

Safeguarding Children Annual Report 2017/18

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Foreword by the Chief Nurse

NHS South Sefton Clinical Commissioning Group (CCG) and NHS Southport and Formby Clinical Commissioning Group (CCG) demonstrate a strong commitment to safeguarding children within the local communities. There are strong governance and accountability frameworks within the organisations which clearly ensure that safeguarding children and young people is core to the business priorities. The commitment to the safeguarding agenda is demonstrated at Executive level and throughout all CCG employees. One of the key focus areas for the CCGs is to actively improve outcomes for children, young people and their families and that this supports and informs decision making with regard to the commissioning and redesign of health services within the Borough.

A handwritten signature in black ink, appearing to read 'Debbie Fagan', with a long horizontal flourish extending to the right.

Debbie Fagan

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Executive Summary

This is the annual safeguarding report to NHS South Sefton Clinical Commissioning Group Governing Body and NHS Southport and Formby Clinical Commissioning Group Governing Body. The purpose of the report is to assure the Governing Body and members of the public that the NHS South Sefton and NHS Southport and Formby Clinical Commissioning Groups (to be referred to as the CCGs throughout the remainder of the report) are fulfilling their statutory duties in relation to safeguarding children and young people in the Borough of Sefton.

The CCGs Safeguarding Children annual report takes account of national changes, influences and local developments, activity, governance arrangements and any challenges to business continuity.

The CCGs have in place governance and accountability arrangements including regular reporting via the CCGs Joint Quality Committee and to the Governing Body; there is direct access by the Designated Professionals to the Chief Officer.

The CCGs makes a significant contribution to the work of the Sefton Safeguarding Children Board and its sub groups.

1 Purpose of the report

This report provides assurance that the CCGs have safely discharged their statutory responsibilities to safeguard the welfare of children at risk of abuse and the duty to ensure that the health services it commissions are compliant in this respect as outlined in the Children Acts 1989 and 2004. There is a separate report in respect of Children in Care (CIC) / Looked After Children and Safeguarding Adults at Risk.

Key areas of priority were established and reported in the Safeguarding Annual Report 2016-17 and progress against the children elements of these priorities will be highlighted within this report. A number of areas will continually be prioritised for the CCGs as they are a core component of providing safeguarding assurance and therefore they will remain ongoing on future work plans.

This report will summarise arrangements, achievements and activity undertaken in 2017-18, highlight recommendations for 2018-19 and will provide information about national and local changes and influences, local development, performance, governance arrangements, activity and any challenges to business continuity.

The CCGs works in partnership with Sefton Local Authority and other agencies including Sefton Local Safeguarding Children Board and this report should be read in conjunction with Sefton LSCB annual reports.

2 Response to Business priorities 2016/17

- Ensure that the CCGs are compliant with statutory safeguarding responsibilities and requirements, including the oversight and management of progress against action plans for section 11 scrutiny, NHSE assurance and other safeguarding frameworks.

Progress and updates against action plans including Section 11 Children Act (2004), NHS England Safeguarding Assurance and regulatory inspection frameworks have been provided in section 6.1.

- Support the implementation and development of national and local safeguarding arrangements in accordance with guidance, learning from reviews and the LSCB improvement plans and priorities. This will include supporting the CCGs in implementing the Children and Social Work Act / Wood Report and the Kennedy review (CDOP)

Progress and updates against the implementation of national arrangements are provided in section 3.1; learning from reviews including CDOP and practice reviews are provided in section 7.2 and 7.4 respectively.

- Continue to support the agenda, the implementation of guidance and improve quality in practice in relation to Harmful Practices, Asylum, Refugee programme, Trafficking with an increased focus on Modern Slavery

Progress and updates against this work stream are provided in section 5.1 (Modern Slavery Act Statement) and section 5.3

- Support the SEND inspection plan and implementation.

Progress and updates against this work stream are provided in 6.1.

3 National Context

3.1 Children & Social Work Act (2017)

Children & Social Work Act (2017) received Royal Assent on 27th April 2017. As a consequence of the legislative changes within the Act, revisions were proposed to Working Together (2015) to reflect the:

- Replacement of Local Safeguarding Children Boards (LSCBs) with local Safeguarding partners
- Establishment of a new national Child Safeguarding Practice Review Panel
- Transfer of responsibility for child death reviews from LSCBs to new Child Death Review Partners

In respect of safeguarding, LSCBs must continue to carry out their statutory functions until safeguarding partner arrangements begin to operate in their area. LSCBs must also continue to ensure that a review of each death of a child normally resident in the LSCB area is undertaken by the established Child Death Overview Panel (CDOP) until the new child death partner arrangements are in place.

In June 2017, Sefton LSCB held a Development Day where members expressed a wish to continue arrangements with the current LSCB structure and await the revision of Working Together to Safeguard Children. Following publication of the draft guidance, the CCGs supported the LSCB in providing a response to the consultation prior to the 31st December 2017 deadline.

In December 2017, Sefton LSCB Independent Chair wrote to the Chief Executive (Sefton MBC), Chief Officer (CCGs) and Chief Constable (Merseyside Police) to request consideration to the preparations for the new Multi-Agency Safeguarding Arrangements that would replace LSCBs. The 'Safeguarding Partners' met in March 2018 to agree the principles of the future working arrangements and proposed timetable for implementation. Further consultation and discussion will be undertaken with the wider partnership and LSCB in order to finalise a structure that will support the safe transition to Multi Agency Safeguarding Arrangements by April 2019.

3.2 Working Together (2018)

The launch of the revised Working Together (2018) had been anticipated since early 2018 and would support the revision and update of CCG Safeguarding Policy, Strategy and guidance. Although outside the reporting period, it was finally published on 4th July 2018 and necessary updates within the CCG are underway.

4 Local Context

Sefton has a population of 274,000, approximately a quarter are aged 0-19.

Ethnic minorities represent 4.3% of the borough's young people (under 18), representing 6% of children in need (0-18 year old) and 4.3% of children subject of a Child Protection Plan.

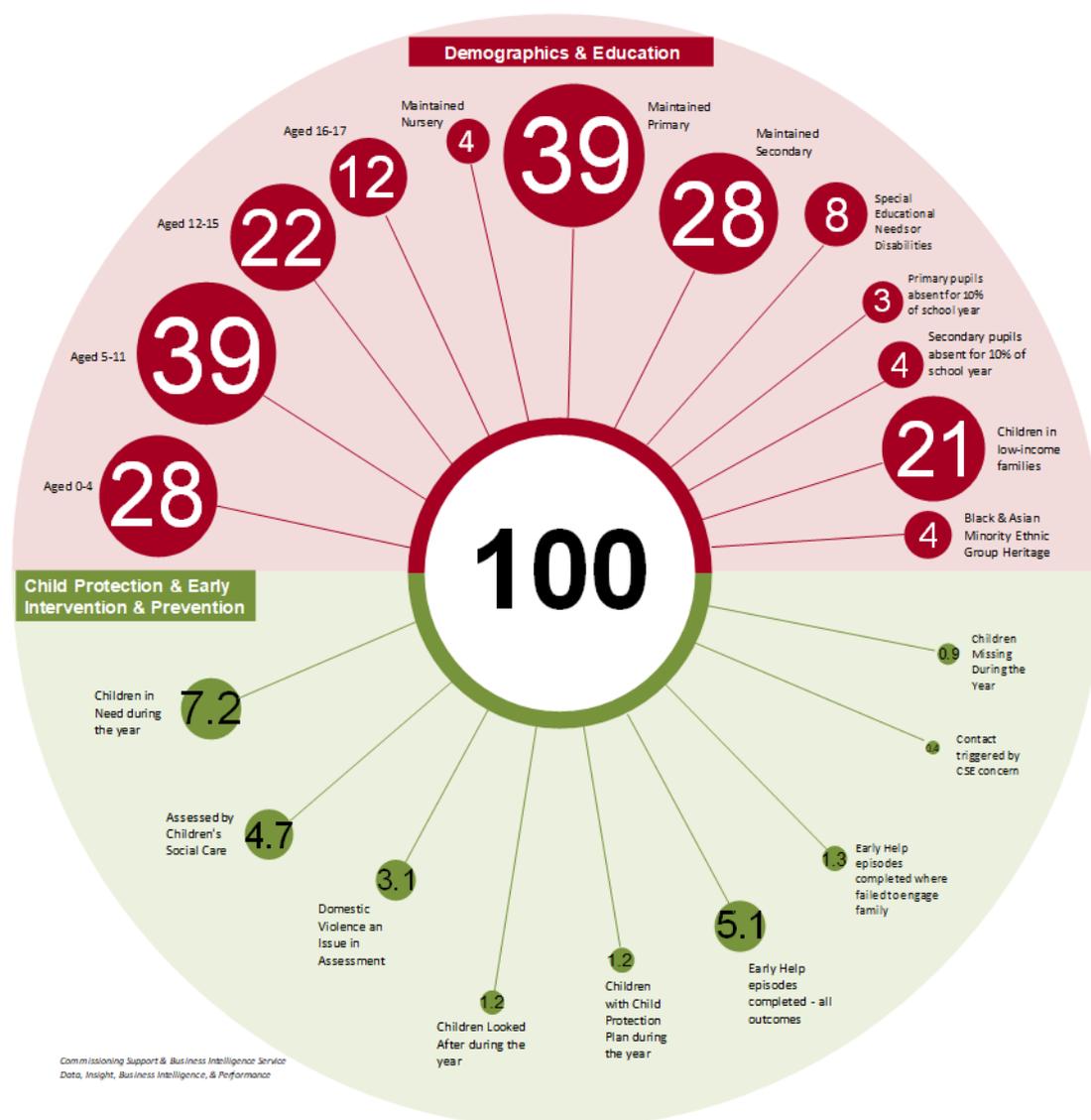
Amongst 0-24 year olds the greatest number of percentage of non UK born residents is amongst Eastern European countries admitted to the EU since 2001, including Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Slovakia, Bulgaria, Romania and Slovenia.

In total there are approximately 10,455 children living in workless households in Sefton, approximately 19% of 0-19 year olds. Approximately one in five children live in low income families. Nearly three quarters of all low income families are also a lone parent family which is higher than the national rate of 68%.

There is a high concentration of low income families in the South of the Borough particularly around the area of Bootle.

If the 53,201 children aged 0-17 in 2015 were represented by just 100 children then 51 of them would be boys, 49 would be girls.

So if Sefton were a village of 100 children.....



On 31st March 2017 there were 235 children subject to a Child Protection Plan. On 31st March 2018 there were 238 children subject to a Child Protection Plan.

The highest category continues to be emotional abuse (57%), as has been the case for the last 5 years. Neglect has risen by 4% (now 30%), physical has reduced by 4% (now 8%) and sexual abuse has increased by 1.5% (now 4%).

The CCGs and partner agencies continue to work together to ensure that this information is available to inform future commissioning arrangements.

4.1 NHS South Sefton and NHS Southport and Formby CCGs Safeguarding Governance and Accountability Arrangements

To meet with national safeguarding requirements, the CCGs commissioned a Hosted Safeguarding Service. The hosting arrangements remained with the CCGs as per the original terms agreed in 2013, using a Memorandum of Understanding and Service

Specification. Throughout the reporting period the hosted safeguarding arrangements were reviewed and the CCGs declared their intention to take 'in house' and employ their own safeguarding provision. Following a consultation period and TUPE (Transfer of Undertakings- Protection of Employment regulations) processes, the service transferred on 1st March 2018. Support arrangements remained in place from Liverpool CCG until recruitment processes for the Designated Safeguarding Adults Manager and Designated Nurse Children in Care were completed. Although outside the reporting period, the Safeguarding Team became fully resourced on 2nd July 2018.

Separate commissioning arrangements ensure the provision of the expertise of a Designated Doctor Safeguarding and Looked After Children and Named GP. All of these professionals act as clinical advisors to the CCGs on safeguarding matters and support the Chief Nurse to ensure that the local health system is safely discharging safeguarding responsibilities.

Accountability for the safe discharge of safeguarding responsibilities remains with the Chief Officer; executive leadership is through the Chief Nurse who represents the CCGs on Sefton Local Safeguarding Children Board, Merseyside Combined Safeguarding Adults Board and Sefton Corporate Parenting Board who is also a member of the CCGs Governing Body. In addition, the Deputy Chief Nurse represents the CCGs on Sefton Youth Offending Team Management Board and Sefton Safer Community Partnership Board.

The safeguarding team meets on a monthly basis with the Chief Nurse to review emerging safeguarding concerns, ongoing work streams and agendas from a children and adult perspective to ensure CCGs oversight of activity.

Safeguarding reports are presented to the Joint Quality Committee on a quarterly basis to appraise the CCGs of current safeguarding activity and developments and includes performance reports for commissioned services against the specific safeguarding Key Performance Indicators (KPIs).

The CCGs continue to work in partnership with statutory agencies and the third sector to support safe and effective delivery of services against the safeguarding agenda.

4.2 Multi agency Safeguarding Arrangements

Each CCG has a statutory duty to work in partnership with LSCBs in conducting Serious Case Reviews (SCR) in accordance with Working Together to Safeguard Children (2015).

The CCGs Designated Professionals coordinate and evaluate health sector input into SCRs providing professional scrutiny and where necessary, relevant challenge to the process. The CCGs support in ensuring that all health related actions following the review are carried out according to the timescale set out by the SCR panel. Activity in respect of SCRs and practice reviews will be highlighted in section 7.4.

Sefton LSCB is the key statutory body overseeing multiagency child safeguarding arrangements across Sefton. The Board is comprised of senior leaders from a range of organisations as defined within Children Act (2004)

- To coordinate the safeguarding work of agencies
- To ensure that this work is effective

CCGs therefore have a statutory duty to be members of the LSCB, working in partnership with the Local Authority to fulfil their safeguarding responsibilities.

The Designated Safeguarding Professionals and CCGs Quality Team are members of Sefton LSCB (main and executive Board) and the sub groups including the Practice Review Panel (chaired by the Chief Nurse), Policy & Procedures (chaired by the Designated Nurse Safeguarding Children), Performance & Quality Assurance, health sub group, Child Exploitation, Learning Development, all of which have a function of developing and scrutinising frontline practice across all partner agencies.

This overview adds further dimension to the CCGs performance information received within the contractual process which supports assurance or the identification of risk within the system.

4.3 National Institute for Health and Care Excellence (NICE) Guidance

NICE provides national guidance, advice and quality standards to improve health and social care. Guidance published during this reporting period has included Child abuse and neglect NICE guideline (NG76), which has been shared across the health economy and included within the Sefton Liverpool LSCB Health sub group.

5 Summary of Progress and areas of work supported in 2017/18

5.1 Policy Reviews

The Safeguarding Service has ensured the CCGs remain compliant with its policies including the following updates:

- Safeguarding Policy (v9): minor amendments made and an extension to review date (from November 2017 to July 2018) agreed through Joint Quality Committee in order that review could incorporate imminent publication of Working Together (2018)
- Safeguarding Declaration (2017)
- Safeguarding Supervision Policy (updated March 2018)
- Modern Slavery Statement:
 - The [Modern Slavery Act 2015](#) has introduced changes in UK law focused on increasing transparency in supply chains, to ensure they are free from modern slavery (that is, slavery, servitude, forced and compulsory labour and human trafficking). As leaders in commissioning health care services and as employers, the CCGs are required to publish a statement providing assurance of its commitment to, and efforts to, prevent slavery and human trafficking practices in the supply chain and employment practices. This statement is present on the CCGs website.

Further updates and revisions will be required in 2018-19 and include:

- Safeguarding Strategy
- Safeguarding Policy (in line with revised Working Together, 2018)
- Management of Allegations Policy & Procedures

5.2 Child Exploitation (CE)

The CCGs Safeguarding Service continues to be represented at National, Regional and local forums to ensure national and local developments are embedded within the local health economy.

Nationally, the Designated Nurse Safeguarding Children is a member of the Child Sexual Abuse & Exploitation Health forum, accountable to NHS England's National Safeguarding Steering Group.

Regionally, the Pan Merseyside Child Exploitation sub group has continued to meet on a bi monthly basis chaired by a Detective Superintendent of Merseyside Police with the CCGs having representation through the Designated Nurse Safeguarding Children.

Key work streams of the group have included

- Development of a PAN Merseyside Child Exploitation Strategy and Child Exploitation Protocol to cover sexual exploitation, criminal exploitation, trafficking and other forms of exploitation, ensuring links to missing children protocols

- Development of a communications strategy in relation to all elements of exploitation aimed at key groups:
 - Professionals
 - Young People
 - Parents and Carers
 - Wider community
- Agree a PAN Merseyside Child Exploitation multi-agency data set and co-ordinate collation of data, in order to provide the Strategic Exploitation Group with oversight of the issue in Merseyside.

The Designated Nurse Safeguarding Children has ensured that representatives from across the health economy have had the opportunity to review and influence the development of the policy and risk assessment tools. Although outside the reporting period, the work of the group culminated in a half day conference on 1st May 2018, launching the developed Child Exploitation and Missing Children protocols.

The Child Sexual Exploitation (CSE) Health sub group continues to meet on a 6 monthly basis in order to share and disseminate key learning and guidance both nationally and regionally.

Specific CSE KPI data continues to be collated by commissioned services to evidence engagement in the agenda. The CSE data required for submission throughout 2018-19, will be further strengthened to include reference to Child Exploitation (Child Sexual Exploitation and Child Criminal Exploitation) as per national developments.

The LSCB Child Exploitation and Missing sub group has continued to be supported with CCGs' representation from the Designated Nurse Safeguarding Children.

The CCGs have continued to support the CSE agenda through financial contribution to the CSE business analyst post to support Sefton's Multi Agency Child Sexual Exploitation (MACSE) pathway

5.3 Harmful Practices including Female Genital Mutilation (FGM)

During the reporting year the CCGs Safeguarding Service was represented at Regional and local forums to ensure national and local developments are embedded within the local health economy.

Regionally, the Pan Merseyside Harmful Practices sub group has continued to meet on a quarterly basis chaired initially by NHS England and for the later part of the year a Designated Nurse for Safeguarding Children from the Merseyside area. The CCGs representation was through the Designated Nurse Safeguarding Children within the hosted service.

Key work streams of the group have included:

- Development of a PAN Merseyside Forced Marriage and Honour Based Violence protocol.

- Updating the PAN Merseyside Female Genital Mutilation Protocol to ensure the document was legislatively compliant.
- Agreeing Terms of Reference and Work Plan to use moving forward into 2018-19 with clear governance arrangements.

The CCG Safeguarding Service was also represented at the Regional NHS England North FGM Meeting. This meeting was chaired by the Regional Designated Nurse for Safeguarding Children from NHS England.

Key work streams of this group have included:

- Health provider readiness for the roll out of the FGM – RIS (Risk Indication System) now referred to as the FGM – IS (Indication System). Provider Trusts locally are included in Phase 2 of the roll out planned for 2018-19.
- Ensuring and monitoring data that all providers are undertaking FGM mandatory reporting. Provider organisations locally are all completing mandatory reporting.
- Influencing and developing a set of commissioning standards for FGM which will be implemented in 2018-19.

5.4 Lessons learned from NHS investigation into matters relating to Jimmy Savile

The Safeguarding Service has continued to seek assurances from commissioned health services around compliance against the Lampard report recommendations throughout this reporting year and enabled the CCGs to provide update reports to NHS England Cheshire and Merseyside Quality Surveillance Group.

The CCGs commissioned services report compliance in all areas with the exception of Recommendation 7 in respect of the need for 3 yearly Disclosure and Barring Service (DBS) checks. As this is not a statutory recommendation, the Safeguarding Service has continued to monitor progress against this and consider mitigating actions in place where full assurance cannot be provided.

5.5 Child Protection Information Sharing (CP-IS)

CP-IS is an NHS England sponsored work programme dedicated to delivering a higher level of protection to children who have been identified as affected by abuse or neglect when they visit NHS commissioned unscheduled care settings such as emergency departments, Urgent Care Centres and Walk in Centres. CP-IS features within the NHS Standard Contract (section 32.8 of Service Conditions) which is mandated by NHS England for use by commissioners for all contracts for health care services other than primary care.

Sefton Local Authority went live with CP-IS in January 2016

The Named GP has initiated contact with NHS Digital in order to progress CP-IS within the unscheduled urgent and primary care providers (GTD Healthcare and Integrated Care

Sefton) within Sefton and the NHS England position statement from May 2018 reported that they were now live.

A priority area for 2018-19 will be for the CCGs Safeguarding Service to consider the impact of these systems on the outcomes for children and young people, through work with the Local Authority Business Intelligence teams in respect of alerts generated for Sefton children.

5.6 Sefton LSCB Priorities

The CCGs have supported the priorities of the LSCB throughout 2017-18. These priority areas included:

- Early Help

Engagement of commissioned health services within the Early Help agenda is overseen and monitored through Safeguarding KPI's which are reviewed by the CCGs Safeguarding Service.

The Chief Nurses for Liverpool and Sefton's CCGs are Chair and Vice Chair of the joint LSCB Health Sub Group. The sub group's work plan includes updates from all member health organisations of Sefton LSCB in line with specific Early Help standards.

The Designated Nurse Safeguarding Children, as a member of Sefton LSCBs Performance & Quality Assurance sub group, receives and scrutinises data in respect of the Early Help. The CCGs contribute to this dataset on a quarterly basis to support evidencing the effectiveness of Early Help services and to support understanding of the data.

The Designated Nurse Safeguarding Children has also supported the LSCB's scrutiny function of partner agencies through being a member of the Early Help Gateway 'challenge' sessions.

The Designated Nurse Safeguarding Children presented at the launch of the revised LSCB Level of Need guidance, attended by over 300 delegates, where key early help principles were communicated to the partnership.

- Neglect

The LSCB Health Sub Group's work plan features neglect as a priority area and includes updates from all member health organisations of Sefton LSCB in line with specific Neglect standards.

The low referral rates by health agencies in respect of neglect (& domestic abuse) was raised at the health sub group including specific MASH referral data to support this. This was explored in respect of referral data and the need to clearly include in referral narrative where neglect is a factor. The LSCB data set has subsequently highlighted an increase in the number of referrals from 'health' in respect of neglect that have progressed to assessment.

The CCGs Named GP for Safeguarding Children has promoted the terminology of 'was not brought' as opposed to Did not Attend to support consideration of neglect as a factor when

children miss scheduled health appointments. This was also included in the GP Safeguarding training event in July 2017.

The Designated Nurse Safeguarding Children has also supported the LSCB's scrutiny function of partner agencies through being a member of the 'Use of the Graded Care Profile tool (GCP2) for neglect' challenge sessions. Findings were shared with the health sub group and included updates on key LSCB documents, tools and briefings and commissioned services have ensured that this agenda is included within NHS provider internal Safeguarding Assurance Groups.

- Vulnerable groups

The Designated Nurse for Safeguarding Children chairs the LSCB Policy & Procedure sub group. This group has provided oversight to the development of a Disabled Children policy and the LSCB Criminal Exploitation protocol.

The Deputy Chief Nurse is a member of the Sefton Youth Offending Management Board, overseeing performance of assessment and outcomes of CYP in the justice system.

- Child Exploitation

Activity in respect of this work stream has been highlighted earlier in the report (see section 5.2).

6 Effectiveness of Safeguarding Arrangements

The CCGs have a statutory requirement under Section 11 of the Children Act 2004 to actively demonstrate that safeguarding duties are safely discharged. Throughout the previous reporting period the scrutiny of this function has been reviewed through external oversight including:

LSCB Section 11 Audit and action plan:

- The one remaining action, in respect to supervision, was completed within this reporting period. A further Section 11 data submission will be requested by the LSCB in 2018

NHS England Safeguarding Assurance process:

- The one remaining action, in respect of an annual review of safeguarding capacity, has been completed within this reporting period. This has resulted in a review of the 'hosted' safeguarding service model, the 'in housing' of the team, an increase in capacity and recruitment to vacant posts as a consequence of TUPE (Transfer of Undertakings- Protection of Employment regulations) processes (see section 4.1).

6.1 Inspection Frameworks

Ofsted Single Inspection Framework of Sefton Local Authority's services for children in need of help and protection, Looked After Children and Care Leavers was published in July 2016. The LSCB Improvement Plan was produced to address the areas that required strengthening. This has been progressed throughout the reporting period, with input from the LSCB statutory partners including the CCGs and Designated Professionals, and signed off as completed in July 2017. As part of the improvement plan, the LSCB formed a separate Policy & Procedures subgroup which has been chaired by the Designated Nurse Safeguarding Children.

A Joint local area Special Educational Needs and Disability (SEND) inspection was conducted by Ofsted and the Care Quality Commission in 2016, to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014. The CCGs have continued to work in partnership with key stakeholders to progress the improvement plan for the local area around key areas for action. A Health SEND Strategic Working Group, chaired by the CCGs Chief Nurse, meets regularly to progress this agenda.

A Care Practice Diagnostic by the Local Government Association was undertaken in Sefton at the request of the Director of Social Care with a specific focus on:

- The effectiveness of the front door
- The impact of the restructure of children's social care
- Improving the health of children looked after
- The impact of the implementation of Signs of Safety
- A review of Sefton's 'Self-Assessment'

The CCGs and commissioned health services supported the preparation process initiated in March 2018 and engagement in the multiagency audit and specific focus groups with inspectors which were scheduled in April 2018.

The CCGs have continued to support commissioned NHS health providers to be 'inspection ready' for the variety of inspections that both the CCGs and services could be required to contribute to.

Briefing updates have been delivered to health providers in respect of the Joint Targeted Area Inspection (JTAI) themes with Intra Familial Sexual Abuse having been anticipated from January 2018. However it was announced that the JTAI programme will now return to previous topics to review how practice has moved forward since the publication of the thematic overview reports on the experiences of children at risk of sexual exploitation and children living with domestic abuse.

In order that the CCG's remain 'inspection ready' the Safeguarding Service has attended a recent planning meeting led by Local Authority with partner agencies. In addition the CCGs 'Health Response Procedure' has been updated to ensure it is fit for purpose with required pathways and contact numbers to support coordination of commissioned and partner health services, should an inspection be announced.

6.2 Multi Agency Audit

As a statutory member of the LSCB, the CCGs are fully engaged in the multiagency audit cycle, through the Designated Nurse for Safeguarding Children and Named GP membership of the audit pool. Throughout the reporting period the CCGs and its commissioned services have supported the following LSCB multiagency audits:

- Child Criminal Exploitation
- Children with Disabilities

Recommendations relating to commissioned NHS health services are overseen by the Safeguarding Service at a number of forums including the LSCB Health sub group, Performance and Quality Assurance sub group and Trust Safeguarding Assurance Groups.

6.3 Performance Monitoring

As highlighted earlier the CCGs have a statutory duty to ensure that that all health providers from whom services are commissioned promote the welfare of children and are able to demonstrate that outcomes for children, young people and their families are improved. The CCGs remain committed to working collaboratively with commissioned services and utilise a number of approaches to ensure that there is an acceptable level of assurance provided within the system to demonstrate safe, efficient and quality services are being delivered and that safeguarding responsibilities are safely discharged. Where the level of assurance has not been evidenced and agreed progress has not been achieved then contractual levers

have been evoked all of which have been agreed and monitored via the Clinical Quality and Performance Group or Contract Clinical Quality Review meetings. In more exceptional circumstance the CCGs will work collaboratively with NHS England and other regulatory partners within a Quality Surveillance Group to gain a shared view of risks to quality through sharing intelligence.

During the reporting year NHS Southport and Formby CCG was able to close a performance notice with one Trust and NHS South Sefton CCG continued to apply a notice on a separate Trust.

6.4 NHS England Development of a Strategic Direction for Sexual Assault Services

The CCGs Safeguarding Service has supported NHS England's Commissioning Committee in their development of a strategy to ensure effective pathways for survivors of sexual abuse. The Designated Nurse Safeguarding Children engaged in discussions with the National Lead for SARCs & Partnership Working in order to highlight current services, provision and needs within the local area

7 Learning and Improvement

7.1 Training

The CCGs continue to promote the learning and development of staff with safeguarding training being part of the mandatory schedule for all CCG employees.

The CCG sets a compliance threshold of 90% for commissioned services for Safeguarding Children, Adults and Prevent training.

A review of the CCG training data highlighted compliance as of 31st January 2018:

Safeguarding Children Level 1: 91% (85.7%, March 2017)

Safeguarding Adults Level 1: 87% (89.8%, March 2017)

Although outside the reporting period, a briefing was provided to the senior Management Team and actions taken resulting in an increase in training compliance as of 20th July 2018:

Safeguarding Children Level 1: 93%

Safeguarding Children Level 2: 94%

Safeguarding Adults Level 1: 93%

Safeguarding Adults Level 2: 89%

Prevent: 94%

Specific training has also been delivered in August 2017, to Governing Body members to ensure compliance as per Intercollegiate Document (2014) requirements.

The Designated Nurse Safeguarding Children, as a member of the LSCB Training sub group, has completed the submission on behalf of the CCGs in supporting the development of the LSCB Training Needs Analysis,

In July 2017 the Named GP organised the Safeguarding Protected Learning Time Event, supporting 164 GPs and primary care staff in achieving their level 3 Safeguarding Children training requirements. The event was supported by the wider Safeguarding Service and included presentations from the multi-agency partnership on domestic abuse, Child Exploitation, Looked After Children and hoarding.

In October 2017 the Designated Nurse Safeguarding Children supported the launch of the LSCB Level of Need Document, including delivering a short presentation of the work and developments of the LSCB Policy & Procedure sub group.

In November 2017, Sefton's Designated Doctor presented at NHS North England National Safeguarding Conference, sharing learning from a Reflective Review conducted in Sefton, in respect of obesity.

7.2 Child Death Overview Panel (CDOP)

Sefton LSCB has a statutory responsibility to ensure that a review of all child deaths (residents of the borough) is conducted. This is achieved within the Pan Merseyside Child Death Overview Panel (CDOP), a sub group of Sefton LSCB, to enable learning to be gained and analysed across a broader footprint. The CCGs are committed to the work of CDOP and has membership through the Safeguarding Service (Designated Nurse Safeguarding Children and Named GP) at both business and panel meetings which includes separate meetings for neonatal deaths (0-27 days).

During the period 1st April 2017 to 31st March 2018, 115 child deaths were notified to CDOP across the five LSCB areas in Merseyside with 17 of these being Sefton children (compared to 16 in 2016-17). Of these 17 deaths, 11 were expected, 3 sudden unexpected deaths in infancy and 3 sudden unexpected deaths of children aged 2-18 years.

During the reporting period, 11 of the deaths were reviewed by CDOP and 5 were identified as having modifiable factors which included:

- Suboptimal care identified by hospital
- Behaviours issues, gang and knife crime, vulnerability to criminal exploitation and poor parenting
- Social integration and support, increased vulnerability
- Increased vulnerability due to stomach issue not being identified

Task and Finish groups have also been developed under the governance of CDOP arrangements and have progressed 2 key areas of work.

i. Safe Sleep Audit

In October 2017, the audit report (March 2017) compiled by the Merseyside Safe Sleep group was presented to Sefton LSCB by the CDOP Business Manager and shared with Heads of Midwifery, Nursing, CCG and Public Health Commissioners.

The results highlighted varying levels of compliance against the pan Merseyside Safe Sleep Guidance from maternity and community health services.

As a consequence, the LSCB Chair requested assurances back to the Board that the findings and subsequent actions relevant to the partnership have been addressed.

A further audit has been commenced to evidence changes following the dissemination of the initial results findings. These results, once compiled, will be shared and communicated with commissioners.

ii. Suicide prevention group

This group has been formed to progress development of materials and plan timescales to develop a suite of suicide prevention training and materials for staff

7.3 CCG response to Kennedy Report

Following a letter from the Independent Chair of the Merseyside Child Death Overview Panel (CDOP), the LSCB requested partner agencies, particularly the police and CCGs, consider and note that the current Merseyside Joint Agency Sudden Unexpected Death in Childhood (SUDIc) Protocol is not fully compliant with the guidelines. A number of proposals were highlighted in the letter, which LSCB's were asked to accept.

A formal response to the letter and proposals was requested from the CCGs and agreed through the Senior Management Team meeting as:

The CCGs acknowledge that following the unexpected death of a child, multi-agency rapid response processes are in place, which fully involve health partners. This response is clearly documented within the Merseyside Joint Agency Protocol Sudden Unexpected Death in Childhood (SUDIc) (January 2017) and ratified by Sefton LSCB.

The current practice and policy does not however reflect the requirement for a lead health professional (designated paediatrician, specialist nurse or on call paediatrician) and police investigator to jointly visit the home or site of the infant's death as proposed in Baroness Kennedy's report (2016) as part of the 'assessment of environment and circumstances of death' stage.

Within Sefton there is no specific multiagency 'rapid response team' to carry out this function, which is the same throughout Merseyside region. With 16 child deaths throughout Sefton (2016-17) this may not be a practicable use of resources. However the Merseyside protocol ensures that the requirements and principles of the 'assessment of environment and circumstances of death' stage are fulfilled. Sleeping arrangements, home conditions and the circumstances of the death are shared at various stages of the SUDI process including the multi-agency strategy meeting where photographs / videos of the scene and first-hand accounts of the circumstances are shared.

The CCGs would be in agreement with the current proposals within the CDOP Chairs report and would ask whether consideration be given to ensuring the proforma for the multiagency SUDI meeting includes the specific heading of assessment of environment and circumstances of death to evidence that the principles of the Kenney Report have been fully considered.

Work to deliver against the CDOP priorities will continue to be supported through the Safeguarding Service membership of the group and will include supporting transition of responsibility for child death reviews from LSCBs to new Child Death Review Partners.

7.4 Practice Reviews

From May 2017 the CCGs Chief Nurse has chaired the LSCB Practice Review Panel (PRP) which includes membership from Designated Nurse safeguarding Children, Designated Doctor and Named GP.

A number of cases have been reviewed throughout the reporting year and learning shared throughout the partnership:

- Obesity case review (health & social care)
- Child B escalation case
- Young Person in Custody
- Derbyshire Serious Case Review

In December 2017, the PRP made a recommendation to the chair of the LSCB for a Serious Case Review (SCR), which was accepted. The subsequent SCR Panel included representation from the CCGs through the Chief Nurse (Chair of Panel), Designated Nurse Safeguarding Children and Named GP. Although outside the reporting period, the review was completed within the agreed time frames, an action plan developed and learning will be shared through the LSCB.

Reviews highlighted in last year's annual report have been progressed via action plans and monitored through the Practice Review Panel.

7.5 Voice of the Child

Young Advisors from Sefton Council for Voluntary Service (CVS) took control of the CCGs' Engagement and Patient Experience Group (EPEG) in November 2016 to mark the launch of the Children's Commissioner for England's Takeover Challenge. Outcomes from this engagement event included the development and publication by Young Advisors of a 'Top 10 Tips for involving young people' which the CCGs will use when engaging with young people. Although outside this reporting period, the CCGs focussed throughout the year on developing a Young Persons EPEG, which was successfully delivered in July 2018 to focus on experiences of local GP services, and will become an annual engagement event for young people.

'The Voice of the Child: practice guidance for health professionals' was developed by the LSCB in November 2017 in response to a recent Practice Learning Review to support health professionals in capturing the voice of the child. This has been shared to commissioned health services through the LSCB Health sub group.

In January 2018, the LSCB received a presentation from Sefton Young Advisors in respect of a commissioned piece of work which engaged children, young people and their families to ascertain their views on Child in Need and Child Protection plans. The CCGs Chief Nurse requested that this be presented to the Health sub group in order that the wider health economy could receive and consider the recommendations made by children and young people, within their own organisations. This was completed in March 2018.

8 Business priorities 2018/19

- Respond to changes required as a result of the Children and Social Work Act 2017
 - CCG Policy & Procedure to be reviewed (incorporating Working Together 2018)
 - LSCB transition arrangements to Multi Agency Safeguarding Arrangements (MASA's)
 - CDOP changes: transfer of responsibility for child death reviews from LSCBs to new Child Death Review Partners
- Ensure that the CCGs are compliant with statutory safeguarding responsibilities and requirements, including the oversight and management of progression against any action plans including section 11, SEND Improvement Plan, NHSE assurance, NICE guidance and other safeguarding inspection frameworks
- Continue to enhance and develop arrangements to gain assurance from commissioned providers through established contract management processes
- Continue to support the agenda and the implementation of relevant guidance to improve quality in practice in relation to harmful practices, asylum seeker and refugee programmes, trafficking and modern slavery
- Embed the newly developed Safeguarding Team (children, LAC and adults) within the CCGs and ensure development of:
 - clear Safeguarding Strategy and work plan
 - a comprehensive safeguarding page on the CCGs intranet
 - robust supervision provision to support the service

9 Conclusion

This annual report provides a summary of progress against the safeguarding priorities set for 2017-18. It demonstrates the contribution to multi agency partnerships across the borough of Sefton and provides assurance to the Governing Bodies that NHS South Sefton and NHS Southport and Formby CCGs are fully committed to ensuring they meet the statutory duties and responsibilities for safeguarding children and young people.

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On request this report can be provided in different formats, such as large print, audio or Braille versions and in other languages.

