



Corby Clinical Commissioning Group



Nene Clinical Commissioning Group

Safeguarding Children and Adults in Northamptonshire

Annual Report 2013 – 2014

July 2014

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1. Introduction

This report reviews the work undertaken by NHS Nene and NHS Corby Clinical Commissioning Groups' (CCG's) safeguarding team during 2013-2014.

2. Purpose

The purpose of the report is to provide assurance to NHS Nene and NHS Corby Clinical Commissioning Group governing bodies that the CCGs have discharged their statutory responsibility to safeguard the welfare of children and adults.

The report also identifies key areas of activity during 2013/14 with planned areas for development during 2014/15. The report will be shared with the Local Safeguarding Children Board Northamptonshire (LSCBN) and Safeguarding Adult Board.

3. Safeguarding Children

The protection of children is central to promoting the health and wellbeing of the children and young people population of Northamptonshire. This report conveys an on-going commitment from all health agencies to promote safeguarding and the protection of children practice, working in partnership with the LSCBN.

The designated professionals have worked closely with the NHS Nene & NHS Corby CCGs Quality Committee to ensure that arrangements for safeguarding and partnership working meet the requirements for CCG authorisation and continue to build on improvements to date to ensure that statutory duties as set out in "Working Together to Safeguard Children" (2010 & 2013) are in place.

4. Safeguarding Adults

Safeguarding adults remains a high priority for both health and social care with the Care and Support Act (2014) stating that a high-quality service must be one that keeps people safe from harm. To achieve this, NHS Nene and NHS Corby CCGs continue to commission services to promote and protect the human rights of each individual, their independence and their well-being. At the same time, the CCGs have secured assurance from all service providers that they commission on behalf of the population of Northamptonshire that any individual identified as 'at risk' is effectively safeguarded. This is in partnership with other agencies such as the Local Authority.

5. National Context

The implementation of the Health and Social Care Act (2013) has resulted in significant organisational transformation. From the 1st April 2013 Nene and Corby CCG's took on new statutory responsibilities and the PCT devolved its responsibilities to new NHS organisations including NHS England, Public Health England, and Commissioning Support Units.

5.1 Safeguarding Vulnerable People in the Reformed NHS: Accountability and Assurance Framework (March 2013)

NHS England published 'Safeguarding Vulnerable People in the Reformed NHS, Accountability and Assurance Framework' in March 2013 which detailed the responsibilities of the new organisations including how CCGs must ensure they commission safe services for those in vulnerable situations and engage in effective inter-agency working.

The framework aims to:

- Promote partnership working to safeguard children, young people and adults at risk of abuse, at both strategic and operational levels.
- Clarify NHS roles and responsibilities for safeguarding, including in relation to education and training.
- Provide a shared understanding of how the new system will operate and, in particular, how it will be held to account both locally and nationally.
- Ensure professional leadership and expertise are retained in the NHS, including the continuing key role of designated and named professionals for safeguarding.
- Outline a series of principles and ways of working that are equally applicable to the safeguarding of children and young people and of adults in vulnerable situations, recognising that safeguarding is everybody's business.

The framework focuses on the statutory requirements to safeguard children; the same principles will apply in relation to arrangements to safeguard adults.

This framework is intended to support NHS organisations in order to fulfil their statutory safeguarding duties as set out in:

- The Children Act 1989/2004.
- Working Together to Safeguard Children (March 2013).
- Statutory Guidance on Promoting the Health and Well-being of Looked after Children (2009).
- Any future legislation regarding the safeguarding of adults.

5.2 The Care Bill

http://www.publications.parliament.uk/pa/bills/lbill/2013-2014/0001/lbill_2013-20140001_en_1.htm

The Care Bill was published on the 10th May 2013 and is shaped into three areas:

- Reform of care and support.
- Response to the Francis Inquiry on failings at Mid-Staffordshire Hospital.
- Health Education England and the Health Research Authority.

The Care Bill builds on the Draft Care & Support Bill published in July 2012 and takes account of the findings of the public consultation, engagement and pre-legislative scrutiny. It also considers the findings of the Dilnot Commission's Report into the Funding for Care and Support and the Francis Inquiry into the failings at Mid-Staffordshire Hospital.

The Bill will bring care and support legislation into a single statute. It is designed to create a new principle where the overall wellbeing of the individual is at the forefront of their care and support. To promote individual wellbeing, their needs, views, feelings and wishes should be considered in all aspects of their physical and mental health, through dignity and respect to control over their daily needs, access to employment, education, social and domestic needs and the suitability of their accommodation. It requires the promotion of integration of care and support with local authorities, health, housing services and other service providers to ensure the best outcomes are achieved for the individual.

Clauses 41-45 of the Care Bill specifically relate to adult safeguarding. Under the new legislation, local authorities and other parts of the health, care and support system will have a clear framework to protect vulnerable adults at risk of abuse or neglect.

When the Bill is enacted in 2015, it will be a legal requirement for top tier local authorities to have a Safeguarding Adults Board (SAB). This formalises the arrangements most authorities, including Northamptonshire, currently have. Core membership of the SAB must include (as a minimum) the local authority, NHS and police. The SAB must work with the local people to develop plans to protect the most vulnerable adults. These plans must be published and reviewed annually to ensure that all agencies are effectively coordinated.

In addition, local authorities will have a duty to make enquiries, or to ask others to make enquiries, where they reasonably suspect that an adult in their area with care and support needs is at risk of abuse or neglect. Following a separate consultation the government rejected creating a specific power of entry alongside the duty to make enquiries.

The Bill gives responsibility to the SAB to arrange Safeguarding Adults Reviews. This would be in situations where an adult with needs for care and support dies as a result of abuse or neglect and there is concern about how a member organisation of the SAB acted. The reviews also establish the facts and ensure lessons can be learnt and prevented from happening again. It also clarifies that the SAB may request information from an organisation or individual and there is an obligation to provide whatever is requested.

6. Local Context

6.1 Safeguarding Children

The CCG's role in safeguarding and promoting the welfare of the most vulnerable children.

Nene and Corby CCGs commission health services for almost 172,000 children and young people across Northamptonshire. A minority of these children will be living in circumstances where they are at risk of suffering significant harm from abuse and neglect or are in the care of the Local Authority. These children require co-ordinated multi agency assessments and planning to ensure appropriate protection plans keep them safe within their family. Where this is not possible, they may need to be accommodated by the Local Authority. Health workers across all services play a significant role in this process, from identifying concerns as they arise, referring children at risk to the Local Authority and contributing to multi agency assessments and plans to support children within their families or when they are accommodated into care.

6.2 Governance and structure for Safeguarding at NHS Nene and NHS Corby CCGs

The CCG Safeguarding Team comprises the following:

- Director of Nursing and Quality – Executive Lead
- Head of Nursing – Operational Lead
- Designated Nurse, Safeguarding Children and Looked After Children (LAC)
- Designated Doctor, Safeguarding Children and LAC (0.6wte)
- Named GP Safeguarding Children (0.2wte employed by NHE England to support general practice)
- Designated Nurse Adult Safeguarding.

The Director of Nursing and Quality is the CCG executive lead and is responsible for ensuring that safeguarding is firmly embedded within the whole health economy. This is delivered through local commissioning arrangements. The Director of Nursing and Quality ensures that the monitoring of safeguarding takes place through the CCG

Quality Committee and the Northamptonshire Safeguarding Children and Adult Boards.

Senior level engagement with executive leads in health across the county for safeguarding children is through the Health Strategic Safeguarding Forum. (HSF) The meeting is chaired by the Director of Nursing and Quality. The forum meets monthly and monitors the progress of national and local strategic priorities. The health actions for all agencies included in the Northamptonshire 2013 Inspection Improvement plan are monitored at HSF. All actions are now nearing completion.

The HSF has agreed that the Designated/Named nurse forum will meet monthly due to the need to expedite a:

- Health economy safeguarding strategy
- Health economy safeguarding plan

6.3 Assurance Monitoring

The Designated Nurse for Safeguarding children and LAC attends safeguarding meetings with the larger provider trusts, (Kettering General Hospital NHS Foundation Trust, Northampton General Hospital and Northamptonshire Healthcare NHS Foundation Trust), ensuring safeguarding children is embedded within organisational practices and providing supportive challenge.

6.4 Safeguarding Children across the Health Economy

The overall responsibility within NHS Nene and NHS Corby CCGs for safeguarding children rests with the Chief Executive of these organisations. The Director of Nursing and Quality is the Board Executive lead for both organisations for safeguarding children.

The roles of the Designated Doctor and Nurse are established within the statutory guidance and they provide specialist clinical advice, support and leadership on safeguarding to NHS Nene and NHS Corby CCGs and across the health economy.

There are other statutory strategic clinical leadership roles within safeguarding including the Designated Doctor for Looked after Children and the lead Paediatrician for Child Death reviews. These key personnel are commissioned by the CCGs and employed within provider health organisations in Northamptonshire. They work as part of the NHS Nene and NHS Corby CCGs safeguarding service to ensure the effective commissioning and monitoring of key areas of work.

There are Safeguarding Leads, Named Nurses and Named Doctors providing leadership roles for safeguarding children in provider organisations across Northamptonshire. These organisations include the four main providers-Kettering General Hospital, Northamptonshire General Hospital, Northamptonshire Healthcare

Foundation Trust and St. Andrews Hospital. These professionals provide clinical leadership for safeguarding children including providing safeguarding/child protection training, supervision, advice, support, participating in LSCBN subcommittee work and contributing to Serious Case Reviews as commissioned.

The Named Doctor (GP) for Child Protection works across Northamptonshire, providing leadership and guidance to GPs and participating in Serious Case Reviews. The Named doctor chairs the GP safeguarding forums across Northamptonshire which ensures learning is shared with primary care across the county. These meetings are supported by the CCG's designated doctor and nurse.

Close working relationships have been developed with the deputy director of nursing for the area team of NHS England. The designated professionals attend the area team safeguarding forum.

7. Inspection activity 2013/14

An unannounced Ofsted led inspection of Northamptonshire County Council (NCC) Children's Services was carried out in February 2013 and judged to be inadequate in 4 areas:

- Overall effectiveness.
- The effectiveness of the help and protection provided to children, young people, families and carers.
- Quality of practice.
- Leadership and Governance.

All LSCBN partner agencies have contributed to a LSCBN led Partnership Improvement Plan.

In July 2013 NCC's services for LAC were inspected by Ofsted. The overall judgement was inadequate. Health services were identified as needing to improve their CAMHS provision for LAC as well as the timeliness of completing both initial and review health assessments for LAC.

A separate annual report for Looked After Children is produced by the designated professionals which is presented to the CCG's therefore no further information is contained in this report

8. Local Safeguarding Children Board Northamptonshire (LSCBN)

The chair of the LSCBN who was appointed in March 2013 resigned in December 2013 and left this role in February 2014.

A new Chair has been appointed and took up his role in March 2014.

The Executive Strategic Safeguarding group has continued to meet monthly with high level representation from across the LSCBN partnership. This group monitors the Northamptonshire Inspections action plan.

9. Improvement Board

In October 2013 NCC Children's services were issued with a Direction notice by the Department for Education. Under the direction of the Secretary of State an Improvement Board (IB) and independent chair was established to increase the pace of improvement in the delivery of children's services. The Chair of the Local Safeguarding Children Board Northamptonshire (LSCBN) is accountable to the IB for the performance of its statutory duties and its contribution to meeting and implementing the Improvement plan. The LSCBN chair remains accountable to the Chief Executive of the Local Authority and partners.

Membership of the IB includes Chief Officers of the statutory members of LSCBN.

The first meeting was held in November 2013 and has continued to meet monthly. The chair has instructed various actions including briefing papers on workforce profiles and recruitment and retention across the Northamptonshire's safeguarding and children's workforce. A significant change initiated by the IB chair is the decision to revise the existing improvement plan which had become vast with the risk that focus was getting lost.

It was agreed that all future planning be structured around the following priorities:

- Fixing early help and prevention structures within the County
- Providing robust support for children and families accessing assessment and intervention into social care
- Providing robust support for children and families within social care, children on child protection plans, Looked After Children or adopted children.

The new plan is to be delivered through the actions identified in the Making Children Safer document:

- Getting services and pathways right for children and families
- Providing confident leadership and management across Children's services
- Strengthening partnerships to make a difference
- Putting in place effective front line practice and;
- Delivering a clear workforce strategy.

In her first progress report to the Secretary of State the IB chair reported early signs of improvements to children's safeguarding services with further room for improvements.

10. Learning Lessons from Serious Incidents and Child Deaths

How the CCG enables learning from child deaths and serious incidents and ensures lessons learned result in sustained improvements in outcomes for children

Designated Professionals represent the CCG's on the LSCBN Serious Case Review Committee (SCR), the Quality Audit and Assurance (QAA) Committee, Learning and Development (L&D) Committee, Policy and Procedures (P&P) Committee and the Child Death Overview Panel (CDOP). This ensures that the CCG's have an overview of the quality of practice and all learning is shared across the health economy.

The SCR committee oversees and quality monitors serious case reviews and individual organisation Independent Management Reviews (IMR's) and associated action plans. Through membership of the LSCBN and the sub-committees the CCGs have oversight of provider organisations progress in implementing and effecting change as a result of the serious case review process. The CCG Health Strategic Safeguarding Committee also monitors progress of SCR action plans as a standing agenda item.

There have been three serious case reviews commissioned between April 2013 and March 2014. Three serious case reviews have been published, one in October 2013 and two in February 2014.

These SCRs were commissioned in quick succession of each other therefore the learning identified across all the SCRs is similar.

Key recommendations for health services included:

- Improving information sharing process between the Ministry of Defence medical and social work teams and civilian counterparts
- Improving information sharing between midwives and health visitors
- Developing practice and information sharing process to seek information regarding the child's father, including relevant information held by primary care.
- Ensuring when a child presents to hospital with non-accidental injury simultaneous referral is made to both social care and the police.

One SCR has been sent to the national panel for endorsement of the LSCBN decision not to publish given the presence of a surviving sibling. There are three serious case reviews on-going as at March 2014.

11. Development of Northamptonshire Multi Agency Safeguarding Hub

How Nene and Corby CCGs have invested in best practice to promote multi-agency collaboration and information sharing to safeguard the most vulnerable children in our communities

Nene and Corby CCGs continue to work with the Local Authority and Northamptonshire Police to develop a Multi-Agency Safeguarding Hub. (MASH). The MASH is based at the Criminal Justice Centre at Brackmills.

12. Health Presence in the Multi-Agency Safeguarding Hub (MASH)

The health presence in MASH, went live in March 2013. Over the year it has continued to develop and expand. Health presence in the MASH is provided on a full time basis from the safeguarding children's nurses across provider organisations. From August 2013 a full time band 7 nurse has been seconded from NHFT safeguarding team to provide the health leadership and a band 3 full time administrative support worker.

Agreement has been reached with both CCG's that they will continue until both posts are included in the re-commissioning of children's services.

12.1 Referrals into the MASH

The volume of referrals into the MASH increased throughout the year and strategies have been put into place to ensure that referrals are appropriate and meet the correct thresholds. At year end closing referrals have escalated 10,516 (12/13) to 14,601 (13/14).. This is a 39% increase. In a 6 month period 9000 referrals were received out of which 200 became Child Protection managed cases. There is audit planned to ensure that appropriate thresholds have been applied. There has also been a telephone line introduced to allow professional to professional conversation but incidents have been highlighted where health staff were unable to speak to the senior practitioner and were told by the call handler to make a referral. These have been highlighted to senior managers at NCC.

There have been several Making Children Safer events held across the county promoting early interventions and embedding of the thresholds and pathways document, attended by health care professionals.

12.2 MASH Management

A steering group meets monthly with representatives from NCC, education, police and health. This group was chaired by an improvement manager from NCC but now

chaired by the MASH manager which is funded with contributions from partner agencies.

An experienced manager was appointed in February 2014 but he resigned shortly after taking up the post so the MASH has been managed by interim managers whilst the recruitment process is on-going.

13. Common Assessment Framework (CAF)

The low use of CAF has continued in spite of all partners actions to promote its use.

The Director of Children's services has agreed the following all of which it is anticipated will drive forward supporting children and families in the community and reducing unnecessary referral to children's social care:

- Production of locality service directory which has been distributed across all agencies.
- A social worker consultation line
- Training for safeguarding advisors to ensure agreed criteria for need to refer to children's social care.

The number of CAF's initiated in health is monitored monthly at the provider safeguarding assurance meetings. There was some improvement noted by all providers during final quarter for the number of CAF's initiated.

The CCGs have included in its 2014/15 Quality Schedule quarterly reporting against an agreed minimum number of CAFs completed by each provider.

14. Re-launch of Children's services

The re-launch of Children's Services is now in its second wave of the Making Children Safer strategy. The purpose of this was to reduce referral rates by building capacity in universal and targeted provision by increasing the use of the Common Assessment Framework Form (CAF) and using locally available services/support for children and families. The training through November to January 2014 were fully booked although there was a disappointing attendance from health. Additional training dates have been offered and the number of bookings from health has increased. This will continue to be monitored.

15. Section 11 Self-Assessment Assurance

Section 11 of the Children Act 2004 places duties on organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

There has not been a section 11 audit carried out between April 2013 and March 2014. This is due to be issued to all agencies by the LSCBN imminently. The delay has been reported due to technical difficulties with the electronic system.

16. Child Death Review Committee

This committee meets bi-monthly to review all child deaths both expected and unexpected. It is chaired by lead paediatrician for child death reviews.

A separate annual report is produced by the lead paediatrician on behalf of this committee which is presented to the CCGs and to the LSCB therefore no further information is contained in this report.

17. Early Help Early Years' (EHEY)

The first phase of the project was commissioned by Children and Young People's Partnership Board (CYPPB) and was completed in December 2012. The CYPP Board agreed to commission the second phase of the project in January 2014. Champions have been identified within clinical practice to work with the University in shaping the tool. The purpose of the EHEY is to identify strengths and protective mechanisms but also identify risk and aid clinicians in progressing to early intervention and statutory processes if necessary. A working group has been established with membership from all provider services.. A steering group was established with senior managers from across partner agencies which met quarterly.

The time line for completion is December 2014.

A pilot site has been identified to pilot the tool. It is anticipated that training will be delivered to staff May /June 2014 for pilot to commence July/August 2014.

18. Safeguarding Adults

NHS Nene and NHS Corby Clinical Commissioning Groups gain assurance from the organisations from which they commission services using a variety of methods. Contracts are monitored against quality standards and through attendance at the

Northamptonshire Safeguarding Adults Board where performance reports are scrutinized. Provider engagement is monitored for both SAB attendance and active engagement in board activity. Concerns raised and addressed through Clinical Quality Review Meetings also provide assurance. The CCGs will become involved in safeguarding adult interagency processes where it is felt that there is an increased need for oversight in relation to specific healthcare issues. The Designated Nurse for Adult Safeguarding is a member of provider organisation's safeguarding meetings.

18.1 Winterbourne View

'Transforming Care; A National Response to Winterbourne View' was published by the Department of Health in December 2012. This set out the actions required to improve the care and support of vulnerable people with learning disabilities. NHS Nene and Corby CCGs continue to ensure there are effective commissioning processes in place for services for people with learning disability.

NHS Nene and NHS Corby CCGs continue to work towards meeting the requirements of the Winterbourne View Concordat Programme of Action. Outcomes to date include:

- Introduction of robust case management for people with complex needs
- All patients in independent hospitals are planned to be discharged by the end of 2014 and this has been achieved for two out of the eight patients
- Protocols are in place aimed at preventing out of county long term placements
- Review and refocus of specialist learning disability services to support people with most complex needs
- All national data submissions required in relation to individuals in inpatient services have been achieved to date

In order to meet the current and future needs of people whose behavior challenges services a joint draft strategy has been produced between health and social care and this has been distributed to relevant partners for further consultation.

19. Inter-agency Safeguarding Adults Arrangements

The Northamptonshire Safeguarding Adult Board is the multi-agency partnership of senior managers from the key local organisations responsible for developing and implementing Northamptonshire's strategy to safeguard vulnerable adults. The Director of Nursing and Quality leads the safeguarding responsibilities for the CCG. The Designated Nurse facilitates the training sub-group and attends the other sub-groups.

'No Secrets' (2000) continues to be the national guidance underpinning local inter-agency safeguarding policy, procedure and guidance and will remain until the Care Bill receives statutory force in 2015. Northamptonshire County Council is the lead agency with responsibility for coordinating local multi agency safeguarding adult arrangements.

20. Safeguarding Adults within Health Care

Commissioners of health care have the duty to ensure that appropriate recognition is made to protect adults at risk of abuse and to ensure that processes are in place to support practitioners to respond to concerns. Safeguarding is particularly relevant to domains two, four and five of the NHS Outcomes Framework 2013/2014 and is a fundamental requirement for registration and compliance with the Care Quality Commission Essential Standards for Quality and Safety, in particular outcome 7.

21. Quality Assurance for Safeguarding Adults

The 'Safeguarding Adults: Self-Assessment Framework (SAAF) for Healthcare Services' was published by the Department of Health in 2011 and forms part of quality contracting across NHS Nene and NHS Corby CCGs. The SAAF is completed by the provider organisation and is subject to review, including an annual confirm and challenge meeting with the CCG. The SAAF provides an opportunity to identify areas of progress, innovation and good practice. Areas for improvement are also identified and action plans are in place from all the providers as part of this developmental tool.

Due to the designated nurse post being vacant September – January, the formal SAAF reviews and confirm/challenge meetings have not taken place. All other monitoring processes continued. Re-establishing the SAAF review is a priority for 2014-2015.

The Designated Nurse for Adult Safeguarding attends safeguarding meetings with the larger provider trusts, (Kettering General Hospital NHS Foundation Trust, Northampton General Hospital and Northamptonshire Healthcare NHS Foundation Trust), ensuring safeguarding adults is embedded within organisational practices and providing supportive challenge.

St. Andrews, a leading charity providing specialist NHS care has a site in Northampton. The St. Andrews safeguarding executive lead is fully involved in all LSCBN and SAB activity and their named nurse attends all CCG designated professional led meetings.

Quality monitoring site visits have taken place across all the NHS providers, as part of quality contracting arrangements. These provide an insight into how staff at ground level are embracing and embedding safeguarding into their everyday practice.

Unannounced visits have taken place to one provider. These have been in conjunction with the quality team, following safeguarding allegations which highlighted potential major care delivery issues. The initial visit report detailed concerns and concluded that the provider had taken immediate actions to address concerns noted during the visit. An extensive multi-agency safeguarding investigation took place. This investigation concluded that many, though not all of the allegations were substantiated. Action plans were provided and have been subject to regular review by the CCG.

22. Prevent

Prevent is part of the Government's counter terrorism and aims to stop people becoming terrorists or supporting terrorism. Launched in 2007 and revised in 2011, it is the preventative strand of the government's counter-terrorism strategy and recognises that some vulnerable groups may be susceptible to exploitation.

The NHS has an important role to play in supporting the Government's Prevent Strategy as Prevent is protecting individuals. Prevent aims to protect those who are vulnerable to exploitation from those who seek to get people to support or commit acts of violence. Healthcare staff are well placed to recognize individuals, whether patients or staff, who may be vulnerable and therefore susceptible to radicalisation by violent extremists or terrorists. It is fundamental to our 'duty to care' and falls within our statutory safeguarding responsibilities.

The Prevent strategy within Northamptonshire's health economy has been implemented to raise awareness of staff to this form of exploitation. Prevent is included in safeguarding training and the more in depth Department of Health training is delivered to staff groups such as A&E, prison health staff, community mental health teams. The CCG's work closely with Northamptonshire Police to ensure that vulnerable individuals identified have a multi-agency strategy discussion to ensure that protective mechanisms are in place.

23. Domestic Homicide Review (DHR's)

A domestic homicide is defined as 'a review of the circumstances in which the death of a person 16 years or over has, or appears to have, resulted from violence, abuse or neglect by a person to whom they were related, or a person with whom there was or had been an intimate personal relationship, or a member of the same household.'

The term 'same household' includes a person who does not live in the same household but visits often and in those cases where the victim lived in different households at different times the 'same household' is the household where the victim was living at the time of the act that caused the death.

The Multi-agency Statutory Guidance for the Conduct of Domestic Homicide Reviews came into force on 13th April 2011. This statutory guidance requires Community Safety Partnerships to consider the circumstances of every domestic homicide within the Local Authority area and determine whether to undertake a full review to identify if there are lessons to be learned. The serious case review model has been adopted to undertake DHRs. The Home Office sought views of key partners involved in conducting DHRs and in June 2013, they published updated statutory guidance for conducting DHRs, (Home Office, Multi-agency statutory guidance for the conduct of domestic homicide reviews, June 2013):

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/209020/DHR_Guidance_refresh_HO_final_WEB.pdf

Daventry Community Safety Partnership commissioned a DHR in Northamptonshire following a fatal incident in December 2012. The final report was agreed in November 2013. The report has been submitted to the Home Office for quality assurance prior to publication on the Home Office web site. Learning has been identified across all agencies for improved information sharing where children are involved. A monitored action plan has been implemented.

24. Serious Case Reviews

A Serious Case Review was commissioned in July 2012 by the Northamptonshire Safeguarding Adults Board. The focus of the review is to understand the reasons behind a failure to meet the care and clinical needs of a person who had a learning disability, in order to learn and improve services. The report will be published in 2014.

Action plans from two previously published Serious Case Reviews (William Lawrence and Mssada) have been progressed, through the Safeguarding Adults Board during this reporting period.

25. Court of Protection

The Court of Protection was set up under the Mental Capacity Act 2005. It can make decisions on whether people have capacity in relation to particular decisions, make decisions on their behalf, appoint or remove people who make decisions on people's behalf and make decisions relating to Lasting Power of Attorney.

The CCG made an application with Northamptonshire County Council and Northamptonshire Healthcare NHS Foundation Trust to the Court of Protection. This was a complex case which could not be resolved at local level and involved an ongoing dispute with a family regarding what was in the best interests of their son who lacks capacity to make a decision about his care and treatment.

An initial hearing took place in July 2013 and the application was upheld. The case was fully heard during February and March 2014. The Court of Protection judgment was not made during this reporting period.

The Mental Capacity Act 2005 protects and supports people who do not have the ability to make decisions for themselves. The Act applies to people aged 16 and over in England and Wales. It also provides guidance to support people who need to make decisions on behalf of someone else.

The five main principles of the act: People who support or make decisions on behalf of someone who may lack mental capacity must follow five main principles:

1. Every adult has the right to make decisions for themselves. It must be assumed that they are able to make their own decisions, unless it has been shown otherwise.
2. Every adult has the right to be supported to make their own decisions – all reasonable help and support should be provided to assist a person to make their own decisions and to communicate those decisions, before it can be assumed that they have lost capacity.
3. Every adult has the right to make decisions that may appear to be unwise or strange to others.
4. If a person lacks capacity, any decisions taken on their behalf must be in their best interests. (The act provides a checklist that all decision makers must work through when deciding what is in the best interests of the person who lacks capacity.)
5. If a person lacks capacity, any decisions taken on their behalf must be the option least restrictive to the person's rights and freedoms.

In March 2014 the House of Lords Select Committee published their report on the Post Legislative Scrutiny of the Mental Capacity Act (2005):

<http://www.publications.parliament.uk/pa/ld201314/ldselect/ldmentalcap/139/139.pdf>

The report concluded that while the Mental Capacity Act (MCA) was a 'visionary piece of legislation' that was held in high regard it suffered from a lack of awareness and lack of understanding. The report highlighted significant issues in the

implementation of the MCA across all sectors, including health, due to professional and organisational cultures which run contrary to the ethos of the Act. The report stated that:

“for many who are expected to comply with the Act it appears to be an optional add-on, far from being central to their working lives. The evidence presented to us concerns the health and social care sectors principally. In those sectors the prevailing cultures of paternalism (in health) and risk-aversion (in social care) have prevented the Act from becoming widely known or embedded. The empowering ethos has not been delivered. The rights conferred by the Act have not been widely realised. The duties imposed by the Act are not widely followed.”

Monitoring and assurance of MCA compliance is included in commissioning contracts with the larger health providers through the SAAF, Monitoring Visits etc. However ensuring awareness is increased and good practice becomes more deeply embedded will be a priority for 2014-2015.

26. Deprivation of Liberty Safeguards (DoLS)

The Deprivation of Liberty Safeguards (DoLS) are an amendment to the Mental Capacity Act 2005 and were introduced in 2009 to provide a statutory framework for the deprivation of liberty of people in hospitals and care homes.

The CCGs are continuing to monitor the activity of DoLS across the health providers as part of the SAAF and quality monitoring visits.

At the end of the reporting period, the 19th March 2014, a landmark ruling was made by the Supreme Court that has significantly changed the scope of DoLS. “P v Cheshire West and Chester Council and another” and “P and Q v Surrey County Council”.

http://supremecourt.uk/decided-cases/docs/UKSC_2012_0068_Judgment.pdf

There is a revised test for a deprivation of liberty (DoL).

Key points from the Supreme Court judgment are that:

- The person is under continuous supervision and control, and;
- Is not free to leave, and ;
- The person lacks capacity to consent to these arrangements.

The Supreme Court held that factors which are NOT relevant to determining whether there is a deprivation of liberty include the person’s compliance or lack of objection and the reason or purpose behind a particular placement. It was also held that the

relative normality of the placement, given the person’s needs, was not relevant. This means that the person should not be compared with anyone else in determining whether there is a DoL. However, young persons aged 16 or 17 should be compared to persons of a similar age and maturity without disabilities.

The Supreme Court also held that a DoL can occur in domestic settings where the State is responsible for imposing the arrangements. This includes supported living placements in the community. In this circumstance a DoL in these placements must be authorised by the Court of Protection.

The judgment is significant in the determination of whether arrangements made for the care and/or treatment of an individual lacking capacity to consent to those arrangements amount to a DoL. It will have a major impact for individuals and for providers of care.

Deprivation of Liberty Activity Breakdown of authorisation requests by provider	KGH	NGH	NHfT
Quarter 1	8	2	0
Quarter 2	8	0	0
Quarter 3	3	0	0
Quarter 4	8	0	0

There is a wide organisational variation in DoLS urgent authorisations and standard authorisation requests.

The number of authorisation requests is expected to dramatically increase in light of the Supreme Court ruling and will be an area of focus and support going forward in 2014 -2015. There will be a priority to extend the 2014/15 Quality Schedule to include a performance indicator for MCA and DoLS.

27. Key Challenges 2013/2014

- New structures and accountabilities in the new NHS landscape. Ensuring that safeguarding remained a priority and was firmly embedded into the CCGs as outlined by Safeguarding Vulnerable People in the Reformed NHS Accountability and Assurance Framework.
- Changes of personnel in key safeguarding roles. A new Head of Nursing, Designated Nurse for Safeguarding Children/LAC and Designated Nurse for Adult Safeguarding were appointed after significant vacancies with these roles.
- Impact of the Ofsted inspection of the local authority children’s services and the formation of the Improvement Board.

28. Key Achievements 2013/2014

The attainments for 2013/2014 include:

- Embedding safeguarding arrangements following the wide spread changes in the NHS.
- Continued engagement and development of the MASH.
- Increased integration with and information sharing across the CCG safeguarding and quality team.
- Strong attendance and participation at the LSCBN and subgroups; SAB Board and sub-groups by the Director of Nursing and Quality, Head of Nursing and the Designated Nurses.
- Continuing work in response to 'Transforming Care – A National response to Winterbourne View Hospital' (Department of Health, 2012 - across the health economy and ensuring that robust commissioning processes for out of area placements are in place for complex vulnerable patients.
- Increased information sharing and intelligence within the broader CCGs Quality Team and safeguarding professionals to triangulate information to identify emerging safeguarding issues.
- Strong engagement in the Improvement Board work streams.

29. Areas for Development for 2014/2015

- Develop a safeguarding children and adults priorities plan in conjunction with health partners that sets out the key priority work streams for 2014 – 2017.
- Review CCG Safeguarding Policy.
- Review CCG Safeguarding Strategy.
- S11 audit to be undertaken.
- To continue to support and develop the MASH.
- Closer working relationship with NHS England Area Team to ensure safeguarding remains a priority in primary care.
- Thorough review of SAAF audit tool and process re-launch revised SAAF across NHS organisations.
- Strengthen contracting and commissioning arrangements to more robustly include child and adult safeguarding, MCA and DoLS ensuring that individual rights are strengthened.
- Ensure that practice changes to DoLS made by the Supreme Court judgment and fully communicated and acted on by provider organisations.

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