor for Safeguarding Children	Dr Nicola Cleghorn
Designated Nurse for Safeguarding Adults, Children and CLA	Louise Mason-Lodge
Deputy Designated Nurse for Safeguarding Adults, Children and CLA	Simon Parker
Named GP for Safeguarding Children and Adults	Dr Amanda Boardman
Designated Paediatrician for Child Death Review	Dr Deb Lee

2. Activity Data

To note: Cumbria Wide Data

Cumbria County Council is the Local Authority in Cumbria with lead responsibility for Children's and Adults' Safeguarding arrangements and Children looked After within the county of Cumbria. The County Council has provided Cumbria-wide data and also included available locality information.

2.1 Cumbria Activity Data Children's Safeguarding

Population data

- The under 18 population of Cumbria is approximately 95,000 (19% of the overall population of Cumbria). The total population of Cumbria is just under 500,000.
- The under 18 population of the North Cumbria CCG area is approximately 63,000.

The following data has been provided by Performance Officer, Cumbria County Council.

Children on a Child Protection Plan

	31 March 2018			
	Allerdale & Copeland	Barrow & South Lakeland	Carlisle & Eden	Cumbria
Number of Children with CP Plan	201	236	177	614

1 April 2013

Number of Cumbrian children on a Child Protection Plan was 345

2 May 2014

Number of Cumbrian Children on a Child Protection Plan was 618

31 January 2015

Number of Cumbrian Children on a Child Protection Plan was 348

31 March 2016

Number of Cumbrian Children on a Child Protection Plan was 413

31 March 2017

Number of Cumbrian Children on a Child Protection Plan was 523

31 March 2018

Number of Cumbrian Children on a Child Protection Plan was **614**

Children on a Child Protection Plan - at 31 March 2018

Number of Children on a Child Protection Plan by Category of Abuse:

Category of abuse	Number
Neglect	279
Physical Abuse	25
Sexual Abuse	36
Emotional Abuse	272
Multiple	2
Total	614

Number of Children on a Child Protection Plan by Duration of Plan - 31 March 2018:

Duration of Plan	Number
Under 3 months	202
3 to 6 months	188
6 to 12 months	140
1 to 2 years	81
Over 2 years	3
Total	614

Referrals to Cumbria Children's Safeguarding Hub

Initial Contacts by Source - Year ending 31 March 2018

Source	Number
Anonymous	582
Education	1485
Health	1958
Individual	2188
Legal	510
Other	926
Police	6517
Social Care	596
Total	14762

Initial Contacts by Outcome - Year ending 31 March 2018

Outcome	Number
Transfer to Children's Social Care	2435
MASH Episode	1712
Progress to Early Help (CAF) Episode	1325
Link to Existing Early Help (CAF) Episode	857
Provide Information and Advice	3308
No further action	5125
Total	14762

Serious Case Reviews

One Serious Case Reviews was published in the 2017/18 period (Children P).

2 Serious Case Review were completed and were awaiting publication. Of the 2, 1 was from the North Cumbria CCG area.

No Serious Case Reviews were initiated during 2017/18.

Child Deaths

2017 - 2018

There were **14** deaths of children and young people who were residents of Cumbria.

Of the above 14, 8 of the children and young people were from the North Cumbria CCG area.

By comparison the numbers of child deaths of children and young people who were resident in Cumbria in recent years: -

2013-2014 26

2014-2015 26

2015-2016 29

2016-2017 22

2.2 Cumbria Activity Data

Adult Safeguarding

Population data

- The over 18 population of Cumbria is approximately 405,000 (81% of the overall population of Cumbria). The total population of Cumbria is just under 500,000.
- The over 18 population of the North Cumbria CCG area is approximately 260,000

Numbers of Safeguarding Referrals

2017 - 2018

Cumbria data shows there were 928 safeguarding concerns logged by Health and Care Services, Cumbria County Council.

Of the 1107: -

Number of Section 42 Safeguarding Enquiries	405
Number of other Safeguarding Enquiries	<u>3</u>
Total	<u>408</u>

Adult Safeguarding Enquiries by source of risk

Table SG2a	Concluded Section 42 Enquiries			Other Concluded Enquiries		
Counts of Enquiries by Type and	SOURCE OF RISK			SOURCE OF RISK		
	Service Provider	Other - Known to Individual	Other - Unknown to Individual	Service Provider	Other - Known to Individual	Other - Unknown to Individual
Physical Abuse	23	90	63	0	0	0
Sexual Abuse	3	33	24	0	1	0
Psychological Abuse	16	71	22	0	1	1
Financial or Material Abuse	6	63	47	0	0	0
Discriminatory Abuse	1	0	1	0	0	1
Organisational Abuse	9	3	15	0	0	0
Neglect and Acts of Omission	22	25	74	0	0	0
Domestic Abuse		18			0	
Sexual Exploitation	0	0	0	0	0	0
Modern Slavery	0	1	1	0	0	0
Self-Neglect		17			1	

Source: Cumbria County Council (2017/2018 data)

Adult Safeguarding Enquiries by location descriptor

Table SG2b	Concluded Section 42 Enquiries			Other Concluded Enquiries		
Counts of Enquiries by Location	SOURCE OF RISK			SOURCE OF RISK		
	Service Provider	Other - Known to	Other - Unknown to	Service Provider	Other - Known to Individual	Other - Unknown to
Own Home	13	96	70	0	0	1
In the community (excluding	3	48	30	0	2	1
In a community service	3	2	1	0	0	0
Care Home - Nursing	15	12	26	0	0	0
Care Home - Residential	21	26	48	0	0	0
Hospital - Acute	0	2	10	0	0	0
Hospital - Mental Health	0	3	1	0	0	0
Hospital - Community	1	1	2	0	0	0
Other	2	17	13	0	0	0

Source: Cumbria County Council (2017/2018 data)

Adult Safeguarding Enquires by age of individual

Table SG1a	Age Band					
Counts of Individuals by Age Band	18-64	65-74	75-84	85-94	95+	Not Known
Individuals Involved In Safeguarding Concerns	292	98	221	268	49	0
Individuals Involved In Section 42 Safeguarding Enquiries	177	53	83	80	12	0
Individuals Involved In Other Safeguarding Enquiries	2	0	1	0	0	0

Source: Cumbria County Council (2017/2018 data)

Safeguarding Adults Reviews (SARs) and Domestic Homicide Review (DHR)

No Safeguarding Adults Reviews were published in the 2017/18 period.

3 Serious Case Review had been completed and were awaiting publication.

All 3 cases were from the North Cumbria CCG area.

No Serious Case Reviews were initiated during 2017/18.

One statutory Domestic Homicide Review (DHR) was in process during the 2017/2018 period. This case was from the North Cumbria area.

2.3 Cumbria Activity Data

Children Looked After (CLA)

CLA – by age of the child

31 March 2018			
Cumbria			
Age	Under 1	31	5%
	1 to 4	89	13%
	5 to 9	137	21%
	10 to 15	317	48%
	16 and over	91	14%
	Total	665	-

Legal status of Cumbria CLA

31 March 2018			
Cumbria			
Legal Status	Interim care order	150	23%
	Full care order	402	60%
	Placement order	62	9%
	Accommodation under s20	49	7%
	Emergency/Police Protection order	1	0%
	Other	1	0%
	Total	665	-

Source: Cumbria County Council

Placement type

31 March 2018			
Cumbria			
Placement	Foster placement – friends and family	85	13%
	Foster placement – other foster carer	404	61%
	Residential – Children’s Home/Hostel/Other	105	16%
	Residential – School	4	1%
	Placed for adoption	18	3%
	Placed with parent(s)	36	5%
	Other	13	2%
	Total	665	

Source: Cumbria County Council

Children placed more than 20 miles from home outside Local Authority boundary

31 March 2018		
Cumbria		
Children living in placements more than 20 miles from home outside LA*	Number placed 20 miles + from home outside LA	176
	Number looked after	665
	Percentage	26%

*excluding children whose LA of placement is unknown (those living in Scotland, Wales or outside the UK, or children in confidential placements)

Source: Cumbria County Council