Staying local & together

NHS
South Sefton
Clinical Commissioning Group

Safeguarding Annual Report 2014/15

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Date: August 2015

Foreword by the Chief Nurse for CCG

NHS South Sefton Clinical Commissioning group (CCG) demonstrates a strong commitment to safeguarding children and adults within the local communities. There are strong governance and accountability frameworks within the Organisation which clearly ensure that safeguarding children and adults 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 CCG is to actively improve outcomes for children and adults at risk and that this supports and informs decision making with regard to the commissioning and redesign of health services within the Borough.

Contents

Executive Summary

This is the second annual safeguarding report to NHS South Sefton Clinical Commissioning Group Governing Body. The purpose of the report is to assure the Governing Body and members of the public that the Clinical Commissioning Group (CCG) is fulfilling its statutory duties in relation to safeguarding children and adults in NHS South Sefton Clinical Commissioning Group: it takes account of national changes and influences and local developments and activity.

The report also highlights the local development, performance, governance arrangements and activity and the challenges to business continuity.

A separate report around Looked After Children has been authored under the current commissioning arrangements by the provider leads about how the health needs of this cohort of children and young people have been met. This report is expected to be included within Quarter 2 data set (due for submission by 30th September 2015). The reporting arrangements will change for 2015/16. It is anticipated that the Designated Nurse for Looked After Children will author an overview report incorporating all health provider data for this group of children.

1 Purpose of the report

This is the second annual safeguarding report to NHS South Sefton Clinical Commissioning Group Governing Body and reviews the work across and progress throughout the 2014/2015.

In Merseyside, to meet with national requirements, there is a Hosted Safeguarding Service, which serves Liverpool, South Sefton, Southport & Formby, Halton, St Helens and Knowsley CCG's. The hosting arrangements remain with Halton CCG as originally agreed in 2013.

This report is intended to provide assurance that the CCG has safely discharged its statutory responsibilities to safeguard the welfare of children and adults at risk of abuse across the health services it commissions.

The report will also provide information about national and local changes and influences, local development, performance, governance arrangements and activity and the challenges to business continuity.

Although the report does include information regarding Looked After Children, a separate report has been authored under the current commissioning arrangements by the provider Leads about how the health needs of this cohort of children and young people have been met. These reporting arrangements will change for 2015/16 due to the new commissioning arrangements.

2 National Context

2.1 The NHS Accountability and Assurance framework: Safeguarding Vulnerable People in the Reformed NHS (2013)

Safeguarding accountabilities for CCG's, NHS England, NHS Providers and other Organisations within the health economy are defined within the Accountability and Assurance framework: Safeguarding Vulnerable People in the Reformed NHS (2013).

NHS England has the responsibility for providing safeguarding clinical leadership support to the designated professionals for safeguarding children, looked after children

and safeguarding adult's leads.

The CCG safeguarding arrangements and work plan continues to take full account of this. A revision to the 2013 framework was announced in early 2015 and a consultation document released with the intent to publish the fully revised guidance in in May 2015. The CCG responded and contributed to this consultation document.

The current framework outlines and includes the need to:

- Promote partnership working to safeguard children, young people and adults at risk of abuse, at both strategic and operational levels
- Clarify NHS roles and responsibilities for safeguarding, including in relation to education and training
- Provide a shared understanding of how the new system will operate and, in particular, how it will be held to account both locally and nationally
- Ensure professional leadership and expertise are retained in the NHS, including the continuing key role of designated and named professionals for safeguarding children
- Outline a series of principles and ways of working that are equally applicable to the safeguarding of children and young people and of adults in vulnerable situations, recognising that safeguarding is everybody's business. plans to train staff in recognising and reporting safeguarding issues
- Provide a clear line of accountability for safeguarding, properly reflected in the CCG governance arrangements
- Provide appropriate arrangements to co-operate with local authorities in the operation of LSCBs, SABs and Health and Wellbeing Boards
- Ensure effective arrangements for information-sharing
- Have a safeguarding adults lead and a lead for the Mental Capacity Act, supported by the relevant policies and training.

2.2 Intercollegiate document: safeguarding children and young people: roles and competences for health care staff (March 2014)

All health staff have a duty to promote the welfare of and safeguard children and young people. Staff are required to have the competences to recognise when intervention is required and be able to take effective action appropriate to their role. This third edition document has been ratified by the Royal Colleges and professional bodies in order to provide and support a consistent approach and framework for training and development across the health economy.

The document takes account of the changing landscape of the NHS and included requirements for the Executive Team and Board members.

The document indicates that all staff must clearly understand their responsibilities, and

should be supported by their employing organisation to fulfil their duties. The standards within this document inform organisational training, training strategies and training needs analysis for health care organisations, providing a framework for use within annual staff appraisal to ensure knowledge and skills have been acquired.

2.3 Promoting the Health and Wellbeing of Looked After Children (March 2015):

This document was published in March 2015 by the Department for Education and the Department of Health. It outlines statutory roles and responsibilities for all agencies including Local Authority partners and NHSE. This refreshed publication is explicit with regard to the role of the CCG and will be crucial in supporting and informing the CCG work plan in 2015/16.

2.4 Looked After Children: Knowledge, Skills and Competences of Health Care Staff (March 2015):

This document was developed in partnership with the Royal College of Nursing and the Royal College of GPs**,** and mirrors the Intercollegiate Document for Safeguarding Children. The document outlines key levels of knowledge, skill and competencies for health staff who work (indirectly or directly) with looked after children. It provides a framework for healthcare staff to understand their role and responsibilities for meeting the needs of looked after children.

This document will be key to informing the CCG's safeguarding work plan and priorities for Looked After Children going forward into 2015/16.

2.5 Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children (March 2015)

Working Together to Safeguard Children was revised and published in March 2015. The guidance outlines:

- The legislative requirements and expectations on individual services to safeguard and promote the welfare of children.
- A clear framework for Local Safeguarding Children's Boards (LSCBs) to monitor effectiveness of local services.

Although not a major review, the 2015 guidance includes changes around:

- how to refer allegations of abuse against those who work with children;
- clarification of requirements on local authorities to notify serious incidents; and
- the definition of serious harm for the purposes of serious case reviews.

The CCG safeguarding arrangements and work plan takes full account of the 2013 framework and will incorporate the 2015 revisions and implications for practice going forward into 2015 / 16.

2.6 Safeguarding Inspection Framework

The Care Quality Commission (CQC) single agency safeguarding inspection programme continued throughout 2014 / 15 in the absence of a published multi-agency inspection framework. Consultation on a joint inspection regime took place between July 2014 and September 2014 with a proposed pilot starting in autumn 2015. The current CQC Safeguarding Inspection regime focuses on evaluating the quality and impact of the local health arrangements. The hosted Safeguarding Service has continued throughout the year to provide support across the health economy in readiness for an inspection should the CQC notify.

2.7 The Care Act 2014

The Care Act 2014 provides a coherent approach to adult social care in England. It represents the most significant change to social care legislation in 60 years. The changes aim to enable people to have more control over their own lives. Support should be about prevention, with the ultimate goal of helping people stay independent. The legislation sets out how people's care and support needs should be met and introduces the right to an assessment for anyone, including carers and self-funders, in need of support. There is a requirement for partnership working and integration in relation to care and finances. Transition assessments should be carried out for young people who will be requiring adult services once aged 18, whether already receiving children's services or not - this will need to be integrated with health and education.

The safeguarding of adults is placed on a statutory footing from April 2015. The safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

The Care Act places a duty on the Local Authority to make a Section 42 enquiry (or to make sure that, as the lead agency, enquiries are carried out by the relevant organisation) where there is a concern about the possible abuse or neglect of an adult at risk. An enquiry must be proportionate and may take the form of a conversation with the individual concerned (or with their representative or advocate). It may need the involvement of another organisation or individual. Or it may require a more formal process, perhaps leading to a formal multi-agency plan to ensure the wellbeing of the adult concerned.

In many cases a professional who already knows the adult will be the best person to

undertake a Section 42 enquiry. The local authority retains the responsibility for ensuring that the enquiry is referred to the right place and is acted upon. The local authority, in its lead and coordinating role, should assure itself that the enquiry satisfies its duty under section 42 to decide what action (if any) is necessary to help and protect the adult and by whom and to ensure that such action is taken when necessary. In this role if the local authority has asked someone else to make enquiries, it is able to challenge the body making the enquiry if it considers that the process and/or outcome is unsatisfactory.

The Care Act requires that all statutory members of the Safeguarding Adults Board (SAB) identify a Designated Adult Safeguarding Manager (DASM).This a similar role to the Local Authority Designated Officer (LADO) role in children's services, responsible for the management and oversight of individual complex cases and coordination where allegations are made or concerns raised about a person, whether an employee, volunteer or student, paid or unpaid. Interim local arrangements are in place in Merseyside and Cheshire.

The Care Act states that all Local Authorities must have a SAB and it places them on a statutory footing from April 2015. Membership must include the local authority, the NHS and the police, who should meet regularly to discuss and act upon local safeguarding issues. The main objective of the SAB is to ensure itself that the local safeguarding arrangements and partners act to protect adults in the area. A yearly plan and annual report must be provided. There is a well-established Sefton SAB is in place with representation at the Board and subgroups by NHS South Sefton CCG and the hosted Safeguarding Service. There is a legal requirement to arrange for Safeguarding Adults Reviews (previously Adult Serious Case Reviews) to ensure lessons can be learned from serious incidents.

The Care Act states that arrangements must be made where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review (SAR) where the adult has 'substantial difficulty' in being involved in the process and where there is no other suitable person to represent and support them.

All commissioners, including CCG's are expected to embed safe practice in all commissioning activity in line with Care Act and local policy requirements. The quality schedule contracts and safeguarding key performance indicators for NHS South Sefton CCG health commissioned services for 2015/16 are compliant with the Care Act requirements.

2.8 Mental Capacity Act and Deprivation of Liberty Safeguards

Supreme Court Ruling 2014

The Mental Capacity Act (MCA) 2005 has been fully implemented since October 2007. The Deprivations of Liberty Safeguards (DoLS), which form part of the Act, were introduced in April 2009 as part of the amendments to the Mental Health Act 1983. The intention was to provide a legal framework around the deprivation for those people who are assessed as lacking the capacity to make decisions about their care and treatment or support. The intention was to avoid breaches under Article 5 of the European Convention on Human Rights, which occurred in HL v United Kingdom (ECtHR; (20040 40 EHRR 761), and often referred to as the 'Bournewood Gap'.

Originally there lacked a legal definition about what amounted to a Deprivation of Liberty, however there were a number of factors which were required to be considered (Page 17 DoLS Code of Practice). Cheshire West and Chester local authority have been challenged in the High Court on a DoLS authorisation that was granted on *P* resulting in a Supreme Court ruling in March 2014. The Supreme Court Judgement passed, ruling that the deprivation for *P* was unlawful. A subsequent judgment of *P & Q v Surrey County Council,* also determined there was an unlawful deprivation. These land mark cases have led to significant changes to whom and when a Deprivation of Liberty authorisation must be made. There now exists a clear definition of the factors to consider when deciding is a person is being deprived of their liberty. They introduced the "acid test" term which need to be considered when deciding whether a person is being deprived of their liberty;

1 - The person lacks capacity AND

2 - The person is not free to leave AND

3 - The person is subject to continuous supervision

The number of DoLS referrals has significantly increased as a result of the judgement. This is a national concern and the implications are far reaching in; resources, workload and financial costs. Several test cases continue to be taken through the Court of Protection.

Deprivation of Liberty and the Coroner Act (2009)

There are specific implications where an individual who dies with a DoLS authorisation is in place, which is deemed to be a death in custody under lawful detention. Consequently all such deaths must be referred to the Coroner requiring an inquest. Under these circumstances the responsible Medical Practitioner or General Practitioner is legally not permitted to issue the medical certificate of cause of death. This process has been described by Mr Sumner (HM Coroner) for Merseyside, in line with section 1(2)(c)) of the Coroners Act and Section 16 of the Chief Coroners Guidance. There is a requirement for all GP's employed with the South Sefton CCG area to be aware of their legal responsibilities in line with the Coroners Act. The circular was completed and

submitted after April 2015 therefore, would this go into the action plan and then evidence as completed as part of the annual report for 2015-16

https://www.judiciary.gov.uk/wp-content/uploads/2013/10/guidance-no16-dols.pdf

2.9 Prevent

The Prevent Strategy (2011)

The Prevent strategy is a key part of CONTEST, the Government's counter terrorism strategy. It aims to stop people becoming terrorists or supporting terrorism. The strategy aims to respond to the ideological challenge of terrorism and those who promote it, prevent people from being drawn into terrorism, and work with sectors and institutions where there are risks of radicalisation.

Work includes disrupting extremist speakers, removing material online, intervening to stop people being radicalised, and dissuading people from travelling to Syria and Iraq and intervening when they return. The most significant terrorist threat is currently from Al Qai'da-associated groups and from terrorist organisations in Syria and Iraq, including ISIL. Terrorists associated with the 'extreme right' also pose a threat.

2.10 Channel

'Channel' is a multi-agency safeguarding programme which operates throughout England and Wales. It provides tailored support to people who have been identified as at risk of being drawn into terrorism. The support offered can come from any of the partners on the panel, which include the local authority, police, education, and health providers. Support will often involve experts who understand extremist ideology. Engagement with the programme is entirely voluntary at all stages

2.11 Prevent Delivery in Health and Home Office 'Priority' and 'Non-Priority Areas'

In January 2015, NHS England reduced the Prevent resource to priority areas within the UK following the Home Office funding decision in April 2014. Regional Prevent Coordinators (RPCs) within the priority areas identified by the Home Office, continued to operate a business as usual policy providing support; and NHS commissioned providers submitted quarterly Prevent returns monitoring progress against the Home Office deliverables to RPCs.

In non-priority areas, each CCG Prevent Lead should have links with their provider organisation's Prevent Lead with RPCs being used as a point of contact for advice about issues that could not be managed locally. In the North West region the RPC role was only occupied for part of the reporting year and NHS South Sefton CCG health commissioned services accessed the RPC lead from another priority area as required. An RPC for the North West region will commence in post from August 2015.

CCGs were required to ensure that organisations within their regions were aware of the changes and the necessity to comply with the prevent requirements set out in the safeguarding clause of the NHS Standard Contract.

The hosted Safeguarding Service for NHS South Sefton CCG has incorporated Prevent into the safeguarding KPI's for health commissioned services and all health commissioned providers for NHS South Sefton CCG report on Prevent compliance as part of the Quality Schedule

2.12 NHS South Sefton CCGs work with Prevent

Liverpool is identified as a priority area and as such has an effect on the residents of South Sefton.

The CCG has an identified Prevent Lead and Prevent training for CCG staff is anticipated be a statutory requirement in line with the recommendations outlined in the 2015 *Prevent* Duty Guidance: For England and Wales.

Prevent delivery for each provider organisation was included within the NHS Standard Contract for 2014/15 for provider organisations.

2.13 Statutory guidance issued under section 29 of the Counter-Terrorism and Security Act (2015)

Section 26 of the Counter-Terrorism and Security Act 2015 (the Act) places a duty on certain bodies ("specified authorities" listed in Schedule 6 to the Act), in the exercise of their functions, to have "due regard to the need to prevent people from being drawn into terrorism".

This guidance is issued under section 29 of the Act. The Act states that the authorities subject to the provisions must have regard to this guidance when carrying out the duty. The duty applies to specified authorities in England and Wales, and Scotland. Counter terrorism is the responsibility of the UK Government.

In fulfilling the duty, the Act expects health bodies to demonstrate effective action in the following areas:

- Partnership
- Risk Assessment
- Staff Training
- Monitoring and enforcement

2.14 HM Government Channel Duty Guidance – Protecting vulnerable people from being drawn into terrorism

Channel is a programme which focuses on providing support at a pre criminal stage to people who are identified as being vulnerable to being drawn into terrorism. The programme uses a multi-agency approach to protect vulnerable people by:

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

Channel may be appropriate for anyone who is vulnerable to being drawn into any form of terrorism. Channel is about ensuring that vulnerable children and adults of any faith, ethnicity or background receive support before their vulnerabilities are exploited by those that would want them to embrace terrorism, and before they become involved in criminal terrorist activity. NHS South Sefton CCG and the hosted Safeguarding Service will be statutory health members of a Channel Panel when required.

3 Local Context

3.1 CCG Governance arrangements

NHS South Sefton CCG Accountable Officer has the responsibility to ensure that the contribution by health services to safeguarding and promoting the safety of children, young people and adults at risk is appropriate and embedded across the health economy. This is largely achieved by the local commissioning arrangements and membership of the Health and Wellbeing Board. Safeguarding is the responsibility of all CCG employees and is clearly demonstrated within the CCG governance structure.

The Chief Nurse is the named representative for both the Local Safeguarding Children and Adult Boards and has the responsibility to ensure that the monitoring of children, young people and adults at risk takes place within these frameworks and should report any risk within the system through to the Accountable Officer and Governing Body.

NHS South Sefton CCG jointly commissions a hosted service approach to the delivery of their safeguarding function for both children and adults. The Safeguarding Service is hosted by Halton CCG and has a defined specification and Memorandum of Understanding (MOU) in place. Further to a full review within this reporting year, the Service has received increased resources and secured the expertise of: Designated Nurses Safeguarding Children, Designated Nurse Looked After Children and Designated Nurses Adults. Separate commissioning arrangements provide the expertise of a Designated Doctor and Named GP. All of these professionals have acted as clinical advisors to NHS South Sefton CCG on safeguarding matters and support the Chief Nurse to ensure that the local health system is safely discharging safeguarding responsibilities.

3.2 Effectiveness of Safeguarding Arrangements

The CCG has a statutory requirement under Section 11 of the Children Act 2004 to actively demonstrate that safeguarding duties are safely discharged ie the need to safeguard and promote the welfare of children and young people. The current arrangements require NHS South Sefton CCG to submit evidence of safeguarding compliance to Sefton LSCB for their scrutiny as per the agreed audit cycle. Any areas for development and action are presented to and monitored by the Quality Committee in accordance with the CCG governance arrangements. The hosted Safeguarding Service responded to the request by Sefton LSCB in 2014 / 15 to provide an update regarding compliance against the Section 11 standards.

Evidence available to support these standards includes the revision and ratification of the Safeguarding Children and Adults Policy, Managing Allegations against Health Professionals policy, the Safeguarding Strategy and CCG declaration.

NHS South Sefton CCG commissioned a review of safeguarding arrangements, in partnership with Southport & Formby and Liverpool CCGs. The review was conducted by Edge Hill University, the findings and recommendations of which were reported in April 2014. Progress reports against the agreed action plan have been submitted to the Quality Committee throughout the year.

The Review focused on the following themes:

- Voice of the child and young person/ voice of the vulnerable adult/adult at risk
- Vision, strategy, leadership and the capacity to improve
- Governance, accountability and risk management
- Quality improvement, learning and workforce development
- Efficient/effective use of resources

Within the current commissioning arrangements the CCG has a statutory duty to ensure that that all health providers from whom we commissions services (both public and independent sector), promote the welfare of children and protect adults from abuse or the risk of abuse. This includes specific responsibilities for Looked After Children. This is predominantly achieved but not limited to the use of the quality schedule within the NHS contract. The hosted Safeguarding Service is responsible for the development of the safeguarding quality schedule / performance framework and the key performance indicators (KPI's) for 2014 / 15 were informed by national indicators, guidance, LSCB /SAB priorities and Inspection findings. Commissioned services are required to report against this schedule as per the contractual agreement; evidence is submitted on a quarterly basis to provide the CCG with assurance. The hosted Safeguarding Service is responsible for the monitoring and validation of this evidence and reports on both

compliance and identified risk within the system, this is achieved through the Quality Committee within the agreed reporting schedule and further discussed with our commissioned health services within the Clinical Quality and Performance Group.

Throughout this reporting year the hosted Safeguarding Service has identified that a number of commissioned health services were unable to provide an acceptable level of assurance against the safeguarding quality schedule. They have been reported to the quality committee as providing limited assurance and the detail of risk has been outlined. NHS South Sefton CCG is working in collaboration with the coordinating commissioners of these services and the Provider directly to support progress against the schedule and to mitigate any risks within the system where possible.

The CCG and the hosted service are committed to supporting provider services and work collaboratively with them to further develop systems that enable the health economy to demonstrate outcomes for children, young people and adults at risk. This is achieved throughout the year by attendance at internal provider safeguarding assurance groups or by Chairing focus groups when developing work plans in accordance with national and local guidance.

Supervision

The hosted Safeguarding Service has provided formal and informal children's and adult safeguarding supervision for health services commissioned by NHS South Sefton CCG.

3.3 Learning and Improvement

The hosted Safeguarding Service continues to promote the learning and development of staff across the health economy. A review and revision of the safeguarding children training modules for the NHS South Sefton CCG has been undertaken to ensure the quality and content is in accordance with current guidance. Oversight of training within commissioned health services is mainly achieved through the LSCB/SAB Joint training Subgroup group which the Designated Nurse currently Chairs.

Safeguarding training is part of the mandatory schedule for all CCG employees and Level 1 competencies are achieved via an eLearning programme:

Safeguarding Adults Level 1	Safeguarding Children Level 1	Safeguarding Children Level 2
88%	88%	69%

The hosted Safeguarding Service are fully engaged with the work of the LSCB/SAB and continue to Lead across the health economy in relation to the Serious Case Reviews

(SCR) and Domestic Homicide Reviews (DHR): both of which are fully established on a statutory basis and the threshold criteria, process and purpose defined in specific guidance.

NHS South Sefton CCG Designated Nurse Professionals continues to work closely with the LSCB furnishing the Critical Incident Panels (Chair), DHR Panels and other review groups. There have been two DHR's commissioned within this reporting year. One DHR is now published and one remains on-going with a publication date yet to be determined. There have not been any new SCR's commissioned by Sefton SCB/SAB. Sefton LSCB has further developed systems in relation to multi agency audit; the Designated Nurse chairs this sub group.

Sefton Community Safety Partnership (CSP) commissioned a Domestic Homicide Review (DHR1) under the Home Office ,Revised Multi – Agency Statutory Guidance (2013) for conducting Domestic Homicide Reviews (issued under section 9(3) of the Domestic Violence, Crime and Victims Act (2004), following the murder of a female by her husband in November 2012. The DHR 1 report was published in 2014 and concluded that the death was not predictable or preventable. There were no single agency recommendations. The lesson learned action plan identified two actions around the need to raise awareness of domestic violence within the community; and for Professionals to understand the barriers to disclosure faced by victims of domestic abuse and develop plans to overcome them. The SAB health sub group meet bi-monthly and will oversee the commissioned health provider's response to the recommendations.

A further DHR (DHR 2) was commissioned by Sefton CSP in 2014 and continues to progress. The Designated Nurse for Safeguarding Adults is a member of this DHR panel.

Sefton LSCB had previously commissioned two Independent Management Reviews which the Board had accepted and ratified, the learning from these reviews continues to be addressed through the LSCB health sub group of which the designated professionals and Named GP are active members and also Chair. This supports learning across the whole of the health economy including primary care. Themes and learning were in relation to; substance and alcohol misuse, domestic abuse, the recognition and management of neglect.

Sefton Safeguarding Adults Board (SAB)

NHS South Sefton CCG is a core member of the Sefton Safeguarding Adults Board which gains statutory status from April 2015 following the implementation of the Care Act 2014. The CCG's hosted Safeguarding Service has attended the SAB and subgroups and chairs the training subgroup and the joint health subgroup for Sefton

and Liverpool Safeguarding Adults Boards.

NHS South Sefton CCG's provide a financial contribution to support the work of the Sefton Safeguarding Adults Board

3.4 Child Death Overview Panel (CDOP)

Sefton LSCB has a statutory responsibility to ensure that a review of all child deaths (residents of the borough). This is achieved by the Child Death Overview Panel (CDOP) which Sefton LSCB commission as a Merseyside arrangement .The CCG support this arrangement through the financial contribution to the LSCB: the Designated Professionals furnish this group and ensure that any learning is communicated back through to the wider health economy.

During April 2014- March 2015 a total of 16 Sefton child deaths were reported to the Merseyside CDOP. Nine of the deaths were related to females (56%) and seven to males (44%). Eleven (69%) of the deaths were expected.

The Merseyside CDOP met on 11 occasions and reviewed a total of 92 deaths during April 2014 – March 2015, 22 of the cases that were reviewed related to Sefton children. Of the 22 cases that were reviewed five were perinatal (24 weeks – 7days) two were neonatal (birth – 28 days), six were infants (1 month - 1 year) and nine were child death (1 year to 18 years). Of the 22 cases reviewed none were subject of a child protection plan or looked after children but five were subject to child in need plans. Two of the child deaths from Sefton were reported to have resulted from risk taking behaviour. Eight of the child deaths were considered to have had modifiable factors these included smoking in the household, co-sleeping and risk taking behaviour.

The Merseyside CDOP has continued to focus work on promoting safe sleep. A set of safe sleeping guidelines to be used by practitioners from the health economy has been developed and there are plans to expand the guidelines to be used across the multi-agency partnership. A number of safe sleeping awareness raising sessions were conducted these were organised and funded by the Merseyside CDOP and facilitated by the Lullaby Trust. One session was held in Sefton and 163 practitioners attended the event. There are plans to develop a safe sleeping campaign for 2015-16.

There have been some challenges within the process for CDOP mainly in relation to missing data and delays in data submission. Exploration of this issue has indicated that this is attributed to health services and the Designated Professionals have worked with commissioned health providers to improve the quality and timelines of responses.

A specific report was commissioned by Sefton LSCB to establish if there had been a

significant increase in the number of children who had died as a result of suicide. The report concluded that although the number of children who had died from suicide had increased across Merseyside there was not a significant rise related to any particular geographical location.

3.5 Child Sexual Exploitation (CSE)

The sexual exploitation of children and young people is a form of sexual abuse. It is not new. What is new is the level of awareness of the extent and scale of the abuse and of the increasingly different ways in which perpetrators sexually exploit children and young people (Ofsted, 2014).

The Health Working Group Report on Child Sexual Exploitation (2014) highlights that 'as Clinical Commissioning Groups (CCGs) are responsible for commissioning children's healthcare treatment services for physical and mental health (CAMHS and other therapeutic recovery services), they are in a key position not only to stop child sexual abuse and exploitation in their day to day work, but also to significantly improve the local multi-agency response'.

The CCG is fully engaged in this agenda and the hosted Safeguarding Service has provided assurance to the Governing Body in January 2015 in respect of the actions taken. The hosted Safeguarding Service is represented on National, Regional and Local forums and has ensured that the CCG safeguarding quality schedule is fully developed to obtain assurance about the commissioned health service response and support to the agenda.

Current work within the Borough includes the mapping of children and young people vulnerable to CSE and has identified that the predominant abuse model appears to be that of the 'boyfriend' model which is in contrast to recent organised gang models highlighted in the national media.

CSE will continue to be a priority into 2015/16 and features within the work plan for the CCG hosted Safeguarding Service.

3.6 Multi Agency Safeguarding Hubs (MASH)

Multi-agency Safeguarding Hubs (MASH) co-locate safeguarding agencies and their data into a secure assessment, research and decision making unit that is inclusive of all notifications relating to safeguarding child and adult welfare in a Local Authority area. It is well evidenced that the co-location of agencies builds trust and confidence and speeds up the process of information sharing and decision making, but the added value of MASH is that it provides for a fuller, more informative intelligence product with a risk

assessment supported by a clearly recorded rational for operational use at the earliest stage. The objective is 'early intervention' to prevent the escalation of harm, risk and crime.

The Sefton Partnership continues to develop this model of working throughout 2014 / 15. NHS South Sefton CCG continues to commission local health providers to support this model of working and have strategic oversight of development, management and impact of this model of service delivery by attendance at the Strategic Group chaired by the Local Authority (LA). Early indications from the available data are showing a positive impact on the timeliness and service that children, young people and their families in the Sefton Borough receive.

3.7 Business Continuity

Table 1 below identifies the business priority areas identified in last year's annual report and progress against:

Table 1

Business Priority 2014/15	Progress
The voice of the child and adult at risk	Remains in progress – work being done through EPEG and other CCG forums. Included in quality schedule for commissioned health services
Domestic Abuse, Harmful practices	Remains in progress and a core component of the 2015/16 Business Plan
Model of supervision for the hosted Safeguarding Service	Remains outstanding whilst NHSE identify a national supervision model for adult safeguarding. Access to psychological support has been commissioned whilst a national model is awaited for all Designated Nurses (Adults and Children)
Designated LAC role and function	Achieved - Post recruited to, will commence May 2015. Refined data set in 2015/16 Quality Schedule
Develop a programme to deliver the work that will be required under The Care, Act 2015; identify a lead person responsible for coordinating and driving delivery of this and model the likely costs and other impacts of the Act	In progress – policy and procedures are being amended to reflect the emerging implications of the Care Act. Hosted Service working in partnership with the SAB to develop a programme for the implementation of the Care Act. Lead person identified
Contribute to the work of LSCBs and LSABs Safeguarding Strategic Plans. These should be reflected in both the commissioned services KPIs and safeguarding service work plan	Achieved – both LSCB/SAB have had full contribution to the business plans by the hosted Safeguarding Service. Safeguarding priorities are reflected in the work plan and Safeguarding Quality Schedule

Ensure a consistent quality of safeguarding training provision both across the CCG and the health economy as a whole	Achieved - core modules revised in accordance with standards. Hosted Safeguarding Service fully engaged with Joint LSCB / SAB sub group (is current Chair)
Processes in place to disseminate, monitor and evaluate outcomes of all Serious Case Reviews and Domestic Homicide Reviews recommendations and actions plan within the CCG and with providers	Achieved – the 2014 / 15 safeguarding quality schedule adapted to gain assurance across commissioned health providers in relation to progress against action and dissemination of learning. CCG Quality Committee receives report as needed

Table 1 outlines achievements within 2014/15; it is evident that some aspects of the work plan have not been achieved in full. There have been significant challenges faced by the hosted safeguarding Service as it has been working for the whole reporting year under capacity due to recruitment and retention of staff. This has impacted on the ability to deliver against the above work plan and other competing priorities that have emerged throughout the year.

The findings of the 2014 / 15 Service Review reported that the service was under resourced to safely discharge statutory safeguarding responsibilities and to deliver against the increasing safeguarding agenda. NHS South Sefton CCG accepted these findings and has supported this by a financial contribution into the service to enable further recruitment. This, in effect, means that the hosted Service will be adequately resourced for the 2015 /16.

3.8 Key Achievements

During the reporting period the NHS South Sefton CCG via the hosted Safeguarding Service has:

- Successfully recruited to 2 Designated Nurse posts for children and a Designated Nurse post for adults.
- Maintained a full engagement with the LSCBs and SABs ensuring full participation with all Board activities including SCR's/ MRs/DHRs.
- Chaired and maintained active membership of LSCB and SAB sub groups
- Established a robust system of monitoring and overseeing the key providers safeguarding quality and activity.
- Provided assurance reports to inform the Governing Body in relation to areas of risk within safeguarding.
- Re-defined the internal reporting systems in relation to safeguarding.

4 Conclusion

This annual report provides an insight into the local developments and initiatives pertaining to safeguarding that have taken place during the last twelve months. In doing so it aims to provide assurance to the Governing Body that NHS South Sefton CCG is fully committed to ensuring they meet their statutory duties and responsibilities for safeguarding children and adults at risk of harm.

For 2015/16 the CCG Accountable Officer and Chief Nurse have agreed the MOU and a service specification. A set of performance indicators have been developed which will have a significant impact on the service delivery and reporting.

The hosted Safeguarding Service has developed a comprehensive work plan to support the national and local safeguarding agenda and also includes areas for further development. This will be ratified by South Sefton CCG in due course through the Safeguarding Clinical Senate chaired by NHS South Sefton CCG Accountable Officer.

Emerging priorities for 2015/16 include:

Female genital mutilation (FGM) and Harmful Practices, CSE, LAC, DV, DoLS

Supervision (including health economy strategy) all of which are identified in the work plan

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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.