

# **Safeguarding Adults and Children Annual Report 2019/20**

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**September 2020**



## Foreword by the Chief Officer

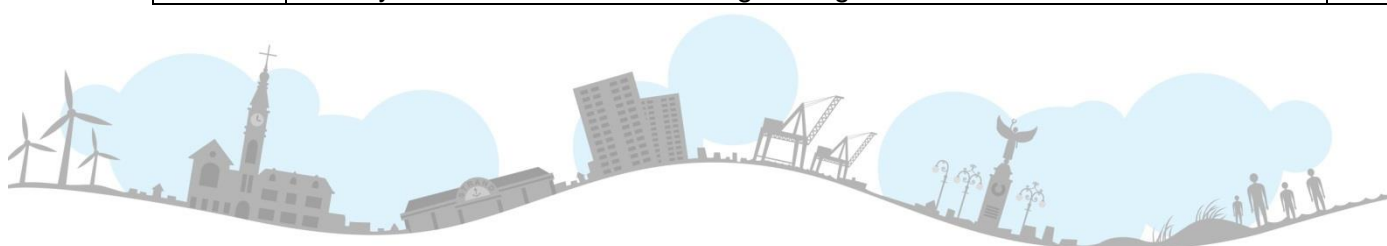
Welcome to our annual report for safeguarding adults, children and young people in Sefton for 2019-2020. It charts the progress that we have made in NHS South Sefton Clinical Commissioning Group (CCG) and NHS Southport and Formby CCG, as well as the challenges we have faced during the year in our work to support and safeguard all our residents. Our commitment to safeguarding extends across all levels of our organisations - from our governing body members to each of our employees. This is reflected in our strong governance and accountability arrangements, helping us to put safeguarding at the heart of all the work we do. You will read examples of what this means in practice throughout the report. This includes strengthening our work with partners to better support our residents through multi agency safeguarding arrangements and forums. However, we know there are areas where we need to do more and this is reflected in our priorities for the year ahead. Finally, we cannot present this report without referencing COVID-19, or coronavirus. The pandemic was announced just as the financial year was drawing to a close and you will read how this has been impacting on our work and how we continue to respond and adapt to the changing safeguarding needs of Sefton residents.

**Fiona Taylor**

**Chief Officer – NHS South Sefton CCG and NHS Southport and Formby CCG**



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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 adults, children and young people in the Borough of Sefton.

The CCGs safeguarding adults and 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 and Performance 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 both the Merseyside Safeguarding Adults Board and Sefton Safeguarding Children Board and their 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 adults and 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, the Care Act 2014 and the Mental Capacity Act 2005. There is a separate report in respect of Children in Care (CIC) / Looked after Children.

Key areas of priority were established and reported in the Safeguarding Adults and Children Annual Report 2018-19 and progress against the 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 in future work plans.

This report will summarise arrangements, achievements and activity undertaken in 2019-20 and highlight further areas of focus for 2020-21.

The CCGs work in partnership with Sefton Local Authority and other partnerships including Sefton Local Safeguarding Children Board and Merseyside Safeguarding Adults Board.

## 2. Response to Business priorities 2019-20

- Continue to support and respond to changes required as a result of the Children and Social Work Act 2017 including:
  - LSCB transition arrangements to Multi Agency Safeguarding Arrangements (MASA's). *New arrangements completed and published (see section 4.2)*
  - CDOP changes: transfer of responsibility for child death reviews from LSCBs to new Child Death Review Partners. *New arrangements completed and published (see section 4.3)*
- Continue to support and respond to the changes required as a result of the Mental Capacity Amendment Act (2019) including:
  - Await introduction of the Codes of Practice. *Implementation delayed until 2022- priority will remain (see section 3.6)*
  - Support the transition of responsibility for Liberty Protection Safeguards. *Implementation delayed until 2022- priority will remain*
- Continue to enhance and develop arrangements to gain assurance from commissioned providers through established contract management processes. This will include an additional validation element of the Commissioning Standards



included as part of the contract. *Assurance processes revised and quality site visit incorporated into schedule (see section 5.5.1)*

- Strengthen the engagement of GPs in safeguarding agenda including development of a quarterly safeguarding leads forum. *GP Safeguarding Leads forum developed (see section 7.2 & 7.3)*
- Ensure the changes brought about by the Domestic Abuse Act are implemented in practice within both the CCGs and commissioned health services. *The Domestic Abuse Bill was introduced in July 2019 however the date for 2<sup>nd</sup> reading of Bill in the House of Lords, as part of the process prior to receiving Royal Assent, has yet to be announced. Priority will remain (see section 3.5)*
- Review the CCG Safeguarding Adults and Children Training Strategy and Training Needs Analysis to ensure that the impact of changes from the Intercollegiate Documents are reflected in local policy and guidance. *Strategy reviewed and updated. Mapping of staff to revised TNA will be completed in next reporting period (see section 6)*

### **3. National Context**

#### **3.1 Safeguarding Children Reforms**

The Children & Social Work Act (2017) received Royal Assent in April 2017 and set out the changes needed to support the new system of multiagency safeguarding arrangements.

The key changes included:

- 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

The ongoing work to support transition to the new Multi-Agency Safeguarding Arrangements continued to be progressed, as per proposed partnership time scales.

Plans setting out the new arrangements for both the local safeguarding partnership and Child Death Review Partners, were submitted to the Department for Education and published on the CCG website for the 29<sup>th</sup> June 2019 timescale.



### **3.2 Safeguarding children, young people and adults at risk in the NHS: Safeguarding accountability and assurance framework (NHS England and NHS Improvement, 2019)**

The draft document was received in May 2019 where comments from the CCG safeguarding service were returned.

The final document, published in August 2019, replaced the Safeguarding Vulnerable People in the Reformed NHS- Accountability and Assurance Framework issued by the NHS Commissioning Board in July 2015. This document is now referred to as the Safeguarding Accountability and Assurance Framework (SAAF).

The purpose of this document is to set out clearly the safeguarding roles and responsibilities of all individuals working in providers of NHS funded care settings and NHS commissioning organisations and has been updated to reflect the safeguarding reforms passed through government since 2017.

It includes recognition of the fact that health is now an equal partner with local authority and police organisations with accountability for ensuring local systems have outcome focussed children's safeguarding arrangements.

### **3.3 Violence Reduction Units**

Eighteen Violence Reduction Units (VRUs) have been established across England and Wales to support the government to deliver its Serious Violence Strategy, published in 2018, in response to the national increases in knife crime, gun crime and homicide.

Merseyside's Violence Reduction Partnership (VRP), renamed to reflect the partnership approach, received £3.37 million to support Merseyside's efforts to make our communities safer and healthier.

The VRP brings together Merseyside police, Merseyside Fire and Rescue, local government, National Probation Service and the county's Youth Offending Service, health and education professionals, community leaders and other key partners.

The CCG Safeguarding Service contributed to the workshop and development of a partnership plan of how a violence reduction partnership model would be implemented across Merseyside.

In addition to sharing health data to support the understanding of serious violence risk profiles across the area, the health economy has supported the pilot of a 'navigator' role. Local delivery of this role has initially commenced in Alder Hey Children's NHS Foundation Trust A&E department, where a youth worker is employed to identify, engage with and sign post young people identified as at risk of serious violence, both as victims or perpetrators. This initiative aims to disrupt the cycle of violence and repetitive exposure to trauma that



many young people face. The project will undergo evaluation through John Moore's University to support measuring impact and outcomes.

### **3.4 Adult Safeguarding: Roles and Competencies for Health Care Staff (August 2018) Intercollegiate Document (First Edition)**

All healthcare staff who work with people in their greatest moments of need must have the competencies to be able to do everything that they can to ensure that adults at risk are protected from abuse, harm and neglect. Healthcare organisations must ensure that those who use their services are safeguarded and that staff are suitably skilled and supported.

The Adult Intercollegiate Document was published in August 2018 and aims to guide professionals and the teams they work with to identify the competencies they need in order to support individuals to receive personalised and culturally sensitive safeguarding. It is a new and ambitious document which sets out a framework that will help staff, practitioners, employers and commissioners understand the role and level of education/competence which correlates to a particular job purpose. It has been produced by intercollegiate endeavour and focusses on equipping the workforce with knowledge of current legislation (such as the Care Act 2014 and the Mental Capacity Act 2005) and guidance.

Similar to the Safeguarding Children Intercollegiate document, this guidance includes education and learning logs to enable individuals to record their learning and form a 'passport' for those who move on to new jobs or other organisations. Levels 1-3 relate to different occupational groups, while Levels 4 and 5 are related to specific roles. This framework also includes specific detail for chief executives, chairs, board members including executives, non-executives and lay members.

During 2019-20, the Designated Professionals undertook a review of the CCG Safeguarding Adults and Children Training Strategy and Training Needs Analysis and ensured that it now meets the requirements of guidance. The Cheshire and Merseyside Designated Professionals Network also undertook a piece of work to support a footprint wide interpretation of the guidance to support cross-organisational learning and pass-porting of competency.

### **3.5 Draft Domestic Abuse Bill**

As reported in the previous annual report, the draft Domestic Abuse Bill was published on 21<sup>st</sup> January 2019. The draft bill puts a greater focus on children, the diverse identities of victims and on the interventions for perpetrators of domestic abuse. The proposed legal changes will create a new statutory definition of domestic abuse which includes economic abuse, establish a domestic abuse commissioner and provide a statutory footing for the existing scheme known as Clare's Law (or Domestic Violence Disclosure Scheme), that allows people to request information on whether their partner has a history of domestic abuse.





Although now outside this reporting period, the achievement of the Bill receiving Royal Assent continues to be awaited, having had its first reading in the House of Lords in July 2020.

### **3.6 Mental Capacity Act / Deprivation of Liberty Safeguards (MCA/DoLS)**

The Law Commission's Report published in March 2017 proposed urgent reforms to the Mental Capacity Act and the replacement of the Deprivation of Liberty Safeguards (DoLS) with Liberty Protection Safeguards (LPS). The Mental Capacity Amendment Bill received Royal Assent in May 2019 and was expected to be implemented in 2020, however this is delayed due to COVID-19 and the new implementation date is April 2022.

The revised Mental Capacity Act will:

- Introduce a simpler process that involves families more and gives swifter access to assessments
- Be less burdensome on people, carers, families and local authorities
- Allow the NHS, rather than local authorities, to make decisions about their patients, allowing a more efficient and clearly accountable process
- Consider restrictions of people's liberties as part of their overall care package
- Reduce repeat assessments and authorisations when someone moves between a care home, hospital and ambulance as part of their treatment.
- Apply to people aged 16 years and over

These amendments will have an impact on commissioned health providers but owing to other Government business and the COVID-19 situation implementation has been delayed as has the publication of 2 new Codes of Practice.

The Designated Safeguarding Adult Manager is a member of the NHSE Regional MCA Steering Group and leads on this piece of work on behalf of the Cheshire and Merseyside Designated Professionals Network.

Regular updates have been received by the Governing Body and Joint Quality and Performance Committee as part of the quarterly safeguarding update paper.

The Government has also commissioned a review of the Mental Health Act. Proposals that relate to the interface between the Mental Health Act and Mental Capacity Act will be considered as part of that review.

### **3.7 Supreme Court Ruling re: 16/17 year olds**

On the 26<sup>th</sup> September 2019, the Supreme Court ruled that those with parental responsibility for a 16 or 17 year old (who lacks mental capacity) cannot give consent regarding a deprivation of the child's liberty (as per the Cheshire West 'acid test'). [D (a child) [2019] UKSC 42 appeal from [2017] EWCA Civ 1695 (aka Re D)].



Presently, DoLS only applies to those aged 18 and over which leaves the only route to authorise a deprivation of liberty for 16/17 year olds as an application to the Court of Protection or the High Court. The Liberty Protection Safeguards (LPS) as per the Mental Capacity (amendment) Act 2019 will apply to 16 and 17 year olds.

This ruling therefore, highlights the need for children's services to be ready for the implementation of the Mental Capacity (amendment) Act 2019. Commissioned services have revised and updated their MCA policy to reflect these changes during this reporting period.

### **3.8 NHSE National Safeguarding Updates**

In March 2020, the Designated Nurse Safeguarding Children invited the NHS England Head of Safeguarding to Sefton to meet with regional Designated Professionals and CCG Safeguarding leads to share national updates and NHS England priorities across the safeguarding agendas. This also provided an opportunity to share local practice and priorities from the local area with the National and Regional Leads.

### **3.9 National Safeguarding Adults Awareness Week 18th November 2019**

During the week commencing 18th November 2019, a series of events were held across Merseyside to celebrate and raise awareness of safeguarding adult issues. In Sefton, public-facing stalls were placed in Bootle, Crosby, Formby and at Southport Hospital. These stalls were supported each day by the MSAB Business Unit, Sefton Council Social Workers and staff from health Trusts across the patch and were an opportunity for members of the public and staff to engage in conversation about adult abuse. A symposium event held at The Atkinson on the 21st November was co-produced by Sefton Council and the CCGs and focussed on financial abuse. The opening speech was given by the Designated Safeguarding Adults Manager. 120 delegates from across Sefton health, social care, voluntary and faith sector and interested passers-by attended and all became 'Scam-champions' following a presentation by Sefton Trading Standards. Due to the success of the week, planning has already commenced for 2020.

### **3.10 CCG Safeguarding Team response to COVID-19 Pandemic**

- The CCG Safeguarding Team has continued to prioritise the safeguarding agendas ensuring the Designated Professionals remain a priority in business continuity planning.
- Existing oversight and assurance processes of the safeguarding agenda have been amended to reflect the additional pressures and planning requirements experienced by some of the commissioned health services. Full safeguarding assurance reporting was 'stood down' for Quarter 4, with a request for submission of an exception report of any areas of concern that would have been highlighted within the quarterly submission. Contract & Quality Performance Groups have been stood down,



however safeguarding exception reporting has continued to be shared through 'commissioner only' meetings that are scheduled.

- Regular contact has been made with the safeguarding leads with the commissioned health services:
  - Weekly teleconference with the 0-19 year service safeguarding leads (Head of Safeguarding, Named Nurses Children and Children in Care)
  - Joint children and adult teleconferences with all Trust safeguarding leads
  - Fortnightly teleconference with Public Health commissioners of 0-19 year service
  - Fortnightly teleconference with Alder Hey Safeguarding / Children in Care service
- Establishment of weekly NHS England (Merseyside & Cheshire)/ Designated Safeguarding Professionals teleconference to review localised trends, themes and any emerging issues.
- The CCG Safeguarding Business meeting has continued to be held using teleconference facilities. This has been extended to include Designated Safeguarding Professionals from Liverpool CCG, to support shared learning, support and oversight of the localised health economy.
- CCG representation at Local Authority COVID-19 Cell meetings, including Children & Schools Cell, Vulnerable Peoples Cell and Care Homes Cell.
- Weekly partnership meetings between CCG, Local Authority, Public Health and CQC to support oversight of high level risks within adult service providers ie outbreaks in care homes
- The CCG Quality Team meets three times a week to update on key work streams and share emerging themes or work pressures.
- Designated Safeguarding Professionals linked into National Network of Designated Health Professionals and the Safeguarding Adults National Network regular teleconferences. These teleconferences share national themes and plans being proposed to manage post surge issues whilst supporting system wide learning and sharing of information.

#### 4. Local Context

The latest data published by Public Health England (Child Health Profile, March 2020) shows the population in Sefton as 274,000, with a small population of 59,200 children and young people 0-19 years old. 23% of the population are aged 65+ (61,809). Almost 95% of Sefton's population are white British compared to 78% nationally. 92.3% of children in Sefton are white British.

There are mixed levels of deprivation across Sefton with some areas experiencing significant



poverty. The level of child poverty is similar to England with 17.1% of children living in poverty.

Life expectancy for both men and women is lower than the England average, and approximately 10 years lower for both men and women living in the most deprived areas of Sefton compared with the least deprived.

The rate of family homelessness and of homelessness in young people aged 16-24 years is significantly lower than the rest of England.

Nationally, the rate of hospital admissions of children and young people for conditions wholly related to alcohol is decreasing. This is not the case in Sefton, where there is no significant trend. The admission rate in the latest period is worse than the England average.

The rate of young people being admitted to hospital as a result of self-harm is not significantly changing nationally. This is not the case in Sefton where the trend is increasing. The admission rate in the latest pooled period is also higher than the England average. Nationally, levels of self-harm are higher among young women than young men.

The rate of child inpatient admissions for mental health conditions at 130.0 per 100,000 is worse than England.

On 31<sup>st</sup> March 2019 there were 260 children subject to a Child Protection Plan. On 31<sup>st</sup> March 2020 there were 258 children subject to a Child Protection Plan. This represents a consistent number over the year compared with a 9.2% increase over the previous reporting period.

The highest category of child protection plan continues to be emotional abuse (50%), as has been the case for the last 6 years. Neglect has increased slightly to 32%, physical has fallen to 13% and sexual abuse has remained stable at 5%.

NHS Digital publishes data taken from the Safeguarding Adults Collection (SAC). For the reporting period 2019-20, there were 1590 safeguarding adult concerns raised to Sefton Local Authority. Of these concerns, 315 met the criteria for a Section 42 enquiry. The highest category of reported abuse is neglect and acts of omission (37.5%). Other categories include physical abuse (17.5%), psychological abuse (16.25%), financial abuse (18.74%), self-neglect (2.5%) and sexual abuse (6.25%).

The location of abuse against adults at risk was reported as own home (46%), community setting (6.3%), care home with nursing (14%), residential care (16%), hospital (1.6%) and 'other' (16.1%). Individuals reported the following outcomes following safeguarding enquiries: risk remained (7%), risk reduced (54%) and risk removed (39%). 56% of individuals were deemed to have mental capacity with 44% of individuals deemed to lack mental capacity. For those who were deemed to lack mental capacity, 100% of adults had access to advocacy.



Making safeguarding personal in Sefton highlighted that 95.75% of adults who went through a safeguarding enquiry felt that their outcomes were fully met.

#### **4.1 CCG Governance and Accountability Arrangements**

Accountability for the 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 Safeguarding Adults Board and Sefton Corporate Parenting Board and 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 Assistant Chief Nurse on the Sefton Safer Community Partnership Board. The Designated Safeguarding Adult Manager represents the CCGs at Strategic MAPPA Board.

In May 2019, the Chief Nurse undertook the secondment position of Programme Director Unplanned and Emergency Care. The secondment has subsequently been extended and interim cover arrangements have been provided by the Chief Nurse from Liverpool CCG.

Separate commissioning arrangements ensure the provision of the expertise of a Designated Doctor for Safeguarding and Looked After Children and a 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.

In July 2019 a request was made, from the National Network of Designated Healthcare Professionals for Children, for CCGs to review the current capacity of their safeguarding service in line with current Intercollegiate Documents (2015 and 2019).

The review highlighted that the Designated Doctor Safeguarding Children, the Designated Safeguarding Adult Manager and safeguarding administrative support roles were below recommended capacity recommended within the guidance.

Although outside the reporting period, an increase in capacity has subsequently been agreed for the Designated Doctor and Named GP for safeguarding children including administrative support. In addition a new role of Named Doctor for Safeguarding Adults has been agreed and is anticipated to be in post in autumn 2020. The statutory functions of this post have been carried out by the Assistant Chief Nurse and the Designated Safeguarding Adult Manager.

The Safeguarding Business Meeting, chaired by the Deputy Chief Nurse, meets on a monthly basis to review emerging safeguarding themes, ongoing work streams and agendas from a children and adult perspective ensuring the CCGs have oversight of activity and any performance issues.

The CCG Joint Quality & Performance Committee has full delegated authority from the



Governing Body to approve all matters relating to safeguarding. Safeguarding reports are presented to the Joint Quality & Performance 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). A 'key issues' report from the Joint Quality & Performance Committee advises the Governing Body of significant areas reviewed.

Key issues raised through to the Governing Body during the reporting year have included progress against the CQC Safeguarding Review action plan, MCA/DoLS update report, approval of Multi Agency Safeguarding Arrangements (MASA) plan and CCG safeguarding training compliance data.

The CCGs have oversight of risks via the risk register which is monitored on a quarterly basis through Joint Quality and Performance Committee and is reported via the Safeguarding Business Meeting and the Quality Team Meeting. Risks recorded and progressed throughout the year have reflected the lack of capacity within the commissioned Looked After Children's Health Team and the impact of the impending revised DoLS legislation on commissioned health services.

Regular reports are prepared and presented elsewhere within the CCG including to the Leadership Team and Senior Management Team to apprise of key developments, risks and decisions required. These have included training compliance, Inspection preparation, LSCB financial requirements, team capacity and the development of a multi-agency partnership model of practice across the children's workforce.

The Safeguarding Service has ensured the CCGs remain compliant with policies and declarations and have overseen the following updates:

- Training Strategy
- Safeguarding declaration
- Modern Slavery Statement
- Multi Agency Safeguarding Arrangements (MASA)
- Child Death Partner Arrangements

## **4.2 Multi agency Safeguarding Arrangements**

The new partnership arrangements came into place from 1<sup>st</sup> July 2019.

The CCGs, as a statutory key partner in the new arrangements, have been actively involved in the transition to the new Multi-Agency Safeguarding Arrangements. The CCGs Chief Officer supported initial discussions with accountable leaders to agree on key areas for the new arrangements, including geographical boundaries, partners involved and the consideration for continued independent scrutiny. Sefton's partnership agreed to retain the name LSCB, the Independent Chair and the breadth of representation across the



partnership and consequently there have been minimal changes to the structure of the Board and the sub groups.

The CCGs are now a statutory key partner in the new arrangements, along with the Local Authority and Police, who together are charged with supporting and enabling local organisations and agencies to work together in a system where:

- Children are safeguarded and their welfare promoted
- Partner organisations and agencies collaborate, share and co-own the vision for how to achieve improved outcomes for vulnerable children
- There is early identification and analysis of new safeguarding issues and emerging themes

The Designated Safeguarding Professionals and CCGs Quality Team remain members of Sefton LSCB through the main and executive Board as well as established sub groups.

The current sub groups include the Practice Review Panel, Policy & Procedures (chaired by the Designated Nurse Safeguarding Children), Performance & Quality Assurance, Learning Development and Child Death Overview Panel, all of which have a function of developing and scrutinising frontline practice across all partner agencies.

The CCGs have continued to support the priorities of the LSCB agreed in 2018-19. The partners have reviewed the priorities and refreshed them for 2020-21 to include:

1. The partnership will ensure it holds the child's lived experience at the centre of all that they do, and the impact and outcomes of multi-agency services and support are well understood.
2. To support the partnerships development of a multi-agency model of practice
3. We will continue to support staff development through the delivery of identified multi-agency training needs.
4. A greater focus on specific groups of children where increased safeguarding vulnerabilities are identified. For example, Children Sexually Abused in the Family Environment

The CCG Safeguarding Service has delivered a presentation to the LSCB during this reporting period highlighting the progress against the action plan following CQC Review of Health Services for Children Looked After and Safeguarding in Sefton.

Alongside the changes implemented on a local footprint, the CCGs have continued to be represented at Pan Merseyside 'Transition Meetings' led by Merseyside Police, to consider what agendas could be progressed on a wider footprint. Progress has been made with developing Pan Merseyside work streams. The Designated Nurse Safeguarding is a member of the Policy & Strategy Group and has been instrumental in the identification of risks to the partnerships where pan Merseyside policies have required updating.



More detailed information on the work and impact of the LSCB is contained within LSCB Annual Report (2019-20): [https://seftonlscb.org.uk/assets/1/sefton\\_lscb\\_annual\\_report\\_2019-20\\_final.pdf](https://seftonlscb.org.uk/assets/1/sefton_lscb_annual_report_2019-20_final.pdf)

Additional forums outside the remit of the LSCB, but having a strong partnership focus, are also supported and include Models of Practice, Early Help Partnership Group, MASH Steering Group and Domestic Abuse Steering Group.

The CCG, as a statutory partner to the new safeguarding arrangements, has been actively involved in reviewing the commitment to funding of the work of the LSCB for the next financial year. This has included continued financial contributions to enable retention of the independent scrutiny function provided by an Independent Chair and the role of the Learning and Development officer to 31st March 2021.

The recent JTAI inspection report acknowledged that there had been recent challenges in progressing the work of the LSCB due to capacity within the board's business unit and that *positively, partners have taken responsibility to rectify this and have invested in the recruitment of two new posts to progress the work of the LSCB.*

### **4.3 Child Death Overview Panel (CDOP)**

The Children and Social Work Act (2017) replaced the requirement for LSCBs to ensure that child death reviews were undertaken by a Child Death Overview Panel (CDOP), with the requirement for 'Child Death Review Partners' to make arrangements to review child deaths. Child death review partners consist of local authorities and any clinical commissioning groups for the local area.

Merseyside already has a well-established Pan Merseyside CDOP, incorporating the local authority areas of Sefton, Liverpool, Knowsley, St Helens and Wirral, and chaired by an Independent CDOP Chair.

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 2019 to 31st March 2020, 24 child deaths were notified to CDOP for Sefton (compared to 14 in 2018-19). No child deaths met the threshold for a learning disability mortality review (LeDeR) in this period.

Of these 24 deaths, 12 were neonates (between 0-27 days), 5 were infants (28 days-1 year), 3 children aged between 1-4 years, 1 between 5-9 years, 2 between 10-14 years and 1 between 15-18 years. Seven of the deaths were unexpected (5 SUDI and 2 SUDC).

During 2019/20 Merseyside CDOP categorised 9 child deaths from Sefton comprising:





- 2 perinatal (24 weeks to gestation)
- 2 neonates (aged between 0 and 27 days)
- 3 infants (aged between 28 days and 1 year)
- 1 child (aged between 5 and 9 years)
- 1 child (aged between 10 and 14 years)

'Sudden unexpected/unexplained' death was the commonest categorisation of the death with 3 cases classified against this category. Other categories included suicide or deliberate self-inflicted harm (1 case), chromosomal, genetic and congenital anomalies (1 case), infection (1 case), perinatal/neonatal event (2 cases) and malignancy (1 case).

Modifiable factors were noted to include a delay in recognising need for surgical intervention; smoking in pregnancy; domestic violence; access to services; lack of safe home environment; lack of collaborative working; co-sleeping; smoking; alcohol use; service provision; family functioning; housing.

Campaigns and practice initiatives that have emerged from the work of CDOP have included suicide prevention.

'Train the Trainer' events have taken place following the development of specific materials and training programmes in conjunction with Merseyside Youth Association (MYA). The materials were launched at a conference held in September 2019. Training has been delivered locally and will continue throughout the next reporting period with support from Public Health through the funding of specific resource packs.

#### **4.4 Local and national Child Safeguarding Practice Reviews**

Working Together (2018) set out the process for new national and local reviews.

The newly initiated national Child Safeguarding Practice Review Panel is responsible for identifying and overseeing the review of serious child safeguarding cases which, in its view, raise issues that are complex or of national importance and must decide whether it is appropriate to commission a national review of a case or cases.

One review was published by the Panel this year:

- [It was hard to escape: Safeguarding children at risk from criminal exploitation](#) (March, 2020)

Under the new arrangements, local safeguarding partners are responsible for identifying and reviewing serious child safeguarding cases which, in their view, raise issues of importance in relation to their area. Sefton LSCB undertook a rapid review during this reporting period that resulted in a local practice learning review undertaken by the LSCB Business Manager.

Throughout this reporting period membership of the LSCB Practice Review Panel (PRP)



included representation from the CCG through the 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:

- Serious Case Review: Janet (published April 2019)
- Serious Case Review: Matilda (published October 2019)
- Serious Case Review: Beatrice (published March 2020)

The CCG has supported each of these reviews through the Named GP completing a rapid review and Individual Management Review report for each case and the Designated Doctor, Designated Nurse and Named GP being members of each SCR Panel.

In addition to supporting the Serious Case Reviews, the Designated Nurse Safeguarding Children has led on a Practice Learning Review, bringing together learning from agency internal reviews, following the unexpected death of a young person.

A further review was presented to the LSCB Practice Review Group that was coordinated jointly by the Designated Nurse Safeguarding Children and Designated Safeguarding Adults Manager. This was also presented to MSAB in December 2019 by the Designated Safeguarding Adults Manager.

Recommendations from all the reviews have been progressed through action plans overseen by the Practice Review Group and learning has been disseminated through the Board structure to relevant sub groups and to the wider the multi-agency partnership through individual 7 minute briefings.

#### **4.5 Merseyside Safeguarding Adults Board**

Merseyside Safeguarding Adults Board (MSAB) came into effect on 1<sup>st</sup> April 2017 and replaced all previous local safeguarding adult board arrangements. MSAB holds the responsibility for meeting the statutory requirements of SAB's as set out in the Care Act (2014). This combined board has built on the work of the previous Safeguarding Adults Boards and the valued contributions of partner agencies.

Each CCG has a statutory duty to work in partnership with SABs in conducting Safeguarding Adult Reviews (SAR) in accordance with the Care act 2014. The combined MSAB SARG became operational on 1<sup>st</sup> April 2019. The Designated Safeguarding Adults Manager represents the CCGs and the commissioned health providers across Sefton at this sub-group.

The Chief Nurse is a MSAB board member and chairs the Performance and Audit Sub-Group. The Designated Safeguarding Adult Manager became an MSAB board member in 2019, and also represents the CCGs at each sub group which includes the Safeguarding



Adults Review Sub Group, Communication and Engagement Sub Group, Policy, Procedure and Practice Sub Group, Performance and Audit Sub Group, Quality Assurance Sub Group and Work Force Development Sub Group.

The CCGs supported MSABs key achievements for 2019-20 which included:

- Hearing the experiences of people who use our services
- Establishing a sub-group structure that reports to and from board
- Implementing the MSAB Self-Neglect practitioners toolkit
- Reviewing and drafting and implementing Board Policies and Procedures
- Developing an online Safeguarding self –assessment tool for completion annually (Chapter 14 audit)
- Developing a single Safeguarding Adults Review Group (SARG)
- Visiting and establishing links with all four Safer Communities Partnerships
- Contributing to Northwest ADASS policy development
- Developing a Board Website [www.merseysidesafeguardingadultsboard.co.uk](http://www.merseysidesafeguardingadultsboard.co.uk)

MSAB underwent a peer review held over 3 days in January 2020 and undertaken by a review team of safeguarding board professionals from around the UK. MSAB board members, sub-group members and providers from Sefton were given the opportunity to meet with the review team. The CCGs Interim Chief Nurse, Deputy Chief Nurse and Designated Safeguarding Adult Manager participated in the review. Highlights and recommendations were given on the final day which have been developed into an action plan which was shared with the Joint Quality and Performance Committee. This action plan has focussed the board's work and will be progressed over the next 24 months.

Recommendations set out below as suggested by the Peer Review Challenge Panel March 2020:

- **Recommendation 1** - Clarify the role and function of MSAB and its sub-groups to deliver on strategic assurance and its additionality
- **Recommendation 2** - Clarify the role and function of the four locality partnerships to ensure a whole system approach
- **Recommendation 3** - Progress your intent to create pan-Merseyside policies and procedures including multi-agency training and development
- **Recommendation 4** - Create a multi-agency performance framework
- **Recommendation 5** - Review the way providers are represented in the Merseyside safeguarding system
- **Recommendation 6** - Review the role and function of the business unit to deliver the strategic function of MSAB
- **Recommendation 7** - Look at how you communicate key messages across the whole system



MSAB has agreed the following five overarching priorities to drive the work of the board over the next two years;

- **Priority 1** - The views and experiences of those who use services, their significant others and the people who work directly with them will be heard. They will inform the work of the board and the development of policy and practice.
- **Priority 2** - The MSAB will be assured of the quality of Safeguarding and related services in each of its geographical areas. It will challenge partners to continue to improve the delivery of services and the experiences of those requiring services.
- **Priority 3** - A robust approach to the undertaking of Safeguarding Adult Reviews will be developed. It will ensure the delivery of a consistent approach across all geographical areas and offer the broadest opportunity for learning.
- **Priority 4** - The MSAB will develop effective communication methods to support those working with adults who may be at risk of abuse and / or neglect and to increase the knowledge of adult safeguarding within local communities.
- **Priority 5** - The MSAB will develop as an entity to ensure it effectively meets its duties under 'The Care Act 2014'.

These 5 priorities are mapped out into a SMART action plan which forms the basis of the workplans for the sub groups. Progress is monitored and reported to the board.

Following the MSAB peer review and in response to recommendations 2 & 5, the membership of the Sefton Safeguarding and Care Governance Board was extended as a means of ensuring that all partners (statutory, provider and non-statutory) focus on local issues and have a vehicle to drive forward the safeguarding agenda in Sefton.

#### **4.6 MSAB Safeguarding Adults Review Group (MSARG)**

Sefton SARG was replaced by MSAB SARG on 1<sup>st</sup> April 2019 and is chaired by Merseyside Police. The CCGs, via the Designated Safeguarding Adult Manager, are a statutory member of the group representing the whole Sefton health economy.

The inaugural meeting of MSARG subgroup took place in May 2019 and has regularly met throughout this year. Key achievements of this group have been in establishing and implementing processes and procedures for reviews including dissemination and auditing of actions, developing a pool of local professionals supported through national training and a procurement solution when an external (independent) reviewer is needed.

Throughout the reporting period there have been 24 cases presented to the MSARG for consideration of a safeguarding adult review (SAR). Four of those cases were in respect of Sefton residents of which two met the criteria for a SAR.

- **MSAR 1** – Relates to an elderly man living at home with his wife with support from a domiciliary care agency and community nursing services.



Concerns were raised in respect of communication between the various services involved with the family.

A SAR is due to be commenced, an independent author has been appointed and any identified learning will be shared following completion. The Designated Safeguarding Adult Manager is a panel member.

- **MSAR 2** – Relates to a elderly man with a diagnosis of dementia who was supported at home by family members. He had a history of being reported missing from home and was sadly found deceased some 6 weeks later during a missing episode. Key lessons will include how agencies communicate risk management and application of the Mental Capacity Act.

This SAR has been allocated to an independent author and is due to be completed in February 2021. The Designated Safeguarding Adult Manager is a panel member.

A Sefton SAR initiated and reported with the previous annual report has also progressed throughout this year, with the final report prepared and shared with family. Due to COVID-19, the dissemination of lessons has been delayed.

#### **4.7 Sefton Safer Communities Partnership (SSCP)**

The Assistant Chief Nurse represents the CCGs at Sefton's Safer Communities Partnership. During this reporting year, there have been 2 reviews commissioned involving health services.

- Learning Review 1 - Sefton SSCP have completed an independent review following the death of a street sleeper. The report was presented to the Communities Safety Partnership in March 2020. The Designated Safeguarding Adult Manager was a panel member and supported and facilitated input from the health economy in Sefton and West Lancashire.
- Domestic Homicide Review 8 – Sefton SSCP is conducting a DHR following the death of an elderly man whose son was convicted of his manslaughter. The completed report has been shared with the family and the publication is expected in autumn 2020.

#### **4.8 MAPPA (Multi-Agency Public Protection Arrangements)**

MAPPA are a statutory set of arrangements required to manage the highest risk sexual and violent offenders coming out of prison / hospital and returning to live within the community.

These statutory arrangements are set down under the Criminal Justice Act 2003 with Police, Probation and Prisons known as the Responsible Authorities (RAs) and other Duty to Co-



operate Agencies (DTC) – Health(CCGs), Education, Children and Adult Services, Youth Offending Services (YOS) and Housing.

Locally these arrangements are governed by the MAPPA Strategic Management Board (SMB) which meets 4 times per year, and includes CCG representation as a statutory member.

The Designated Safeguarding Adults Manager represents the CCGs at the Merseyside MAPPA SMB and acts as a single point of contact for the CCGs and commissioned services. Sefton MAPPA meets on a monthly basis and discusses up to 5 cases per meeting. Each individual who is discussed at MAPPA has a multi-agency risk assessment which is reviewed and tailored to ensure that the individual, victims and the public are safeguarded.

The CCGs are developing a process for health information sharing with MAPPA which will include primary care and commissioned health providers. This was an action from the CQC safeguarding review action plan and is a priority for 2019/20.

#### **4.9 Prevent and Channel Panel**

Prevent is a strategy that seeks to stop people becoming terrorists and supporting violent extremism. There are numerous government departments and local partners involved in the strategy, and one of the main organisations involved are health care services.

Prevent has three main objectives which are to:

- Tackle the causes of radicalisation and respond to the ideological challenge of terrorism
- Safeguard and support those most at risk of radicalisation through early intervention, identifying them and offering support
- Enable those who have already engaged in terrorism to disengage and rehabilitate

The Counter Terrorism and Security Act 2015 placed a duty on all specified authorities, includes NHS Trusts and Foundation Trusts to pay due regard to the Prevent strategy when delivering their services. All NHS services commissioned on Standard NHS Contracts are contractually obliged to follow the same considerations.

The health service has been identified as a key partner in preventing vulnerable people being groomed or radicalised. In addition health may in some specific circumstances support the strand relating to disengaging and rehabilitating those engaged in terrorism, which would be along be in a similar vein to the support offered in offender management.

The Counter Terrorism and Security Act 2015 places a duty on each local authority to ensure that there is a panel of persons in place for its area with the primary functions of:



- assessing the extent to which identified individuals are vulnerable to being drawn into terrorism
- preparing a plan in respect of identified individuals who the panel considers should be offered support for the purpose of reducing their vulnerability to being drawn into terrorism
- keeping under review the giving of support to an identified individual under a support plan

These panels are known as Channel Panels and Schedule 7 of the Counter Terrorism and Security Act 2015 identifies Clinical Commissioning Groups as one of the partners of local Channel Panels.

On 11<sup>th</sup> March 2020 it was agreed that the Designated Nurse Children in Care would take on the Prevent and Channel Panel lead role for the CCGs. A key priority for 2020-21 will be to develop a process for information sharing between Channel Panel and primary care.

#### **4.10 Child Exploitation (CE)**

The CCGs Safeguarding Service continues to be represented at regional and local forums to ensure national and local messages are received and embedded within the local health economy.

Regionally, the Designated Nurse Safeguarding Children is a member of the NHS England North Child Sexual Abuse & Exploitation Health forum, accountable to NHS England's National Safeguarding Steering Group. This group has now merged with other NHSE subgroups including Harmful Practices and FGM and now meets as a North Regional Children's Safeguarding Network.

The multi-agency 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. This group has overseen a further review of the Pan Merseyside Child Exploitation Protocol that was due to be launched in March 2020. This has been delayed due to COVID-19.

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

#### **Tackling Child Exploitation (TCE) Support Programme**

Sefton Safeguarding Partners were successful in a bid for the TCE Support Programme in 2019. The programme which was run jointly with support from University of Bedfordshire, Research in Practice and the Children's Society focussed on the data Sefton has in respect of Child Exploitation throughout the partnership and how intelligence could be used to understand and support young people within Sefton.



The programme ran over 3 months and included workshops and individual meetings across the partnership to support the use of data in respect of understanding the cohorts of young victims and perpetrators, types of harm that are prevalent and what their needs once identified. As part of this programme the Designated Nurses for Safeguarding Children and Children in Care, along with child exploitation leads within local health services, met to share available data to further support understanding local profiles within this agenda.

Following the programme a separate 'health economy' report was received containing actions to consider and these will be addressed throughout 2020-21.

#### **4.11 Harmful Practices including Female Genital Mutilation (FGM)**

As with the NHS England North Child Sexual Abuse & Exploitation Health forum, the NHS England North FGM network has now merged and meets as a North Regional Children's Safeguarding Network.

The Merseyside Harmful Practices group continues to sit as a sub-group of the Protecting Vulnerable People Board. This multiagency group has Designated Nurse representation from the Merseyside footprint and has overseen the review and refresh of the Merseyside Honour Based Abuse & Forced Marriage Protocol and the FGM multiagency protocol throughout this reporting period.

Female Genital Mutilation- Information Sharing (FGM-IS) system is now fully implemented across the Northwest in all maternity providers.

The CCGs are represented on Sefton's Domestic Abuse Executive by the Designated Nurse. Within this reporting period the Sefton domestic abuse protocol has been refreshed.

The CCGs publish a Modern Day slavery statement which is updated annually.

## **5. Effectiveness of Safeguarding Arrangements**

### **5.1 Inspection Frameworks**

#### **5.1.1 Inspection Readiness**

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

The Safeguarding Service and commissioned health providers, along with partner agencies, have also attended planning meetings led by the Local Authority to support being prepared should any partnership inspection be announced.

In July 2019, the latest Joint Targeted Area Inspection (JTAI) theme was announced in





respect of children living with mental ill health, with a focus on children aged 10–15.

A briefing was prepared for Leadership Team, should Sefton be notified for inclusion in this inspection.

### **5.1.2 Joint Targeted Area Inspection**

On 9<sup>th</sup> September, Sefton received notification of their inspection against the new Joint Targeted Area Inspection (JTAI) framework for children living with mental health issues, with a focus on children aged 10 to 15 years involving inspectors from Ofsted, Care Quality Commission (CQC), HMI Constabulary and Fire & Rescue Services and HMI Probation. During the 10 days prior to inspectors being on site, the CCG Safeguarding Service took a lead role in the planning, coordinating and submitting data from health partners across the local health economy area.

Inspectors were on site between 23<sup>rd</sup> and 27<sup>th</sup> September 2019. The inspection included an evaluation of ‘front door’ services and how agencies identified and responded to children with mental health issues. The inspection also involved a ‘deep dive’ into 10 cases of how agencies assessed and supported the mental health needs of children aged 10 to 15 years who were subject to child in need or child protection plans or who were looked-after children. Daily ‘keeping in touch’ meetings with the inspectors attended by the CCG provided findings from each days’ inspection including areas for attention and development as well as areas of strengths identified.

The final letter was due for publication by Ofsted on 8<sup>th</sup> November 2019 however following dissolution of Parliament prior to the general election, its publication was delayed until mid-December.

A number of priority actions were identified for the partnership to address. These actions have been addressed in a Partnership Action Plan, with a specific JTAI Improvement Plan Health Action plan being progressed to support this within the health economy, chaired by the Deputy Chief Nurse.

Health are part of the monthly strategic partnership feedback meeting, represented by the CCGs and Children’s acute provider to update on specific health actions embedded in the partnership plan. Internal assurance is sought at the CCGs’ Joint Quality Performance Committee with regular bimonthly reports and taken through to the respective CCG governing body meetings.

### **5.1.3 Care Quality Commission (CQC) Review of health services for Children Looked After and Safeguarding in Sefton (July 2018): action plan progress**

The action plan developed to address the recommendations continued to be progressed throughout the year.



Progress against the actions has been overseen and monitored through the task and finish group and separate scoping meetings with providers. Action plans have also been reviewed and progressed through internal Trust governance processes as well as through the CCG Performance and Quality Committee and Governing Body. Presentations on progress have been delivered to the LSCB (July 2019) and Sefton Council's Overview and Scrutiny Committee (Children's Services and Safeguarding) (July 2019 & February 2020) to provide an oversight of findings and actions being taken in response.

A further update of the action plan was submitted to the CQC on the 4th July 2019 to enable the CQC to undertake a final 6-month review of progress in addressing the report recommendations.

During the JTAI inspection in September 2019, CQC inspectors commented on areas of progress that were evident since the CQC Review including:

- GP information sharing with MASH improved and continuing trajectory of improvement
- Significant improvement in quality of health assessments for Looked After Children – progress described as “phenomenal”
- Effective routine and consistent Child Protection Information Sharing System (CPIS) checks
- Effective safeguarding and risk based supervision sessions with school nurses

The CQC action plan has been integrated into the CCG safeguarding assurance process to support ongoing review of the continuous improvement against the recommendations. At the end of March 2020, there were two actions that remained outstanding from the initial 243 actions in total. These actions focus on audits and completion is anticipated in Q1 2020-21.

## 5.2 Multi Agency Audit

As a statutory partner of the local safeguarding children partnership arrangements, the CCGs are fully engaged in the multiagency audit cycle, through the Designated Safeguarding Children Professionals and Named GP membership of the LSCB Performance and Quality Assurance sub group and audit pool. Throughout the reporting period, the CCGs and their commissioned services have supported the following LSCB multiagency audits:

- Q2 Child Exploitation
- Q2 Management of case conference minutes
- Q3 JTAI Children's Mental Health

A number of 'health economy' audits were also supported by the Safeguarding Service including:

- Regular quarterly audit schedule between the Designated Nurse Safeguarding Children and MASH Team Manager to review the management and outcomes of 10



referrals made from the 'health economy' into MASH.

- Audit of timeliness of MASH enquiry responses
- Audit of GP referrals

### **5.3 Chapter 14 Audit**

Chapter 14 of the Care Act 2014 provides guidance on the requirements for adult safeguarding arrangements. Each organisation, including the CCGs who are members of the MSAB must ensure that they discharge their statutory duties under the Care Act, by having robust systems and processes in place.

The MSAB Performance and Audit Sub Group devised an audit tool for organisations to self-assess their adherence to Chapter 14. This annual submission follows the same format as the previous year where all actions were completed. The audit was analysed and collated by the MSAB Performance and Audit Sub Group and an overall report was produced for the Mersey region covering all agencies via MSAB. The findings of the Chapter audit are used to help shape the focus of the MSAB work plan.

The audit covered 9 domains, split into 50 sub sections. The 9 domains are:

1. Senior Management and Staffing.
2. Governance, Quality Assurance and Supervision.
3. Safeguarding Policies, Procedures and Guidelines.
4. Safeguarding Training and Supervision.
5. Safer Recruitment and Managing Allegations.
6. Information Sharing.
7. Whistleblowing, Complaints and Escalations.
8. Making Safeguarding Personal.
9. Equality and Diversity.

The audit was completed and submitted on behalf of NHS South Sefton CCG and NHS Southport and Formby CCG by the Designated Safeguarding Adult Manager in August 2019.

At a multi-agency panel evaluation event Significant Assurance was demonstrated against the nine domains with no actions identified.

### **5.4 MSAB Safeguarding Commissioning Assurance Audit**

As part of the Quality and Audit sub group, an audit was undertaken to demonstrate to the board that robust assurance arrangements are in place for commissioners to seek assurance that their commissioned services are discharging their safeguarding responsibilities.



The CCGs Designated Safeguarding Adults Manager completed the audit which included embedding evidence to support the findings. At the multi-agency panel evaluation event in August 2019, the CCGs were given an 'Outstanding' rating. The panel specifically commended the CCGs for the evidence of their supportive measures with providers to enhance the quality of safeguarding arrangements.

## **5.5 Performance and Assurance**

### **5.5.1 Quality Schedule: Review of Safeguarding Assurance processes**

The CCGs have a statutory duty to ensure that all health providers, from whom services are commissioned, promote the welfare of adults at risk and children and are able to demonstrate that outcomes for adults, 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.

In response to findings from the CQC Safeguarding Review (2018), the revised assurance process that had been developed and agreed with commissioned health services was incorporated into the 2019-20 contracts.

The Quality Site Visits provided an additional level of oversight of the services and resulted in areas for Trusts to further consider, review and where necessary implement. Specific focus areas were considered following review of ongoing KPI feedback and commissioning standards evidence. Feedback from Trusts has been that the additional visits have been well received and enabled an opportunity to see the qualitative impact of safeguarding activities and demonstrate impact through case studies.

The Safeguarding Service has also reviewed the assurance processes and safeguarding oversight within smaller organisation contracts ('small contracts'). A 'Safeguarding Assurance Checklist' has been developed and will be introduced in 2020-21 contracting arrangements.

The Designated Professionals have continued to offer quarterly supervision to Named Professionals and attendance at the Trusts internal safeguarding assurance meetings which provides further opportunity to explore and progress any themes or areas identified through the various assurance processes.



## 6. Learning and Improvement

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 and internal CCG compliance thresholds are monitored against the same standard.

A review of the CCG training data highlighted compliance as of 31<sup>st</sup> March 2020:

Safeguarding Children Level 1: 76%	(83%, July 2019)
Safeguarding Children Level 2: 100%	(89%, July 2019)
Safeguarding Adults Level 1: 78%	(83%, July 2019)
Safeguarding Adults Level 2: 98%	(83%, July 2019)
Prevent: 77.3%	(91%, July 2019)

Steps have been taken to ensure that none compliance is addressed and raised through to Governing Body within 'key issues' reports.

The CCG Training Strategy and TNA have been updated and now reflect the requirements for key staff groups, primarily medicines management, to undertake and evidence Level 3 training.

Specific training has also been delivered in February 2019 to Governing Body members.

The Designated Professionals have continued to provide regular safeguarding supervision to Named Professionals throughout the health economy as well as ad hoc advice and support for partnership organisations.

Supervision is accessed by the Designated Professionals and Named GP through a number of forums including:

- Named GP network
- Quarterly supervision with Senior Safeguarding Lead, NHS England
- National Network Designated Health Professionals
- Safeguarding Adults National Network
- Cheshire & Merseyside Designated Professionals network

Throughout this reporting period, members of the safeguarding service completed the NHS Leadership Mary Seacole Leadership Programme, a nationally recognised development programme for leaders in health organisations.



## **7. Safeguarding and Primary Care**

### **7.1 NHS England Virtual College Improvement Tool**

During this period 49 surgeries continued to use this tool and found it beneficial in evidencing that they discharge their safeguarding responsibilities effectively.

### **7.2 Inspection Frameworks**

#### **CQC Review of Health Services for Children Looked After and Safeguarding in Sefton (July 2018)**

As part of this review a strengthening of engagement of primary care in the Safeguarding Agenda was initiated.

The Safeguarding Leads GP Forum commenced in June 2019 with a Workshop supported by NHS England discussing Early Help, information sharing, identification of vulnerable families and risk assessments.

#### **JTAI Children's Mental Health**

Plans being developed to increase the oversight of children living in high risk domestic abuse situations.

Guidance pathways and request for health information forms are being developed to support GPs in their role in relation to MARAC.

Pathways are being strengthened with GPs and the 0-19 service including the Memorandum of Expectation, to increase awareness of children living in a family where domestic abuse is a factor.

New Child Protection Processes have been developed. The local authority will inform the 0-19 years safeguarding service of all new cases where children are made subject of a Child Protection Plan, which is then shared on a quarterly basis to GP Practices.

### **7.3 Learning and Improvement**

The Named GP, Designated Dr and Safeguarding Service have continued to support the learning in Primary Care, through the Annual Safeguarding Protected Learning Time Event where over 250 participants attended.

Key topics discussed included Learning from Serious Case Reviews in Sefton, Working Together (2018): Key Changes for Safeguarding Practice, Curiosity - disguised compliance, recognising neglect and Fabricated Induced Illness, Children In Care - new ways of working, Special Educational Needs and Disability (SEND) Agenda, Adult Safeguarding Update - Self Neglect Toolkit, Catch 22 - Child Sexual Exploitation In Sefton (local perspective) and Young



Carers - Supporting Sefton's Young Carers.

There have been 2 additional GP Safeguarding Lead Forums in September and December 2019. These have included presentations and discussions from partners including MASH and Early Help Service Managers and KOOTH, Sefton's on line counselling service. Health Visitor Liaison and communication pathways with 0-19 service have also been the focus of discussions.

A New MASH Health Information Sharing Form has been developed by the Named GP, Safeguarding Lead GPs and the LMC.

In addition the Named GP has supported 2 Serious Case Reviews through the provision of chronologies, Primary Care Individual Managerial Reviews and membership of the SCR panel and the LSCB Practice Review Panel.

## **8. Sefton Designated Doctor Safeguarding Children**

CCGs are required to employ, or have in place, a contractual agreement to secure the expertise of a Designated Doctor for safeguarding children. This post is commissioned from Alder Hey Children's NHS Foundation Trust and the role undertaken by a Consultant Neurodevelopmental Paediatrician.

Sefton CCGs Designated Doctor for Safeguarding Children is currently commissioned to support the safeguarding children agenda through 2 PAs (Programme Activity = 4 hours) per week.

LSCB focussed work streams have included:

- LSCB Main Board member including 'extraordinary boards' to receive SCR reports
- Membership and attendance at LSCB Practice Review Group
- Membership of SCR4 and SCR5 panel meetings and learning events.
- Contribution to planning with LSCB training pool including development of a Fabricated and Induced Illness multiagency training programme
- JTAI feedback presentation and dissemination of findings locally
- Engagement in LSCB appraisal processes

CCG focussed work streams have included:

- Membership and attendance at Safeguarding Children and Adults Business Meeting
- Supporting Named GP for Safeguarding in establishment of Safeguarding GP Leads Forum
- Delivery of quarterly safeguarding supervision to Named Professionals including



CCG Named GP and Named Doctors within commissioned health services

Multiagency partnership focussed work streams have included:

- Attendance and input at child protection meetings including Early Help, Child in Need and Case Conferences
- Designated Doctor lead role in Fabricated Induced Illness cases throughout Sefton, providing support and expertise to Named GP, Named Doctors and multiagency partners
- Attendance and engagement in public health approach to reducing serious violence within Merseyside Police headquarters

Training and development focussed work streams have included:

- Planning and delivery of safeguarding training at annual GP Protected Learning Time event
- Planning and delivery of GP 'CQC Safeguarding Review: learning event'
- Safeguarding training delivery within commissioned Hospital Trust re: level of need guidance, referrals and report writing workshop
- Contribution to weekly safeguarding peer review within commissioned Children's Trust

## 9. Voice of the Service User

The CCGs each have a communications and engagement strategy (2018-20) (Communicating health in South Sefton... and Communicating health in Southport and Formby...) which includes the work with Sefton Young Advisers to better involve children in the work of the CCGs and ensure their voices are heard. A specific section relates to 'involving younger residents' through partnership work with CVF groups and organisations.

The CCGs work in partnership with Sefton Young Advisors (YAs) to understand how best to involve CYP in their work and also commission them to undertake bespoke engagement exercises on their behalf. Sefton Young Advisors work with schools, colleges and all CYP networks across Sefton and support local organisations to more effectively involve young people so that their views are considered as services develop and change.

Sefton Young Advisors are represented at the CCGs Engagement and Patient Experience Group (EPEG) as the CCGs are committed to working more closely with the team to involve children and young people, adopting the Advisers' engagement toolkit for young people and co-producing whenever possible and appropriate.

The CCGs also work in partnership with the council to support and contribute to engagement with CYP and their families eg; SEND developments: <https://www.southseftonccg.nhs.uk/get->





[involved/current-exercises/send-parents-and-carers-invited-to-share-their-views/](#)

Throughout this reporting year, changes were introduced to the CCG safeguarding assurance processes for commissioned services through the introduction of a Quality Site Visit. A domain within the visit was to specifically explore 'service user and staff experience' and include how the Trust could evidence they use the voice of service users. This is also incorporated in the Commissioning Standards evidence template.

Trusts have also submitted audits in respect of capturing the voice of the child as part of the CQC Review action plan, which has been overseen through the CQC Task & Finish group chaired by the Designated Nurses for Children in Care and Safeguarding.

The Designated Nurse Safeguarding has incorporated evidencing the voice of the child within the quarterly audit of referrals with MASH. In addition this was also included within the GP audit of referrals proforma as a quality indicator.

In addition to capturing the voice of the child in assessments, as part of the LSCB's revised performance approach, a quarterly 'summary analysis of agency safeguarding performance' has been introduced from Q4. This summary report, which will continue to be developed throughout 2020-21 requires agencies to consider what children and families have said about services and their responses made, enabling outcomes to be collated.

The voice of service users (adults) is an MSAB business priority. MSAB have employed an engagement officer who has been conducting an audit on how adult's voices are heard as part of safeguarding enquiries. A series of workshops and a launch event were held in 2019-20.

Adults are supported to have their say and are empowered to inform the CCGs decision making via EPEG and events such as 'Big Chat'.

The CCGs completed the Chapter 14 audit in September 2019 and included evidence of the work that has been undertaken in respect of capturing and responding to the voice of service users.



## 10. Business priorities 2020/21

Priorities carried forward from 2019/20, as a consequence of delays at a national level, include:

- Continue to support and respond to the changes required as a result of the Mental Capacity Amendment Act (2019) including:
  - Await introduction of the Codes of Practice
  - Support the transition of responsibility for Liberty Protection Safeguards (now anticipated April 2022)
- Ensure the changes brought about by the Domestic Abuse Act are implemented in practice within both the CCGs and commissioned health services

New priorities for 2020-21 include:

- Support '*pandemic impact assessments*' and recovery planning for services as restrictions are relaxed as alert levels are reduced
- Strengthen the engagement of GPs in the safeguarding agendas of MARAC, MAPPA and Prevent.
- Ensure staff are mapped against the revised CCG Safeguarding Adults and Children Training Strategy and Training Needs Analysis to ensure compliance data reflects the impact of changes from the Intercollegiate Documents.
- Implement ICON (prevention of abusive head trauma) Programme following funding by NHSE
- Ensure findings from Tackling Child Exploitation mapping programme are implemented with health partners
- Introduce and develop the new role of Named GP Safeguarding Adults



## 11. Conclusion

This annual report provides a summary of progress against the safeguarding priorities set for 2019-20. 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 adults, children and young people.



## Common Abbreviations

Abbreviation	Unabridged
ADASS	Association of Directors of Adult Social Services
CE	Child Exploitation
CDOP	Child Death Overview Panel
C-PIS	Child Protection Information Sharing
CQC	Care Quality Commission
DHR	Domestic Homicide Review
DTC	Duty to Contribute
DOLS	Deprivation of Liberty Safeguards
EPEG	Engagement and Patient Experience Group
FGM	Female Genital Mutilation
FGM-IS	Female Genital Mutilation – Information System
JTAI	Joint Targeted Area Inspection
KPI	Key Performance Indicator
LMC	Local Medical Council
LPS	Liberty Protection Safeguards
LSCB	Local Safeguarding Children Board
MASA	Multi Agency Safeguarding Arrangements
MASH	Multi Agency Safeguarding Hub
MAPPA	Multi Agency Public Protection Arrangements
MARAC	Multi Agency Risk Assessment Conference
MCA	Mental Capacity Act
MSAB	Merseyside Safeguarding Adults Board
MSAR	Merseyside Safeguarding Adults Board Safeguarding Adult Review
MSARG	Merseyside Safeguarding Adults Board Safeguarding Adult Review Group
PRP	Practice Review Panel
RA	Responsible Authority
SAAF	Safeguarding Accountability and Assurance Framework
SCR	Serious Case Review
SEND	Special Educational Needs and Disabilities
SMB	Strategic MAPPA Board
SSCP	Sefton Safer Communities Partnership
TCE	Tackling Child Exploitation
TNA	Training Needs Analysis
VCF	Voluntary Community and Faith
VRU	Violence Reduction Unit
VRP	Violence Reduction Partnership



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