

**NHS Lancashire and South Cumbria CCGs Safeguarding
Report inclusive of Looked After Children and Mental
Capacity Act
April 2020 to January 2022**

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1. Introduction

This is the first combined Lancashire and South Cumbria Annual Safeguarding Report inclusive of Looked After Children and Mental Capacity Act (MCA). The Report is inclusive of the period of April 2020 to January 2022 due to the challenges and responses to service pressures following the impact of the COVID pandemic. The Report comes at a time of ongoing CCGs reforms and changes across the Integrated Care System.

The Report is structured into three parts, it will provide assurance that the CCGs are fulfilling their statutory requirements, inform on a system wide approach to safeguarding, and then provide place based safeguarding activity including the shared local priorities of safeguarding partners.

This Report provides assurance to the Governing Bodies and members of the public that the CCG`s have fulfilled their statutory responsibilities to safeguard the welfare of children, adults, Looked After Children and MCA. In addition, describes the range of activities and developments that have contributed to delivering effective safeguarding arrangements across the system.

The NHS Safeguarding Accountability and Assurance Framework sets out clearly the safeguarding roles, duties, and responsibilities for safeguarding in the NHS. It is inclusive of responsibilities set out in the safeguarding legal framework, statutory duties and requirements. There is strong evidence that the CCGs undertakes their statute and regulatory requirements and have arrangements in place to safeguard and promote the welfare of children and adults in service delivery.

The Report concludes by looking forward to the year ahead identifying key priorities; this includes plans to continue to strengthen safeguarding arrangements across Health and Social Care Partnerships, and to promote a culture where the voices of children and adults are heard.

Over the last two years the focus has been on priorities for safeguarding in line with Partners, regional and national networks and supporting the response to the national COVID pandemic.

The CCGs continue to be active members in a wide range of safeguarding arrangements and boards which will be described in more detail within the Report; demonstrating that safeguarding activity takes in to account any key changes to legislation and learning from Local and National Safeguarding Reviews.

A key area of work during 2020 / 22 has been to support the ongoing development of a safeguarding structure, priorities and workplan across the system to contribute to the delivery of high-quality effective care.

Safeguarding responsibilities promote the welfare and safety of the population by working in partnership. To keep individuals at the centre of care, it is acknowledged that an increased focus is required to strengthen the evidence and impact that safeguarding interventions have on the lives of children, young people, and adults:

- Keep them free from harm, abuse, or neglect
- Protect their wellbeing and human rights
- Protect their health

2. Executive Summary

The COVID pandemic has had a significant impact across all services including safeguarding and is a theme throughout the report. There is recognition of potential increased 'hidden harm' due to the restrictions on individuals and families, including potential missed opportunities in responding to abuse due to a lack of visibility. The Report sets out in detail the challenges, actions undertaken and future management. The Report also highlights themes relating to the impact on mental health, isolation, self-neglect, and general well-being since the pandemic began.

The CCGs have continued to deliver on their statutory duty to engage and commission services which safeguard children and adults. The following highlights key challenges and successes:

- Mandatory training levels are inconsistent across the system with compliance rates below expected levels; increased operational focus and reduced capacity due to the pandemic is a contributory factor
- A reduction in the number of safeguarding referrals for children and adults during the reporting period, likely due to the COVID pandemic and subsequent national restrictions. The longer-term impact of this is unknown
- Ongoing Statutory Safeguarding Reviews (Safeguarding Adult Reviews, Serious Case Reviews / Child Safeguarding Practice Reviews) were placed on hold across the system. Rapid Reviews were held, and Domestic Homicide Reviews continued
- Learning from Reviews are required to be more formally communicated and embedded into service redesign and commissioning decisions
- Looked After Children have been disproportionately impacted by COVID and access to health service, particularly mental health and dental has been a significant challenge
- The Mental Capacity Amendment Act both places new expectations on the CCGs in its role as a Responsible Body
- There has been significant support offered by the CCG safeguarding teams in to the COVID response. This has included supporting the system response to Regulated Care, as well as specialist input and support in to various COVID workstreams
- The Lancashire and South Cumbria CCGs were awarded the HSJ award for 'NHS Safeguarding Initiative' for the work undertaken in developing an ICS response to safeguarding
- A system approach to safeguarding adults and children has progressed significantly with the support of an Executive Safeguarding Lead role

PART 1

3. STATUTORY SAFEGUARDING FUNCTIONS

CCG Safeguarding Leadership and Accountability

The accountability for safeguarding rests with the Accountable Officer of each CCG. The safeguarding teams within each CCG all have a direct reporting structure via either a Chief Nurse or equivalent Director level role to the Accountable Officer. Regular Safeguarding Assurance Reports are provided to the appropriate subcommittees of the CCG Governing Bodies. All CCG Safeguarding Models incorporate the statutory safeguarding roles and a complimentary skill mix team. This includes Deputy Designated Nurses / Professionals, along with Safeguarding Practitioners, as well as Designated Doctors and Named GPs for Safeguarding.

Over the reporting period there has been a focus on a system approach with leadership portfolio areas via the Designated Leads led by the Executive Lead Nurse. There has been significant progress in establishing the accompanying system governance and partnership arrangements ([Appendix 1](#)). The Memorandum of Understanding signed up to by all the CCG's Governing Bodies in 2019 has allowed the CCG safeguarding teams to operate as a single system where appropriate to do so. This has also allowed the formation of a single Safeguarding Health Executive to streamline decision making, agree key actions and strengthen partnership working.

CSAP and LSAB's Engagement & Participation	Policies & Procedures	Effective Supervision & Training
<p>The CCGs have continued their responsibility and statutory duty to be active members of the local safeguarding arrangements. Lancashire, Safeguarding Children agenda is delivered through a Pan-Lancashire approach, via the Children's Safeguarding Assurance Partnership (CSAP). There are also local Place based working sub- groups known as the Tactical Group which each CCG are members of. For Adults there remains three Safeguarding Adult Boards on Local Authority footprints.</p>	<p>Policies and procedures are in place setting out a commitment, and approach, to safeguarding children and adults including the Mental Capacity Act. To strengthen governance arrangements and support consistency in approach, the CCGs across the system now operate a policy and procedure review group and a policy tracker document is in place. This ensures all Policies and Procedures due for review are allocated consistently, appropriately, timely and reflect changes in national safeguarding practice.</p> <p>Policies updated between April 2020- February 2022 include:</p> <ul style="list-style-type: none"> • CCG MCA Policy 	<p>Due to the COVID pandemic the training offer has been adapted to reflect the need for health professionals to focus on meeting the increased operational demand in unprecedented times.</p> <p>There has continued to be regular information sharing with health providers and Primary Care including targeted training, key safeguarding messages, lessons learnt and useful documents and tools to support practice.</p> <p>Training, learning, and workforce development is an identified key safeguarding priority and an area of specific focus going in to the 2022/23 period. The training offers are being reviewed to ensure they are focussed on the most critical areas of practice and repeated learning and themes.</p> <p>CCG training compliance April 2020- January 2022 Key: Red indicates non-compliance</p>

<p>The Health System operates a Safeguarding Health Executive meeting which covers an all age safeguarding agenda. This is the vehicle for key decision making at a system level and where key partnership challenges to the health system can be debated and items escalated as appropriate.</p>	<ul style="list-style-type: none"> • CCG Safeguarding Supervision Framework • Sample Policy for Safeguarding for VCFS • Sample Policy for MCA and Dols for Care Homes • Sample Children and Adults Safeguarding Policies for Primary Care • Sample Safeguarding Policy for Nursing Homes 	<p>CCG</p>	<p>Year</p>	<p>Prevent</p>	<p>Safeguarding Children Level 1</p>	<p>Safeguarding Children Level 2</p>	<p>Safeguarding Adults Level 1</p>	<p>Safeguarding Adults Level 2</p>
<p>Statutory duties for Safeguarding Accountability</p>	<ul style="list-style-type: none"> • CCG Safeguarding Commissioning Policy 	<p>Chorley and South Ribble</p>	<p>01.04.20 - 31.03.21</p>	<p>98.68%</p>	<p>97.63%</p>	<p>86.36%</p>	<p>98.82%</p>	<p>95.45%</p>
<p>There is a clear line of accountability for safeguarding reflected in all CCG governance arrangements, including statutory roles as described in guidance.</p>	<ul style="list-style-type: none"> • GP Safeguarding Training Framework for Primary Care • GP Safeguarding Sample Policy for Domestic Abuse 	<p>Chorley and South Ribble</p>	<p>01.04.21 - 31.01.22</p>	<p>87.50%</p>	<p>93.98%</p>	<p>89.47%</p>	<p>90.36%</p>	<p>88.89%</p>
		<p>Greater Preston</p>	<p>01.04.20 - 31.03.21</p>	<p>100%</p>	<p>100%</p>	<p>N/A</p>	<p>100%</p>	<p>N/A</p>
		<p>Greater Preston</p>	<p>01.04.21 - 31.01.22</p>	<p>77.78%</p>	<p>100%</p>	<p>N/A</p>	<p>100%</p>	<p>N/A</p>
		<p>West Lancashire</p>	<p>01.04.20 - 31.03.21</p>	<p>76.09%</p>	<p>86.36%</p>	<p>95.00%</p>	<p>88.64%</p>	<p>95.00%</p>
		<p>West Lancashire</p>	<p>01.04.21 - 31.01.22</p>	<p>92.16%</p>	<p>88.00%</p>	<p>100.00%</p>	<p>88.00%</p>	<p>94.12%</p>

Over the reporting period there was a slight reduction in safeguarding training compliance rates which is in line with the local and regional trend. It is recognised that this decrease in compliance is partly due to capacity pressures due to the pandemic response. The importance of safeguarding training compliance was re-iterated through senior managers across the CCGs and compliance targets are now increasing. The safeguarding team continue to circulate bitesize key messages via CCG forums.

4. ASSURANCE

Safeguarding Assurance of Commissioned Services

Arrangements for safeguarding assurance for the CCGs with Commissioned Services has been adapted due to the COVID pandemic however monitoring of effectiveness, assurances and standards of safeguarding practice has been sustained. Historically part of the assurance included quality walk rounds as well as submission of safeguarding audits. In recognition of the need to reduce footfall and burden, the CCGs adopted a lighter touch approach to assurance with a stronger focus on supervision and risk sharing with Partners.

The Safeguarding Audit Tool that Provider's complete for the CCGs was also streamlined and allowed Providers to update on areas of non-compliance and existing actions rather than complete in its entirety. Within 2021 / 22 the CCGs also reviewed the suite of audit tools to reflect a more targeted area of focus based on learning themes from reviews.

Despite the challenges over the last two years the CCGs have continued to undertake its responsibilities to assure themselves of the safety and effectiveness of services commissioned. Assurances have been sought from organisations in relation to ensuring and supporting them to have effective safeguarding arrangements in place. The Safeguarding Team have continued to monitor and gain assurance from all Commissioned Services, both NHS and independent Healthcare Providers to ensure continuous improvement.

Assurance methods have also included engagement in the Safeguarding Adult Board (SAB) and Children's Safeguarding Partnership (CSAP), audits and attendance at Provider Safeguarding and Quality Committees.



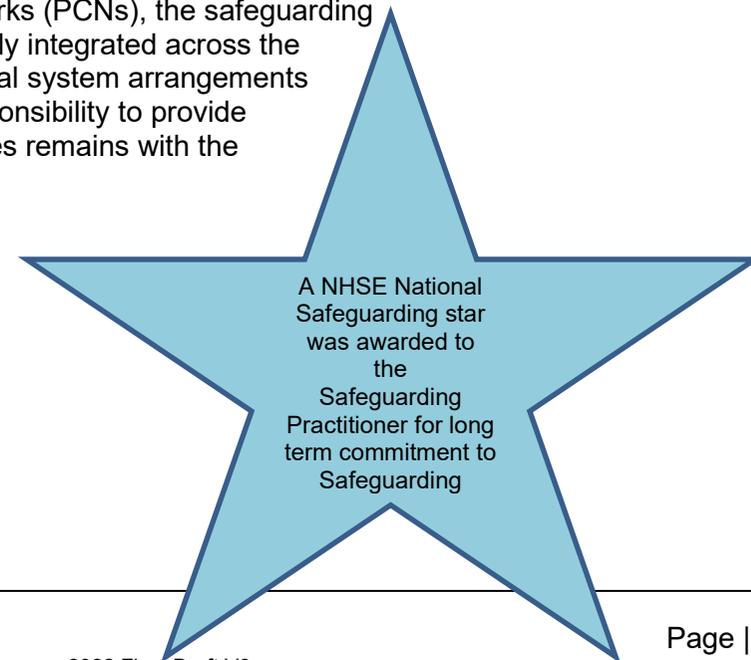
Lancashire and South Cumbria
Health and Care Partnership

Audits / Assurance

In 2021 Central Lancashire CCGs were rated as receiving '**significant assurance**' following the KPMG audit. The audit assessed how the CCGs work with Partners within the ICS in the current form and in the development of the Transformational Safeguarding Model from April 2022. An action plan is in place which includes the CCG regularly reporting against outstanding actions within the CCG self-assessment.

Designated experts (for children, Looked After Children and adults), are embedded in the clinical decision-making of the CCGs, they work within local health economies to influence local thinking and practice.

In preparation for the changing landscape of place-based system leadership with the introduction of Integrated Care Board (ICB) and Primary Care Networks (PCNs), the safeguarding agenda has been fully integrated across the system. Until the final system arrangements are in place the responsibility to provide safeguarding services remains with the with CCGs.



PART 2

5.SAFEGUARDING SYSTEM WIDE DEVELOPMENTS	
MARAC	The Pan Lancashire Anti- Slavery Partnership
<p>MARAC is a meeting during which information is shared between representatives of Police, Health, Social Care, Housing Practitioners, independent domestic violence advisors, Probation and other specialists from Statutory and Voluntary sectors. The MARAC process aims to protect victims of domestic abuse and violence by bringing agencies and services together through regular meetings to discuss cases deemed as high risk. There has been the development of a new Pan-Lancashire MARAC approach and a new multi-agency team that will work with high-risk victims, children, and perpetrators at the point of referral. This approach will be trauma informed and address the individual needs of the service user. The progression to the new model is being piloted within the BwD locality with a view to roll out across all areas. This will align the functionality of high-risk cases to their complex case hub. Evaluation of the proposal was delayed due to COVID however work is progressing.</p>	<p>The Pan-Lancashire Anti-Slavery Partnership has seen a decrease in referrals across Lancashire during the height of the COVID pandemic with activity increased during Quarter 4. Forced labour and sexual exploitation remain the most prevalent types of exploitation being reported, with 25% of victims being children and 80% of victims recorded as female. Agencies report an increase in victims calling services themselves as well as frontline professionals asking for technical advice. Several successful prosecutions have been achieved across the county. In addition, developments have taken place with victim support agencies, namely the Red Cross, City Hearts and more recently the Modern Slavery Helpline. Roadshows were delivered to relaunch the freedom bus to raise public awareness of Modern-Day Slavery and sharing resources for the public to share any concerns.</p>
PREVENT	
<p>Prevent has continued to be a focus for the CCGs. The CCGs lead across the system, a Designated Professional chair's the Prevent Partnership Board across Lancashire. The Counter Terrorism Local Profile for Lancashire and South Cumbria identifies key areas of focus. The CCGs contribute to the place based Prevent health forums to strengthen awareness and enhance practice.</p> <p>A Home office virtual visit to Lancashire has taken place. Channel panel was observed, a Q&A session held with elected members, discussion with senior stakeholders on annual funding arrangements, Lancashire Prevent model and partnership working. Feedback was positive, Home Office were assured of cross community working on casework and the broader holistic consideration of how wider support can be considered beyond the individual.</p> <p>The CCG in partnership with the Prevent Team, LSCFT and UCLAN agreed a Prevent training research project. This will inform the wider NHS Training Strategy with a focus on local challenges, case studies and risks.</p> <p>During 2021 / 22 there has been a targeted focus on PREVENT bespoke staff training into LSCFT. This demonstrated a positive increase in performance. Mental Health services were historically low reporters however since 2018 referral activity has increased from 3% in 2018 to 14% in 2021. The national average is 11.5% from all NHS services combined.</p>	

COLLABORATION - Lancashire Violence Reduction Network (VRN)

There is a national and regional key priority to promote system change, and to develop a Public Health approach to tackling Serious Violence and underlying causes. There is currently no VRN within South Cumbria.

A Blueprint to support the governance, and interface structure of the VRN and wider safeguarding partnerships has been developed in conjunction with NHSE / I. This structure aims to improve the consistency and oversight of the strategic deliverables, further work is required to ensure that Health Partners fully understand the benefits of the current programmes. There is significant development across the Health Partnership in respect of Trauma Informed Practice. It is critical for all in health and care to understand trauma. Adopting Trauma Informed Practice will provide a longer term and a sustainable approach to address the long-term impact that trauma can affect.

Lancashire has pledged to become a 'Trauma Informed Lancashire and South Cumbria system', this will support Practitioners and Advocates to recognise trauma, and evolve understanding.

Achievements over the reporting period include:

- Development and implementation of a system VRN Blueprint, which has been Nationally recognised
- Secured £200,000 funding from NHSE / I to undertake a project, taking a trauma informed approach to prevention within West Lancashire. This project is aimed to enhance current, and planned activity supporting primarily Primary and Community Care to develop a Trauma Informed Community

There has been a roll out of Emergency Department Navigators across the system. In addition the development of a Trauma Informed Group, a subgroup of the Violence Reduction Partnership Board which reviews, evaluates, and shares knowledge and training.

6. SAFEGUARDING CHILDREN

Blackburn with Darwen, Blackpool and Lancashire Child Safeguarding Assurance Partnership (CSAP) agreed priorities include neglect, domestic abuse and contextual safeguarding. The Multi-Agency Tactical Groups are established with adjacent agendas to ensure consistent feedback from across the Partnership.

NEGLECT	CONTEXTUAL SAFEGUARDING	MASH	DOMESTIC ABUSE
<p>Neglect is a significant issue for children and families and is a key reason why children need support. Strategies have been reviewed across Pan-Lancashire, ensuring key principles are reflected and embedded across operational groups. Lancashire are investing a significant amount in the implementation of the NSPCC GCP2 tool; this is already in place across Cumbria. Neglect scrutiny work has taken place in Lancashire and Cumbria and a plan is in place to address the recommendations. A review of the training offer has taken place to ensure a skilled workforce and the need to ensure learning is implemented from all age reviews. Work is ongoing to engage with the Safeguarding Children's Partnerships and Adult Boards to support the development of a Neglect Data Set.</p>	<p>There has been a significant increase in the number of young people identified as high-risk victims of criminal exploitation. Safeguarding Partners have determined that the most effective way to address and safeguard these young people is to have a joined up strategic vision and consistent key operating principles. CSAP have set up a Contextual Safeguarding Board; determined terms of reference and agreed governance and reporting structures; developed and a formally agreed strategy. The Contextual Safeguarding Strategy is inclusive of child sexual exploitation; child criminal exploitation; child trafficking and modern-day slavery and children missing from home and is set out using the 4P's Framework of Prevent. A programme of work is underway. Each Local Authority area has an established Contextual Safeguarding Operational Group. There are three specialist exploitation teams across BwD, Blackpool and Lancashire, DETER is in Central Lancashire. The teams are all Multi-Agency and the CCGs' Commission Health Practitioners into each team to work with specific vulnerable groups.</p>	<p>The MASH routes safeguarding activity through a Multi-Agency-Based Model, intelligence and risk assessments are shared and contributed to by Health, Police and Social Care. During the initial lockdown there was a significant decrease of referrals into Lancashire MASH. Meetings were set up with Partner Agencies to monitor and review the changing situation. As lockdown's eased and return of all children into education, referral rates increased. The implementation of the new Family Safeguarding Model by the Lancashire Local Authority introduced a strength-based approach. The revision of Pan-Lancashire CSAP continuum of Need provides equity in relation to application of thresholds and responses for children, young people and families. Robust pathways are in place to ensure appropriate sharing of health information to inform assessments of risk and threshold responses.</p>	<p>The Domestic Abuse Act 2021 gained Royal Assent in April 2021. CCGs are required to demonstrate accountability regarding requirements within the Act. CCG Safeguarding Teams have continued to work with Multi-Partner Agencies to understand expectations of the Act and to continue to develop local coordinated responses. Updates on the Act and requirements have been shared across Primary Care. Domestic Abuse Primary and Domestic Abuse Toolkit produced to support staff and access to victim support. A Routine Enquiry Template for use by Primary Care has been developed to prompt and aid Primary Care to safely enquire about Domestic Abuse in mental health consultations and routine health screening checks. This template has been shared across the system and reflects learning from Local and National DHR's.</p> <p>The CCG's have engaged in the work of the NHSE Regional, and locality based Tackling Serious Violence work.</p> <p>NB: Domestic Abuse is a joint priority for both adults and children.</p>

Elective Home Education (EHE)

Following the national lockdown and reopening of schools to all pupils, in September 2020, an emerging theme related to an increase in children and young people whose parents were opting to Electively Home Educate (EHE) reported by Lancashire County Council. There is a thematic review of home education currently being undertaken Nationally and the Local Authorities have requested more power in this process. At the time of reporting there were 1813 children in Lancs EHE.

Numbers Home Educated Children			
West Lancashire	Chorley & South Ribble	Preston	Total
164	303	221	526

All Safeguarding Partners are monitoring the increasing numbers and parents keeping children at home for ease and perceived safety.

The Local Authority continues to monitor attendance at school, safety and work with parents who choose to home educate to make sure that education is taking place.

Lancashire Family Safeguarding Model

The Lancashire Family Safeguarding Model was introduced across Lancashire following a successful bid by Lancashire County Council to the Department of Education in the Autumn 2019.

The Joint Committee of CCGs was requested to endorse the Model and to support the signing of a pledge document following the Safeguarding Health Executive bringing it to the attention of the Collaborative Commissioning Board early February 2021. The Model had been strongly evaluated to reduce numbers of children going into care with more children remaining safely at home wherever possible; in addition to improving outcomes for children and delivering on system savings. A Family Safeguarding Launch Event and Celebration of Changes to Services for Families in Lancashire took place March 2021. An external evaluation is taking place and will be reported on in 2021 / 22.

7. CHILD DEATH REVIEW PROCESS

Following legislative changes and the requirements of the Statutory Guidance 'Working Together to Safeguard Children 2018' and the Child Death Review: Statutory and Operational Guidance (England) 2018; the Local Authority and CCGs are the Child Death Review Partners who have the responsibility for the child death processes. The deaths of all children under the age of 18 must be reviewed by a Child Death Overview Panel (CDOP) on behalf of the Child Death Review Partners.

SUDC Service	CDOPs	Learning from Safeguarding Incidents and Child Deaths
<p>The SUDC Nurse-led Service is commissioned on behalf of Pan-Lancashire CCGs. The service co-ordinates a Joint Agency Response with the Police and works alongside the Local Authority in responding to child deaths.</p> <p>The revised Pan-Lancashire SUDC protocol was launched in June 2020 and covers the principles and practice of the management of sudden unexpected death in children up to 18 years of age. Following the reforms and subsequent changes to Working Together to Safeguard Children (2018) the SUDC protocol was revised and cascaded widely across organisations with a training offer to support relevant changes.</p> <p>During 2021-22, the SUDC Service has been delivering reduced service provision; a five-day service instead of seven-day service. A review of the service has been undertaken. The Lead Commissioner has responded to recommendations to support increased resource to sustain the delivery of a seven-day service. Work is ongoing to progress ICB support for recurrent additional funding. If a sudden death occurs at the weekend requiring a Joint Agency</p>	<p>Across Lancashire and South Cumbria there are two CDOPs; Pan-Lancashire CDOP and Cumbria CDOP. This is to ensure that the required numbers of cases are reviewed as outlined in the Statutory Guidance (at least 60 deaths a year).</p> <p>There is a Memorandum of Understanding in place that reflects a formal agreement between the eight CCGs and three Local Authorities to share a single Pan-Lancashire CDOP, which will not only review all child deaths, but will provide oversight and assurance for the Child Death Review Processes across Pan-Lancashire to the Statutory Partners.</p> <p>The Pan-Lancashire CDOP covers Blackpool, Blackburn with Darwen and Lancashire. The three Local Authorities have delegated the responsibility of the Child Death Review arrangements to their respective Directors of Public Health. The eight CCGs maintain accountability and have delegated the same responsibility to the ICB Safeguarding Health Executive Group who will co-ordinate with NHS England.</p> <p>A Governance paper was presented to the Safeguarding Health Executive in February 2021 to support strengthening the reporting arrangements as part of the assurance arrangements for Child Death Reviews.</p>	<p>A National Panel roundtable event took place in November 2021 with a network of professionals to discuss the development of pathways and innovative work at a local level with respect to Sudden Unexpected Death in Infancy (SUDI) linked to the National Review focused on SUDI in families published in July 2020.</p> <div data-bbox="1541 815 2154 1050" data-label="Image"> </div> <p>Safer sleep forms part of the Pan-Lancashire SUDC Prevention Group's Strategic Plan with oversight by Child Death Overview Panel (CDOP). There remains a strong focus in relation to safer sleep with an increased multi-agency response to identifying and raising awareness of unsafe sleeping practices.</p> <p>A Safer Sleep Awareness session was widely circulated coinciding with Safer Sleep week</p>

<p>Response; this will be implemented jointly by the Police and the on-call Consultant Paediatrician.</p> <p>In January 2022, the SUDC Service have been presented with a NHS England Safeguarding Star Award for their commitment in supporting families who have experienced a sudden unexpected loss of a child.</p> <p>The SUDC Nurses are fully engaged in the System Suicide Prevention Logic Model, developed to address short, intermediate and long-term outcomes to reduce the number of suicides, the number of people that that self-harm and improve outcomes for those affected by suicide.</p> <p>The SUDC team have engaged in contagion planning; supporting in communities, schools, and colleges where children have ended their own lives.</p> <p>The Mental Health in Schools Team is now commissioned in some areas which will support the emotional wellbeing of children.</p>	<p>Cumbria CDOP remains under the Cumbria Safeguarding Children Partnership and reports to the Board.</p> <p>Cumbria CDOP has a newly appointed Chair who has refreshed the CDOP workplan and strengthened the delivery of the business element to deliver key national directives and implement lessons from reviews.</p> <div data-bbox="779 406 1460 1145" data-label="Image"> </div>	<p>during March 2021. The session focussed on parental approaches to safety and risk-taking behaviours, which contribute to unexpected deaths.</p> <p>Pan-Lancashire CDOP has raised awareness across the Partnership following several incidents across the Northwest involving children being severely injured or killed by heavy objects falling onto them; this included a Lancashire case.</p> <div data-bbox="1585 571 2094 694" data-label="Image"> </div> <p>To help prevent head trauma in babies; the ICON has been re-launched, which provides key messages and resources for parents and carers to let them know that infant crying is normal and methods that can be used to cope.</p>
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8. LOOKED AFTER CHILDREN

Looked After Children and Care Leavers are recognised as the most vulnerable cohort in view of their pre-care experiences of trauma and abuse. CCGs' have key statutory responsibilities to work in partnership with Local Authorities to ensure that the health needs of Looked After Children and Care Leavers are met and that there are sufficient commissioned resources to do this.

Across the system a Strategic Vision is that all Looked After Children and Care Leavers will be afforded the opportunity to achieve positive health outcomes. To reduce unwarranted variation a system Looked After Children and Care Leaver Service Specification has been developed. This has been approved at a commissioning level and consultation is on the way with current providers regarding any local nuances. It is envisaged that this will be embedded with a period of transition from July 2022.



Impact of COVID for LAC 2020-21

At the start of the pandemic the Central Safeguarding Team worked with NHS Providers to adapt service delivery to support provision of Statutory Health Assessments for Looked After Children. There were changes in National Guidance in respect of Looked After Children and undertaking our statutory functions due to the public health precautions employed. This included completion of Initial and Review Statutory Health Assessments being undertaken via virtual platforms. A system wide survey was undertaken to seek the views of children and young people regarding their experiences of the virtual approach and positive feedback was received which has subsequently informed future service delivery consideration. Routine dental access was also adversely affected during the COVID pandemic for all children including Looked After Children. The impact of accessing NHS dental treatment for looked after children and young people was highlighted as a consistent challenge both nationally and across Lancashire and South Cumbria. The percentage of Looked After Children and young people who had been seen by a dentist in 2020-21, which is a national performance indicator for Local Authorities, has seen a decline in view of this. A dental pilot is ongoing and there will be consideration of roll out across the system for priority access for Looked After Children.

During COVID there were also an increase of children in crisis, whereby Looked After Children, due to placement break downs and lack of therapeutic placements spent extended periods on acute children's hospital wards. This has also been highlighted as a risk nationally due to placement sufficiency for Looked After Children with complex emotional health needs.

Health Assessments

During the reporting period there has continued to be a hybrid model in the provision of completion of both Initial Health Assessments (IHAs) and Review Health Assessments (RHAs) by face to face / virtually in view of the public health precautions. There has been a Risk Assessed Model to ensure that face to face health assessments are facilitated where clinically indicated. Routine access for dental provision for Looked After Children has continued to be a challenge due to the delays because of the COVID pandemic. There has been an improved performance of the number of Looked After Children who have had their annual dental check, but this has yet to return to a pre-COVID position. In response an NHSE Dental Pilot was initiated in September 2021 in the East Lancashire area. The key aims and objectives of the pilot is to support priority access for Looked After Children and raise awareness of their specific requirements with NHS dentists. The pilot is scheduled to be completed in March 2022 with a view to this being provided across the ICB footprint.

Access to Health Commissioned Services for Looked After Children and Care Leavers that address their specific emotional health needs is identified an area requiring further development to support early intervention around attachment difficulties and the impact of trauma. To identify the current offer and any gaps in provision a scoping exercise is underway via Commissioners and Providers across the system.

Challenges	Priorities
<p>Completion of IHAs and RHAs for Looked After Children within statutory timescales remains an area of risk locally and across the system. This is partly attributed to the range of external factors that sit outside the remit of Health Providers to resolve and in addition the complexity of this cohort. Local Authorities and Providers are working in partnership with the CCG Safeguarding Teams to actively influence improved processes and mitigate any barriers or challenges. There continues to be Provider and CCG escalation process in place, and this is monitored as part of existing contractual arrangements.</p>	<p>During transition into the new arrangements and considering the system reforms in the Health and Care Bill, there are several priorities as part of Statutory and Corporate Parenting responsibilities. Across the system the vision is that all Looked After Children and Care leavers will be afforded the opportunity to achieve positive health outcomes which will be achieved by effective commissioning of health services; reduced unwarranted variation and health services being delivered by a trauma informed and skilled workforce.</p> <p>Priorities for 2022/23:</p> <ul style="list-style-type: none"> • Development of a Health Strategy for Looked After Children and Care Leavers • Dental Pilot which supports priority access for Looked After Children and Care Leavers to be rolled out across the system • Consultation with Looked After Children and Care Leaver’s population to inform future service delivery • System Looked After Children and Care Leavers Service Specification to be embedded • Commissioned Health Services to support Looked After Children and Care Leavers around addressing their emotional health and wellbeing

9. SAFEGUARDING ADULTS

The Local Authority retains the responsibility for overseeing a safeguarding enquiry and ensuring that any investigation satisfies its duty under Section 42 to decide what action is necessary, to protect the adult and to ensure that such action is taken when necessary. Local referral rates and those progressing to a safeguarding enquiry have indicated a reduction in referrals than in the previous reporting period. This could be attributed to the national lockdown and impact of social isolation and less visibility from visiting professionals. Anecdotal feedback from visiting professionals highlighted that people who were more vulnerable to COVID-19 did not feel safe to access services or ready to mix more freely.

During the COVID response as part of wider infection prevention control requirements the aim to reduce the risk of COVID transmission by reducing non-essential visiting footfall, has potentially resulted in less scrutiny from visiting professionals. There is acknowledgement that over the reporting period there has been unprecedented demand and challenge to the Regulated Care Sector and the impact continues to be seen around quality of care resulting in increased safeguarding activity and quality concerns.

The priority areas for the four Safeguarding Adults Boards have been identified as below:

The CCGs are part of multi-agency response and are linked to all four priorities above and are working closely at developing outcome focussed objectives, workforce preparation and service redesign.

Domestic Abuse: adults with care and support needs	Regulated Care	Self-Neglect	Vulnerabilities linked to Mental Health & Suicide
<p>A large proportion of safeguarding adults work relates to the abuse or neglect of people with care and support needs who are living in their own homes. Domestic abuse can take many other forms and be perpetrated by a range of people. There is a great overlap between safeguarding and domestic abuse and the approaches and legal frameworks for domestic abuse.</p> <p>Domestic Abuse in older people has also been a feature in a number of Safeguarding Adult</p>	<p>The CCG Safeguarding Teams have been instrumental in leading and supporting the Regulated Care market during the pandemic from both a safeguarding and quality perspective. The COVID response has been a challenge across all services; but have also enabled a strong focus in strengthening the partnership approach in response to the demands.</p> <p>Best Practice Safeguarding Guidance was developed for Community Professionals to</p>	<p>Self-neglect is an area of focus and a priority. During the reporting period the Lancashire Adult Board have reviewed the Evaluation Report of the Lancashire Safeguarding Adults Boards Self- Neglect Framework and accepted the findings. The findings demonstrated that most Practitioners understand and can identify self-neglect, however a significantly lower number were aware of the Self-Neglect Framework and</p>	<p>The links between safeguarding adult and mental health are extensive, multi-layered, and complex. The wider work and planning of MH Commissioners and Providers aims to safeguard people with vulnerabilities, prevent / reduce suicide and supports the system wide development of safeguarding across Mental Health Services access and provision. Examples of planning and implementation during the reporting period include:</p> <ul style="list-style-type: none"> • Roll out of Initial Response Services to ease access to timely mental health services • Transformation work in the delivery of 86 additional beds in a three phased approach • Guidance for AMHPs developed where no mental health bed is available following Mental Health Act assessment • Multi-agency deep dive of section 136 cases to develop a greater understanding of what can be done better • Full engagement in the system Suicide Prevention

<p>Reviews (SARs). The Safeguarding Team have undertaken significant work to promote this.</p> <ul style="list-style-type: none"> Promoting and sharing the learning from SARs and themes in the elderly Action plans developed to enhance practice Developed a Domestic Abuse Toolkit for Primary Care Supported work to improve recognition and understanding of the circumstances in which adult safeguarding and domestic abuse overlap Produced a GP Safeguarding Sample Policy for Domestic Abuse <p>The Safeguarding Team have contributed to the knowledge and confidence of professionals so that complexities of working with people who need care and support, and who are also experiencing / reporting domestic abuse are better understood, and better outcomes for people can be achieved as a result.</p>	<p>promote vigilance around safeguarding responsibilities. Safeguarding, Duty of Care and the importance of using PPE was shared in a briefing note across the sector to improve practice.</p> <p>Over the reporting period key themes highlighted from the RADAR process included:</p> <ul style="list-style-type: none"> Management turnover Medication management IPC Management Closed cultures Financial viability Staff training in supporting people with challenging behaviours Inadequate staffing due to COVID isolation and sickness Lack of 1:1 provision of care to meet assessed needs <p>A system wide Standard Operating Procedure for Regulated Care was developed to gain safeguarding and quality assurance across the sector and to develop a coordinated response to future quality visits where required.</p>	<p>21.8% of staff felt there was not clear guidance. A further 25.6% were unsure about guidance available.</p> <p>Families who support people who self-neglect identified a need for a resource to support them in reporting. The Board is due to facilitate a Task Group in 2022 to consider how the Partnership can encourage and support agencies to work together in relation to early help for self-neglect.</p>	<p>Programme</p> <ul style="list-style-type: none"> Crisis helpline available 24 hours a day seven days a week Planning and roll out of Street Triage working closely with the Police CCG mental health Community Transformation programme will enhance wrap around support for Primary Care <p>Issues relating to the lack of mental health beds across the system following Mental Health Act assessments requiring formal admission, were received by the Lancashire Safeguarding Adults Board. LCC and LSCFT presented an update on the Mental Health Activity report and plans in place to mitigate the risks due to exceptionally high levels of demand across the system. A number of service developments are ongoing including:</p> <ul style="list-style-type: none"> Transformation work in the delivery of 86 additional beds in a three phased approach Development of improved methods of communication and shared systems access with LSCFT bed hub to streamline MHA processes Multi-agency deep dive of section 136 cases to develop a greater understanding of what can be done better Internal Audit has commenced against National AMHP Standards Guidance for AMHPs developed where no mental health bed is available following Mental Health Act assessment Meeting to be convened to explore the gaps and solutions for patients in Emergency Department where there is no legal framework to detain whilst an inpatient mental health bed is awaited <p>The Safeguarding Board will maintain this area of focus as the work progresses.</p>
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Achievements within Regulated Care 2020 / 21 across the CCG Quality and Safeguarding Teams	
COVID Operational Response	<ul style="list-style-type: none"> - Resilience of the Regulated Care Sector throughout the pandemic - Response and provision of PPE equipment to the Regulated Care Sector - IPC response, training and support provided to the Regulated Care Sector - Support and engagement for the Vaccination Programme
Regulated Care Sector Strategic Development	<ul style="list-style-type: none"> - Profile of the Regulated Care Sector raised significantly nationally, regionally, and locally across ICS - Integrated Partnership approach to Regulated Care, increased joint working and strengthened relationships across each place-based system
Integrated working to improve system pathways for the Regulated Care Sector	<ul style="list-style-type: none"> - Active participation and alignment to ICS Regulated Care Work Programme - Partnership working to deliver admission avoidance, timely and safe discharge from hospital - System response to establish Designated Settings Pathway which was the first to be mobilised across the ICS utilising Quality Improvement and Lived Experience approach
Data and Digital	<ul style="list-style-type: none"> - Improved data collection, intelligence, and analysis of Regulated Care data through SIT Reps - Continued analysis of quality and safeguarding data to ensure services were safe throughout and concerns were responded to effectively

Adult Safeguarding Section 42 enquiries across LCC
<p>A Redesign Project commenced in 2020 for adult safeguarding Section 42 enquiries across LCC with the aim of going live in November 2021. The key principles of the model include an open door for public reporting; controlled door for Professional reporting and a dedicated advice line to support Multi-Agency Professionals. The new service will be arranged across two hubs across Lancashire (West Hub and East Hub) and will allow Social Worker resource to be better proportioned to meet fluctuating demand and support consistency of approach. The newly developed model promotes closer collaboration with Multi Agency Professionals, shared decision making and a timelier response in dealing with safeguarding enquiries. The model supports continuous improvement where concerns are acted on earlier and creates an environment for caseloads to be adjusted and support offered with the aim of improving outcomes for vulnerable adults. Mental health specialism will continue to be supported by a dedicated Mental Health Team. The Designated Professionals are engaged in the developments to ensure health engagement and inclusion.</p> <p>Key features of the model include:</p> <ul style="list-style-type: none"> • Embedding single social work practice • Promoting flexibility and removal of process driven safeguarding enquiry • Focus on proportionate enquiry

Coronavirus Act 2020	Strengthening Practice
<p>In response to the Coronavirus Act 2020 and to strike a balance between protecting vulnerable people and preventing the spread of the virus Guidance 1, was released during the pandemic due to new arrangements being more restrictive for the person prior to the pandemic. The guidance offered a temporary, proportionate measure to support DoLS decision-makers to provide the best possible care to those in need and remained in place for the reporting year.</p> <p>The COVID pandemic created unprecedented pressures on health services which meant that Court of Protection Deprivation of Liberty's (COPDOL's) applications / renewals were progressed on a limited basis. This position was agreed across the system to support a pragmatic approach to focus on only completing applications where there was a high risk of harm or high levels of restrictions in place. A Recovery and Prioritisation Plan were later implemented and monitored throughout the COVID response.</p>	<p>Over the reporting period as part of the service offer to the Regulated Care sector and to strengthen awareness of the legal frameworks several Best Practice initiatives were implemented.</p> <p>These included:</p> <ul style="list-style-type: none"> • Practice guidance on MCA and COVID swabbing of residents during the COVID-19 period • Practice guidance on MCA and COVID vaccination, capacity and consent • Safeguarding guidance and adherence to PPE procedures • A Human Rights based focus and input into the visiting guidance for care homes • Vaccine Refusals Tool for Primary Care to strengthen MCA compliance with Best Interests' decisions and to support early escalation to the Court of Protection where there are disputes

Case Study

John lives alone and has been experiencing bowel problems like those of bowel cancer. He has a diagnosis of anxiety; agoraphobia and a diagnosis of autistic spectrum disorder is being explored. John has a long history of not engaging with his medical needs and routine care and interventions that require him to leave his home. Recent presentations resulted in referrals being made by the GP for hospital care. His father also died of bowel cancer which created much anxiety for him.

John initially agreed to the referral and then upon engaging with the appointment and with his previous patterns of behaviour declined to attend. The GP and hospital Consultant assessed him as having mental capacity to refuse treatment whilst his Social Worker and CSU Case Manager assessed him as lacking mental capacity as a result of his executive function (whilst he could understand, process consequences, risks and communicate decisions, the agoraphobia and anxiety prevented him from putting the decisions into the live situation). In the meantime, the CCG were preparing a case for presentation to the Court of Protection for a Best Interest decision as to whether John would have the necessary investigations, due to the serious nature of his illness.

During this time his condition deteriorated, and he became confused at home requiring a GP visit. The GP successfully managed to persuade him to attend hospital and stayed with him until the ED team and hospital Safeguarding Lead took over his care.

The teams worked together whilst following the principles of the MCA enabling John to receive the information required to make decisions about his care and treatment. This resulted in a positive outcome in that John was supported to receive urgent investigations and the hospital staff arranged his transport home and checked his welfare on return home. All staff went above and beyond to enable John to receive person centred care at a time of significant pressures during the level four control and command response.

11. SAFEGUARDING REVIEWS

Lancashire and South Cumbria CCGs continue to engage with all four of the Safeguarding Adult Boards (SAB's), and both the Lancashire CSAP and Cumbria Children's Partnership (CSAP) through the work of the respective sub-groups to disseminate and embed Learning from Reviews and share good practice.

In June 2021 the Boards introduced a Safeguarding Adults Review Strategic Subgroup of Blackburn with Darwen, Blackpool and Lancashire with the purpose of aligning a consistent approach to Safeguarding Adult Reviews across the three Boards and to provide oversight, direction and ensure quality control mechanisms for the process.

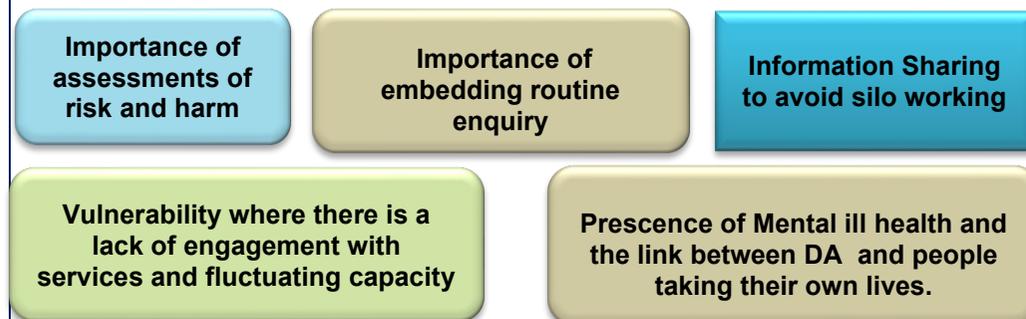
One of the key changes in responding to these reviews was the development of a system dedicated Health Safeguarding Learning Forum. This forum has the specific role of taking learning and applying a health lens to the reviews and how we respond as a system. It is a clear move towards outcome focussed learning and risk management approach. By bringing together Commissioners, Providers and Primary Care to understand the learning the forum can then agree a joined-up approach to how to respond. The positive approach to learning has attracted National Interest and applauded by the National Safeguarding Leads.

The Safeguarding Team leads the co-ordination and contribution to Safeguarding Reviews and DHR's working with clinical areas to identify any learning, generating actions to strengthen practice and improvements. Learning is incorporated into training , awareness raising and communications.

Domestic Homicide Reviews

Section 9 (3) of the Domestic Violence, Crime and Victims Act 2004 places a statutory duty on Community Safety Partnerships to carry out a DHR for a homicide in which the death of a person aged 16 or over has or appears to have, resulted from violence, abuse or neglect. Over the reporting period the CCG's have engaged in the statutory DHR process.

Key themes and learning:



In response to the learning several initiatives have been developed at place

Safeguarding Adult Reviews

Statutory Safeguarding Adult Reviews are a multiagency process which seeks to determine areas for practice improvement and any lessons to be learned to prevent significant harm or fatality in the future. Safeguarding Adult Reviews were placed on hold temporarily due to the Covid pandemic but later recommenced on a priority need led basis with referrals being monitored on an exception basis.

During the reporting period four reviews have taken place across the system, two of those being within the Central Lancashire locality.

Key themes and learning:



including targeted learning at PETS sessions in 2021 / 2022 and the development and cascade of Primary Care Learning Briefs.

Positive feedback received included:

- *Useful to have time dedicated to safeguarding*
- *Safeguarding talk was a good reminder to always be alert to possible abuse*
- *Good reminder of who we can contact for support*
- *Some good insights and worth attending*

Some of the common themes from DHR's identify perpetrators have had contact with health services including Mental Health and Primary Care.

Holistic MDT working and the importance of co-ordinated , well led and communicated responses and care.

Need to ensure ease of access and pathways for people with complex needs e.g. presence of learning difficulties

Due to the impact of the COVID response on individual agencies, all outstanding SAR actions of the Lancashire Safeguarding Adults Board have been combined into an overarching Thematic Action Plan with actions allocated to the relevant Subgroups of the Board and assurance being sought from agencies that these actions have been fully implemented and practice improvements made. The CCGs are monitoring progress against outstanding action plans to ensure full compliance and seek assurance practice is embedded.

In response to Learning from Reviews the system is:

- Reviewing the Lancashire Self Neglect Pathway and Guidance
- Developing resources for families relating to self-neglect
- Learning has been shared across the CCG via communications, 7-minute briefings and PET sessions within Primary Care
- Developed MCA resources to aid responses and assessment.
- Updated Sample Policies for Primary and Regulated Care
- Provided targeted support to Practices and complex case management

Child Safeguarding Practice Reviews (CSPR)

CSPR National Panel	CSPR process	Learning from reviews
<p>The National Panel has undertaken three reviews; the First National Review focused on Exploitation and the Second Review focused on Sudden Unexpected Death of an Infant. Lancashire participated in the Child Safeguarding Practice Review Panel's Third National Review on Non-Accidental Injuries</p>	<p>The duty to provide a notification of all Serious Children Safeguarding Incidents remained and Rapid Reviews continued during the reporting period. However, timescales were relaxed due to COVID-19; resulting in Serious Case Reviews and CSPRs being placed on hold. In October 2020, the requirements and timescales reverted to those outlined in the Statutory Guidance.</p>	<p>There were four reviews published across the Safeguarding Children Partnership in early October 2021. On review, neglect was a key feature in three of the reviews. The learning that featured across all four reviews.</p>

<p>(NAIs) in infants. This review focussed on looking at cases of NAIs in infants under the age of twelve months; the safeguarding system's understanding of the role of the father / male carer was central to this review. The report 'The Myth of Invisible Men'; was published September 2021</p> <p>Stronger links have been established with the Leads of the National Panel; this has included one of the National Leads presenting National Learning at the System Safeguarding Learning Forum held in December 2021.</p> <div data-bbox="114 651 651 1278" style="border: 1px solid black; border-radius: 15px; padding: 10px; background-color: #e0f2f7;"> <p>A Lancashire case that formed part of the third National Review was Child LT, a three-month-old infant who sustained a head injury. Independent reviewers held a Practitioner Event and a strategic discussion with Safeguarding Partners. Learning themes from the Practitioner's Event and key lines of enquiry included: use of interpreters, mental health with a focus on father and barriers to working effectively with families.</p> </div>	<p>The CSPR Panel's Annual Report 2020 was published for the period 1 January 2020 – 31 December 2020. The report recognised unprecedented test and challenge for all those entrusted with safeguarding and protecting children from harm. The report referred to the quality of Rapid Reviews being variable with insufficient analysis and a strengthened focus needed on the ethnicity of the family. A working group has been established to focus on the Child Safeguarding Practice Review Process, to strengthen the Rapid Review process, decision making and review of impact proposals.</p> <p>A Partnership wide CSPR Business Group is now in place supporting governance and providing strategic direction. As part of Continuous Improvement Plans, impact chronology training across the system to support the quality assurance process has been implemented with masterclasses sessions being held in the near future.</p> <p>An online Case Review Management System has been agreed by both Executive Boards (CSAP and Adults) to support the review process and this is anticipated to be implemented early in the next reporting period.</p> <p>There has been a focus on several learning reviews being signed off by Statutory Partners and action planning meetings taking place to ascertain progress and impact of the reviews undertaken across the Partnership.</p> <p>At the of end of January 2022 there were 13 ongoing reviews. 12 Lancashire cases, seven were CSPRs and five were SCRs.</p>	<p>Key themes and learning emerging from the CSPRs:</p> <div style="display: flex; flex-wrap: wrap; gap: 10px;"> <div data-bbox="1451 197 1693 309" style="border: 1px solid black; border-radius: 10px; padding: 5px; background-color: #e0f2e0;"> <p>3 Cases of Neglect</p> </div> <div data-bbox="1749 197 2148 400" style="border: 1px solid black; border-radius: 10px; padding: 5px; background-color: #fff9c4;"> <p>Children not always being a key focus during decision making and understanding the lived experience of the child.</p> </div> <div data-bbox="1451 373 1693 596" style="border: 1px solid black; border-radius: 10px; padding: 5px; background-color: #e0f2f7;"> <p>Presence of Domestic Abuse and /or controlling or coercive behaviour</p> </div> <div data-bbox="1749 424 2148 596" style="border: 1px solid black; border-radius: 10px; padding: 5px; background-color: #e0e0e0;"> <p>Understanding the family dynamics / structure; including role of father or male carers</p> </div> </div> <p>The 'Myth of Invisible Men' National report highlights that most incidents of violence towards babies are committed by birth factors recognising that there has been a disproportionate focus in children reviews relating to hidden males. Furthermore, fathers are visible; it is the way that services work that place them out of 'sight' or 'invisible'. The learning was circulated widely from this report and formed part of the System Safeguarding Learning Forum in December 2021 and will feed into the safeguarding partnership Learning and Development group. It is recognised that there is further work required.</p> <p>A Theatre Group commissioned by NHS England / Improvement produced a film based on the learning from the third National Panel 'The Myth of Invisible Men'. The film was presented at the Learning Forum as part of an appreciative enquiry approach. The film will support future training and will be circulated across the NHS Future Platform.</p>
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The Safeguarding Team ensured engagement in all Statutory Safeguarding Review processes and have led the principle of creating a positive culture of continuous learning and development to better the safeguarding offer and practices. Continued consideration is being given to how the learning will influence Commissioning and Transformational Programmes.

System Safeguarding Learning Forum

The CCG Safeguarding Team have actively supported the development and facilitation of the Safeguarding System Learning Forum. This has involved working with the Safeguarding Health Executive to commence the development of a Safeguarding System Learning Forum, develop knowledge across the safeguarding workforce and commence a Safeguarding Workforce Development Plan.

Areas of learning events have focused on safeguarding priorities. Two successful events have been held so far focusing on:

- Myth of the Invisible Men
- Self-Neglect

A third event will be held in early 2022 on Suicide Prevention.

The team have supported an appreciative inquiry approach to support Leadership and system change.

This work has been recognised at a National Safeguarding Level as good practice and the format and learning methodology is to be academically evaluated by the University of Central Lancashire.

Celebration of Good Practice

The CCG commission enhanced safeguarding service support from LSCFT. The Named Nurse from LSCFT has secured funding from the Youth Endowment Fund to support young people, giving them 'Another chance'. The programme will work with children after they've been arrested, linked to a violence assault, or at risk of becoming involved in violence. The bid progressed through a competitive interview, tender process to one of evaluation and co-design with the University of Warwick.

Child Criminal Exploitation (CCE) is a strategic priority in Lancashire. Increasing numbers of children referred to Multi-Agency Exploitation Teams, 76% increase in high risk CCE cases being supported across the county over the last 12 months.

The 'Another Chance' Programme aims to divert young people, aged 10-17 years away from the Criminal Justice System through targeted, therapeutic intervention and mental health support; these children may be involved in CCE.

The programme will offer initial assessment, brief solution focused therapy (psychological intervention) on a 1:1 basis with the young person in an environment of choice (6 sessions) e.g., at home / school / community. Staff will contain and coordinate services, and prevent a 'scatter gun' effect, ensuring the young person is able to build a trusted relationship with a key adult.

12. SAFEGUARDING IMPACT OF COVID-19 PANDEMIC

Throughout the COVID 19 crisis across the system the Safeguarding Teams have maintained core safeguarding business. There has been an increased focus on vulnerable adults, children and young people, to ensure fundamental good safeguarding practice continued. Statutory functions have been sustained as well as enhanced support during COVID 19 pandemic. The Teams have closely monitored all safeguarding activity and had oversight of the emerging themes and trends during this period. The Teams have been vigilant to the harms and impact of lockdown and isolation, supporting Primary Care as required.

Safeguarding during the pandemic

Patients have been hidden, frightened, isolated, there has been less “eyes on” as appointments have been conducted remotely. Throughout the pandemic the team have supported Professionals as they found themselves out of their comfort zone with developed new consulting methods and have advocated for the patient’s voice.



Issues arising

- Increased complexity in responding to domestic abuse
- Potential increase in modern slavery / human trafficking - this is being monitored
- Increase in emotional health and wellbeing, mental ill health and strain on carers
- Families being more isolated and children not being as visible
- Social distancing restrictions on activities which may previously have enhanced support and coping (e.g. support groups, children / baby groups and classes, baby clinics)
- Lesser focus on Mental Capacity Act
- Services not as readily accessible leading to people not attending appointments. eg home visits / day centres / people declining home care
- Reduced income
- Existing issues amplified and hidden
- Referrals into Child Safeguarding Practice Reviews where neglect was a theme; whereby the level of risk was unknown to Statutory Services
- Impact of bereavement due to COVID pandemic and visiting due to restrictions
- Profile of incidents becoming more complex, suicide linked to domestic abuse and adult self-neglect; the opportunity to access support being compromised due to fear of COVID illness
- Extensive challenge to the Regulated Care Providers, particularly those supporting adults with high-risk behaviours, complex dementia and those with complex nursing needs
- Adverse experiences - families in crisis, break down in care, reduced social network, immediate and longer-term physical health impact of isolation on shielded, vulnerable groups

During 2020 / 21 Contract Planning was effectively paused supported by the guidance Reducing Burden and Releasing Capacity at NHS Providers and Commissioners to Manage the COVID-19 pandemic. In conjunction with this, the review and monitoring of the Safeguarding Standards were also relaxed. In response to this there was an increased focus on the offer of safeguarding supervision to Provider Named Professionals and regular meetings were held. This

enabled assurance around safeguarding and MCA leadership and early awareness of emerging themes and risk.

The Safeguarding Teams have worked hard to ensure supervision and wellbeing remain a focus of all individuals involved in safeguarding work, ensuring a supportive and open approach to management of complex cases and staff support / wellbeing.

NHS Providers and Primary Care have maintained a clear focus on safeguarding throughout the pandemic, and it is positive that they continued to work closely with the CCGs in providing mitigation and support where needed. Where there have been complex or challenging situations virtual working has allowed additional flexibility and timeliness in the ability to respond as a system.

The impact of the COVID pandemic has been significant on all NHS services. There has also been an impact on both the Local Authority and Police Partners who the CCGs work closely with. There was initial disruption due to different virtual systems being used across organisations and Partners, however through close working these challenges were overcome.

The picture of exploitation is changing, as young people continue to spend more time on-line and on social media platforms, there is an increased risk of online grooming for both criminal and sexual exploitation. The COVID pandemic and resulting restrictions i.e. diminished face-to-face contact between health workers, teachers' youth workers and children has challenged professionals' ability to identify signs of exploitation. While remote engagement has remained high, there was concern that many children remained in dangerous and exploitative situations both within and away from their homes. The overall level of County Lines activity was mostly unchanged during the pandemic, and the widespread exploitation of children persisted. There are local multi-agency strategies and systems in place so that children being exploited or at risk of exploitation get a timely response, the CCG's commission the Health Practitioner roles within these teams.

Mental health has deteriorated amongst the population; there is a significant amount of work underway to address this across the system.

Additionally, there is: -

- A VRN child criminal exploitation (CCE) Toolkit aimed at those working with children to help understand the terminology around CCE, what signs to look out for, how best to help children affected and build resilient communities
- The Youth Endowment Funding received from the Home Office to prevent young people from getting involved in crime
- CCE Safeguarding Referral Pathways for Children and Adults in place
- Proactive awareness-raising of Child Sexual Exploitation; 7-minute briefings / training / awareness
- Strong Partnership working between agencies in addition to safeguarding arrangements, e.g., Health and Wellbeing Boards and Community Safety Partnerships
- There is a County multi-agency strategy that focuses on law enforcement, help and support and intervening early as a means of discouraging young people to engage in violence

13. KEY ACHIEVEMENTS

The Lancashire and South Cumbria Designated Safeguarding Professional Network has developed a transformational Model for the Delivery of safeguarding functions across the system. Several initiatives to influence safeguarding practice includes:

- Commenced work to implement and strengthen understanding of roles and responsibilities within the proposed changes within the Mental Capacity (Amendment) Act (2019) including the Liberty Protection Safeguards (LPS)
- LPS Workshop completed: the first step in developing a proposed Delivery Model for the ICS
- Implemented recommendations from both Adult and Children's Intercollegiate Documents to support CCG staff and Providers to meet training competency requirements
- Worked to improve the efficiency and compliance with health assessments Looked After Children, notifications of placements and tracking of children.
- Governance arrangements for Child Death Review process have been strengthened
- Supported the Lancashire County Council Family Safeguarding Model being endorsed by the CCGs
- Safeguarding leadership support to Lancashire and South Cumbria's COVID-19 response in relation to Regulated Care.
- Maintained a continued focus on Statutory Learning Reviews

Recognition and Success

Although the reporting period has been a very difficult and challenging year, the Safeguarding Teams did have reason to celebrate. The eight CCGs were successful in winning the inaugural NHS Safeguarding Initiative Award from the HSJ in recognition of the work completed and shared nationally in relation to the System Safeguarding Development. This has included the development of portfolio-based leadership approach, strengthened governance arrangements and a collective health voice and system approach to safeguarding. This work has been showcased across the country supported by the development of a [podcast](#) and virtual question and answer.

The CCGs remains focussed on ensuring that services are commissioned which can effectively safeguard the population. The Safeguarding Team offer our sincere thanks to all Services and Partners in their support and ongoing commitment in making this happen.

Service Development

On behalf of the eight CCG's the Safeguarding Team were successful in being awarded funding to support 999 Reunite. This is an initiative that returns people with conditions such as Dementia or Alzheimer's back to their home should they go missing. 3000 fobs and wristbands were purchased which use NearField Communication and enables the user to place their mobile over the 'LOGO' to display name and contact number of the person's emergency. Funding will also be used to produce media resources for PrimaryCare and Community Health Services to raise awareness both to professionals and the public about the scheme. The work is being completed in partnership with Lancashire Police and will be reported in the coming year.

PART 3

14. PLACE BASED ACTIVITY - West Lancashire and Central Lancashire

Primary Care

The Safeguarding Team has developed links with Primary Care through a variety of local mechanisms as a conduit to share best practice, learning and offer safeguarding support. A Safeguarding Offer was developed and included the role of the GP Safeguarding Lead for Adults to support with section 42 complex safeguarding enquiries and decision making.

In 2021 Protected Education Time (PET) sessions were also facilitated around safeguarding during COVID-19. The sessions included how to be professionally curious in supporting individuals who may be unseen, unheard and hidden; supporting offenders after early release from prison; deterioration in mental health and impact of social isolation and poverty and domestic abuse. The sessions were well attended and positively evaluated.

During the reporting period there have been numerous communication briefings shared with Primary Care in response to emerging risks. These included risk assessment guidance for children and adults not being seen face to face, ICON, Safer Sleep and a safeguarding resource for vaccinations.

Consideration was given to ways in which, support could be offered to known high risk victims of domestic abuse without increasing the risk of harm. Recent active cases were reviewed, and victims were identified who had previously engaged with services and are no longer visible following the national restrictions. Direct contact was made with GP Practices to inform them, and advice provided as to how they may be able to support.

The CCG Safeguarding Team also worked closely with Lancashire Police and other Multi-Agency Partners to facilitate the offer of safe space to high-risk victims of domestic abuse. In identifying those particularly vulnerable and linking in with their GP; significant information has been shared and creative ways identified to offer support.

In 2021 the team offered virtual support to the Primary Care Network to raise awareness of the MCA during the COVID pandemic. Resources and webinar presentations from 39 Essex Chambers and the National Mental Capacity Act Forum led by Baroness Finley have been shared for use across the networks.

The presentations covered a range of topics including:

- Learning from all age reviews
- Think Family
- Capacity assessment under adverse conditions
- Best Interests and public health restrictions
- Best Interests and scarce resources

- Advanced care planning
- DoLS dilemmas
- Completion of remote MCA assessments

Safeguarding Conference

A Central and West Lancashire CCGs Safeguarding Conference for 186 Primary Care staff was held over two days in September 2021. The conference was well attended and very well evaluated, demonstrating the value of imparting updated information to increase knowledge and support practice.

The focus of the conference was on:

- Domestic Abuse
- Prevent
- Modern Day Slavery
- Think Family

Extremely useful to me as Safeguarding Lead in the surgery. It was informative and interesting and relevant to my needs within my role

Much better informed now empowered. Great Prevent and Modern Slavery talk

The domestic abuse session gave really practical ways of asking questions

More detail on Prevent and Channel than any previous training attended

Safeguarding West Lancashire

Safeguarding Developments

The Safeguarding Team provide expert safeguarding service, empowering staff to undertake safeguarding practices to promote the safety of vulnerable children, young people and adults. The team have strengthened local focus on Safeguarding by the appointment of a Specialist Safeguarding Practitioner (SSP) who commenced in role in September 2021; the individual works alongside the Named GP and Designated Leads and Deputies for Safeguarding to enhance and develop safeguarding assurance, awareness, and practice.

Safeguarding profile	Key achievements	Strengthening the system in 2022
<p>Snapshot</p> <p>Most referred contact type relate to information sharing / requests</p> <p>Domestic Abuse, Mental Health, Neglect and Behaviour Issues</p> <p>Increased complexity relating to Domestic Abuse</p> <p>Evidence is indicating increasing numbers of older children who are at risk of serious violence linked to Child Criminal Exploitation and organised crime groups.</p> <p>Approximately 13.7% (4,995) of children live in low-income families</p> <p>County Lines OCGs (Organised Crime Groups) travelling from Liverpool to supply Class A drugs</p> <p>Exploitation of vulnerable drug users and children to deal Class A drugs. OCG violence which often includes weapons</p>	<p>Promoted understanding and key messages in relation to domestic abuse and routine enquiry via communications, focused support and training.</p> <p>Activity has included:</p> <ul style="list-style-type: none"> • Contribution to local Safeguarding Reviews and strengthening processes • A Summer Newsletter was developed around Learning from Children Reviews and circulated across Primary Care • Ensured contribution and engagement in Statutory Domestic Homicide Review processes, working with the Practice to support Domestic Abuse practice and embed Routine Inquiry, targeted training for all practice staff including administration • Development of a Domestic Abuse Toolkit for Primary Care • Working with EMIS developers to develop prompts and links to routine enquiry and referral forms • Shared 7minute briefings to increase awareness, distributed communications across the organisation, supported White Ribbon Campaign 	<p>Continue to be responsive to system change and redefined Safeguarding Models. This will include multi-agency safeguarding processes, and system development.</p> <p>Continue to support transition to ICB, system priorities and CCG closedown. Responding to place-based responsibilities working in collaboration across the partnerships.</p> <p>This also includes:</p> <ol style="list-style-type: none"> 1. The introduction of CP-IS Phase 2 2. The work of the Violence Reduction Unit and Trauma Informed approaches 3. National priorities from the 'Hidden Harms Summit', the Safeguarding ICS, CSAP and Board priority areas. Of: <ul style="list-style-type: none"> ○ Violence Reduction ○ Domestic Abuse and MARAC ○ Looked After Children ○ Exploitation and Safeguarding Risks Outside the Home ○ MCA reforms and introduction of LPS
		<p>Local priorities for 2022</p>

<p>Children Reviews: There has been one Rapid Review that progressed to a Child Safeguarding Practice Review during the reporting period and a further three reviews that have been ongoing</p> <p>Looked After Children; Total number of children in care for Lancashire: 1924 as of January 2022. Of these 696 relate to Lancashire children placed within Central and West Lancashire</p> <p>A further 599 are children originating from out of area placed within Central and West Lancashire</p> <p>20% relate to Care Leavers aged 16- 18-year-olds</p> <p><i>NB: It should be noted that the data relating to Looked After Children is variable</i></p> <p>Number of Safeguarding Adult Alerts received by LCC West Lancashire - 624</p> <p>District Alerts Progressing to a Safeguarding Enquiry - 284</p> <p><i>NB: (Data refers to Year 2020-21, data not yet available for 2021-22)</i></p> <p>Main Themes of Alerts across Lancashire</p> <ul style="list-style-type: none"> • Neglect and Acts of Omission • Emotional / Psychological Abuse • Physical Abuse • Financial Abuse • Domestic Abuse 	<ul style="list-style-type: none"> • Communication and awareness raising via GP Development Forums • Safeguarding support for complex cases 	
	Safeguarding supervision given to Named Professionals and maintaining professional working relationships	<p>Over the coming year focus will be on awareness and continuing to support the development of practice around:</p> <ul style="list-style-type: none"> • ICON - help prevent abusive head trauma • Safer Sleeping • Prevent and train the trainer programme • Neglect • Supporting the roll-out of the Graded Care Profile (GCP2) training • Contextual Safeguarding e.g., Modern Slavery - includes forced labour, forced criminality, domestic servitude, child, and sexual exploitation • Ensuring stronger safeguarding links with the CSP • Domestic Abuse and Think Family webinars • Strengthening Safeguarding Assurance processes for small Providers • Receive and monitor actions and themes from Safeguarding Self-Assessment (SAF) audits • COPDOL'S backlog and risk mitigation measures • Strengthening action plans from learning reviews and embedding across practice areas
	Worked to support the implementation of Lancashire County Council Family Safeguarding Model and revised Referral Forms	
	Review of the Primary Care Practice Model for Safeguarding. This aims to ensure Practices have accessible Safeguarding Information and Referral Pathways	
	Strengthened engagement with key Safeguarding Partners and large Providers in the locality	
	Revision of the Safeguarding Assurance Framework (SAF) Audit for Primary Care, independent contractors and Care Homes; this will support CQC expectations and improvement journeys	
	Strengthened engagement in the work of the West Lancashire Community Safety Partnership arrangements	
	Engaged in Transforming Care Meetings to support safeguarding practice	
	Engagement with the locality Children and Young Persons meetings to ensure inclusion of safeguarding in all Practice areas	
	Supported service areas and overseen safeguarding practice in relation to where children and young people end their own lives with the locality and the Contagion response	
'Empower the Invisible' Work Programme commissioned in West Lancs working with adult victims of childhood trauma		

Key themes the **RADAR** process for Regulated Care include:

- Poor environment IPC practice and compliance
- Tissue viability
- Medication management
- Record keeping and care and support planning

In addition:
 Modern Day Slavery risks in farms across West Lancashire

Support has been facilitated around asylum seeking families placed around the locality ensuring safeguarding was considered and support available for local Provider

There is one Domestic Homicide Review underway, actions have already been implemented to strengthen practice

DHRs

There is one Domestic Homicide Review in progress, actions are being implemented and the review is expected to conclude later in 2022, with the report being submitted to the Home Office for approval.

Work continues to embed the principles of safeguarding and the Think Family Agenda through high quality safeguarding supervision and promotion a whole family approach to safeguarding children, young people and adults at risk.

Safeguarding Central Lancashire

Safeguarding Developments

The Safeguarding Team provide expert safeguarding service, empowering staff to undertake safeguarding practices to promote the safety of vulnerable children, young people and adults. The Team work alongside the Named GP's and Designated Doctors for Safeguarding to enhance and develop safeguarding assurance, awareness and practice. There is an increased focus on local issues and focus on local safeguarding themes, arrangements, and priorities.

Safeguarding Profile Chorley South Ribble & Preston	Key achievements we have:	Strengthening the system in 2022
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<p>Snapshot</p> <p>Most referred contact type across adults and children relate to Mental Capacity Act, information sharing / requests Domestic Abuse, Mental Health, Neglect / Organisational Neglect and Behaviour that challenges</p> <p>There has been seen an increase in complexity relating to Domestic Abuse</p> <p>Evidence is indicating increasing numbers of older children who are at risk of serious violence linked to Child Criminal Exploitation and organised crime groups.</p> <p>Children Reviews: There has been one Rapid Review that progressed to a Child Safeguarding Practice Review and four further Rapid Reviews that did not progress to a CSPR during the reporting period</p> <p>In addition there a number of ongoing child reviews at various stages: one ongoing, one published, one awaiting publishing and a</p>	<p>Promoted understanding and key messages in relation to domestic abuse and routine enquiry via communications, focused support and training</p> <p>Activity has included:</p> <ul style="list-style-type: none"> • Contribution to safeguarding reviews and strengthening processes • A Summer Newsletter was developed around Learning from Children Reviews and circulated across Primary Care • Ensured contribution and engagement in Statutory Domestic Homicide Review processes, working with the Practice to support Domestic Abuse practice and embed Routine Inquiry, targeted training for all practice staff including administration • Development of a Domestic Abuse Toolkit for Primary Care • Working with EMIS developers to develop prompts and links to routine enquiry and referral forms • Shared 7minute briefings to increase awareness, distributed communications across Primary Care • Safeguarding support for complex cases 	<p>Continue to be responsive to system change and redefined Safeguarding Models. This will include multi-agency safeguarding processes, and system development.</p> <p>Continue to support transition to ICB, system priorities and CCG closedown. Responding to place-based responsibilities working in collaboration across the partnerships.</p> <p>We will also support:</p> <ol style="list-style-type: none"> 1. The introduction of CP-IS Phase 2 2. The work of the Violence Reduction Unit and Trauma Informed approaches 3. National priorities from the 'Hidden Harms Summit', the Safeguarding ICS, CSAP and Board priority areas. Of - <ul style="list-style-type: none"> ○ Violence Reduction ○ Domestic Abuse and MARAC ○ Looked After Children ○ Exploitation and Safeguarding Risks Outside the Home ○ MCA reforms and introduction of LPS
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<p>fourth review from out of area that the CCG has contributed to</p> <p>Looked After Children; Total number of children in care for Lancashire: 1924 as of January 2022. Of these 696 relate to Lancashire children placed within Central and West Lancashire</p> <p>A further 599 are children originating from out of area placed within Central and West Lancashire</p> <p>20% relate to Care Leavers aged 16- 18-year-olds</p> <p><i>NB: It should be noted that the data relating to Looked After Children is variable</i></p> <p>A local challenge is that the CCG has been working to secure a sustainable delivery to support the completion of Initial Health Assessments for 16–17-year-olds</p> <p>A positive development to improve pathways for Looked After Children was the introduction of an Initial Assessment Hub to co-ordinate and enable flexibility to ensure timeliness of IHAs</p> <p>Number of Safeguarding Adult Alerts received by LCC:</p> <p>Chorley & South Ribble -1,505 Preston - 1,364</p> <p>Alerts Progressing to a Safeguarding Enquiry:</p>		
	Safeguarding supervision given to Named Professionals and maintaining professional working relationships	<p>Local priorities for 2022</p> <p>Over the coming year focus will be on awareness and continuing to support the development of practice around:</p> <ul style="list-style-type: none"> • COPDOLS backlog and risk mitigation measures • ICON – raising awareness to prevent abusive head trauma • Safer Sleeping • Prevent & trainer training • Neglect • Supporting the roll-out of the Graded Care Profile (GCP2) training • Contextual safeguarding e.g., Modern Slavery - includes forced labour, forced criminality, domestic servitude, child and sexual exploitation • Ensuring stronger Safeguarding links with the CSP • Development of Domestic Abuse and Think Family webinars • LPS readiness and strengthening MCA practice • Receiving and monitoring actions and themes from Safeguarding Self-Assessment (SAF) audits • Strengthening action plans from learning reviews and embedding across practice areas
	Worked to support the implementation of Lancashire County Council FamilySafeguarding Model and revised Referral Forms	
	Review of the Primary Care Practice Model for Safeguarding. This aims to ensure Practices have accessible Safeguarding Information and Referral Pathways	
	Strengthened engagement with key Safeguarding Partners and large Providers in the locality	
	Revision of the Safeguarding Assurance Framework (SAF) Audit for Primary Care, independent contractors and Care Homes – this will support CQC expectations and improvement journeys	
	Ensured contribution and engagement in Statutory Domestic Homicide Review processes, working with the Practice’s to support Domestic Abuse practice	
	Safeguarding representation at the Primary Care RADAR meetings	
	Development of a Domestic Abuse Toolkit for Primary Care	
	A Child not Brought Policy has been disseminated widely across Primary Care in response to Learning Themes from Child Reviews	
	Shared 7minute briefings to increase awareness, distributed communications across the organisation	
	Safeguarding support for complex cases	
Communication and awareness raising via GP Development Forums		

<p>Chorley & South Ribble -733 Preston – 664 <i>NB: (Data refers to Year 2020-21, data not yet available for 2021-22)</i></p> <p>Main Themes of Safeguarding Adult Alerts Across Lancashire:</p> <ul style="list-style-type: none"> • Neglect and Acts of Omission • Emotional / Psychological Abuse • Physical Abuse • Financial Abuse • Domestic Abuse <p>Key themes the RADAR process for Regulated Care include:</p> <ul style="list-style-type: none"> • Poor environment IPC practice and compliance • Tissue viability • Medication management • Record keeping and care and support planning <p>There have been two Safeguarding Adult Reviews during the reporting period</p> <p>There have been five Domestic Homicide Review's commenced in Central Lancashire, with two placed on hold</p>		
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DHRs
<p>There have been five DHRs during the reporting period with two being placed on hold. Actions have been implemented to strengthen practice. Three of the reviews are expected to conclude in 2022.</p>

Work continues to embed the principles of safeguarding and the Think Family Agenda through high quality safeguarding supervision and promotion a whole family approach to safeguarding children, young people and adults at risk.

Safeguarding Adult Reviews

There have been two Safeguarding Adult Reviews during the reporting period. Actions have been implemented to strengthen practice.

In 2021 a new review (Adult T) was commissioned relating to safeguarding and self-neglect and how agencies worked together. The findings are due to be published later in 2022.

Adult K review took place in 2019 / 20 however in 2021 a request was made via the coroner for another Independent Reviewer to re - review the case, due to a formal challenge regarding the content of the findings. Publication of the findings have been delayed due to the ongoing Coronial Process.

Adult K died in 2018 due to concerns around their presenting condition and support at home. Findings identified:

- Prevention one of the Principles of Safeguarding - proactive intervention is needed before harm occurs
- Carer's assessment was not considered for Adult K's partner until they were diagnosed with a serious health issue, which was likely to affect ability to care
- Self-Neglect, professionals had formed the view that Adult K was living as they wished without considering self-neglect as a category of abuse
- Mental Capacity Act implementation
- Holistic MDT working
- Think Safeguarding approach

15. PRIORITIES ,CHALLENGES, and CONCLUSION

Priorities

There has been significant reference in this Report of the longer-term impact of COVID on safeguarding and hidden harm. At a time of significant upheaval and change to the function of CCG's going forward, the overarching priority is around ensuring a stable safeguarding system and that services and care delivered remains safe throughout the transition to ICB. Alongside this, the Safeguarding Designated Leads are committed to:

- Delivering the priorities and plans set out through the Safeguarding Health Executive
- Review of the Governance arrangements with focus on the MOU to ensure structures are fit for purpose
- Ensuring that the ICB has effective safeguarding escalation and reporting processes in place
- Analysis of the impact of system focused safeguarding activity, local variance, themes and trends reflecting on the national position
- Development of System Safeguarding Data Analysis and Mapping to support a proactive approach, decision making and mitigation of risks
- Work with Partners and support the evolving Safeguarding Provider Collaborative, operating in true partnership system wide approach
- Strengthen the newly formed Learning Forum to support change from reviews across the system
- Review the safeguarding offer to the Regulated Care sector
- Continue to flex and respond to COVID and impact on vulnerable adults and children, as much is still not known
- Streamline assurance on key lines of enquiry in recognition of the challenges facing Providers and Primary Care
- Respond to new Statutory Requirements, specifically the new Domestic Abuse Act and the Mental Capacity Amendment Act
- Respond to the Liberty Protections Safeguards Consultation and implementation of an ICB Mobilisation Plan
- Delayed COP / DOL application numbers to be continued to be quantified and triaged and assurance regarding applying least restrictive care
- Continued development of a System Health Strategy for Looked After Children and Care Leavers
- Dental Pilot to be undertaken for consideration and roll out across the system for priority access for Looked After Children
- Consultation with Looked After Children and Care Leaver population to inform future service delivery
- A single system Looked After Children and Care Leaver Service Specification to be agreed and embedded
- To engage and support the work of the Lancashire Violence Reduction Network (VRN) and their priorities for 2022-23
- To endorse the LVRN vision, the Trauma Informed Pledge is signed, to adopt the Trauma Informed Principles, and to support the ambition to become a 'Trauma Informed Lancashire and South Cumbria.'
- To encourage and champion the journey from trauma aware to trauma informed, supported by the Violence Reduction Network Tools and Resources to develop a Transformational Plan.
- Support the introduction of CP-IS Phase 2
- Develop a local measurement to demonstrate the impact of change in practice

Challenges	Conclusion
<p>There are still challenges to work areas, in part linked to the pandemic. These will progress through 2022/23</p> <div style="display: flex; flex-wrap: wrap; justify-content: space-around;"> <div style="border: 1px solid black; border-radius: 15px; padding: 10px; width: 30%; background-color: #ADD8E6; text-align: center;"> <p>Introduction and implementation of Mental Capacity (Amendment) Act and Liberty Protection Safeguards</p> </div> <div style="border: 1px solid black; border-radius: 15px; padding: 10px; width: 30%; background-color: #90EE90; text-align: center;"> <p>Introduction of new Local Authority Safeguarding Adult process and application into Practice</p> </div> <div style="border: 1px solid black; border-radius: 15px; padding: 10px; width: 30%; background-color: #D3D3D3; text-align: center;"> <p>Accumulative and fluctuating demands to multiple system and safeguarding process change</p> </div> <div style="border: 1px solid black; border-radius: 15px; padding: 10px; width: 30%; background-color: #ADD8E6; text-align: center;"> <p>Significant volume of Statutory Learning Reviews and implementation of action plans to improve and develop practice</p> </div> <div style="border: 1px solid black; border-radius: 15px; padding: 10px; width: 30%; background-color: #F5DEB3; text-align: center;"> <p>Management of the Court of Protection (COPDoLS) backlog alongside the incoming DoLS requests within Statutory timescales</p> </div> <div style="border: 1px solid black; border-radius: 15px; padding: 10px; width: 30%; background-color: #6495ED; text-align: center;"> <p>Although progressing learning from reviews still need to strengthen the system learning and measurement of impact</p> </div> </div>	<p>During 2020-22 the COVID-19 pandemic the CCG Safeguarding Team has continued to lead delivery of all Statutory Duties despite the challenges owing to implementation virtual working methods and system pressures.</p> <p>There are significant assurances that the CCG's have sustained, and enhanced Partnership working and strengthened safeguarding collaboration and practice within health.</p> <p>This report details the Safeguarding focus 2022-23 on priority work areas. In addition, collectively preparing for transformation to the ICB keeping safeguarding at the heart of this transition.</p> <p>The CCGs continue to drive improvements through Partnership working across the Safeguarding Health System, SAB's and CSAP to ensure commissioning that is responsive to address national and local priorities and influence safe and effective commissioning.</p> <p>The wider context of safeguarding provides challenge to all organisations as the Safeguarding Agenda is ever expanding and evolving. Safeguarding legislation and statutory guidance continues to change as do the local Safeguarding Models across the county. The Safeguarding Team remain responsive, creative, and flexible to demands and work positively across the system to support developments and ensure safeguarding process and practice is effective and robust.</p>

16 Report Contributors

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Governance Framework showing the Partnership Linkage – Partnership, VRU, DA

