

Safeguarding Strategy 2019 - 2022

Reference Number:	QS06
Version:	1.0
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Date Approved by Authorising Committee:	8 October 2019
Review Date:	January 2021
Target Audience:	All Staff
Distributed via:	NHS Nene and NHS Corby Clinical Commissioning Group websites
Date Policy Circulated:	October 2019

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Foreword

This Safeguarding Strategy sets out a three year approach to the priorities for safeguarding children and adults at risk of abuse or neglect in Northamptonshire.

The CCGs are committed to commissioning safe, effective and responsive services and are working to ensure that safeguarding is considered at all points of the commissioning process.

Within this document, the term safeguarding describes a range of activities that organisations should have in place to protect individuals (both children and adults, unless stated otherwise) whose circumstances make them particularly vulnerable to abuse, neglect or harm.

We will work in partnership with the Northamptonshire Safeguarding Childrens Partnership and Northamptonshire Safeguarding Adults Board, statutory agencies and provider organisations to ensure the effectiveness of multiagency safeguarding arrangements and to promote the wellbeing of children, young people and adults at risk from harm or abuse

The strategy is designed around the core themes of the Safeguarding agenda, they are;

- Ensuring that NHS organisations including Clinical Commissioning Groups (CCGs) are compliant with statutory guidance and legislation in the execution of their statutory duties.
- Ensuring safeguarding training, development and supervision programmes are in place, monitored and evaluated for all commissioned services and CCGs Member Practices.
- Ensuring arrangements for safeguarding children, young people and adults at risk of abuse or neglect are robust and fully integrated into existing clinical governance processes.
- Monitoring, dissemination and evaluating outcomes of Child Safeguarding Practice Reviews (Serious Case Reviews), Safeguarding Adult Reviews, Case Mapping, Rapid Review Processes and Domestic Homicide Reviews to receive assurance that plans have been implemented and lessons learnt.
- Strengthening processes and systems to ensure effective contribution to partnership arrangements.

1. National Context

In August 2019 *The Safeguarding Vulnerable People in the NHS-Accountability and Assurance Framework (NHS England 2015)* was updated, reflecting the context for safeguarding as it continues to change and expand in response to the findings of large scale inquiries, incidents, emerging challenges in a rapidly evolving and increasingly digitalised, such as modern slavery, human trafficking, radicalisation, exploitation and new legislation aimed to strengthen protection of those at risk.

It sets out the safeguarding roles across the NHS - the role and responsibilities within NHS commissioning remain unchanged.

<https://www.england.nhs.uk/publication/safeguarding-children-young-people-and-adults-at-risk-in-the-nhs-safeguarding-accountability-and-assurance-framework/>

The NHS Outcomes Framework 2019 sets out the overarching high-level outcome domains for quality improvements. In terms of safeguarding, CCGs must ensure that commissioned services meet:

- Domain 4: Ensuring people have a positive experience of care, and
- Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm.

The CCGs are required to demonstrate assurance to NHS England for the services it commissions.

The revised “Working Together to Safeguard Children” (WT) was published in July 2018. This guidance states that “to achieve the best possible outcomes, children and families need to receive targeted services to meet their needs in a coordinated way and that there should be a shared responsibility and effective joint planning between agencies to safeguard and promote the welfare of all children in a local area.”

All agencies need to cooperate in the local safeguarding arrangements, although the duty to make local arrangements rests with the three safeguarding partners.

The CCGs are one of the three statutory safeguarding partners as set out in chapter 3 of WT 2018. NHS organisations remain subject to the section 11 duties as per the previous version of WT. However, the most significant change is in relation to the strategic partnership.

The CCGs are now part of a tri-party arrangement whereby we are: Safeguarding Partners - with equal responsibility with the Local Authority and Chief Officer of Police.

Another significant change in WT 2018 is that the local responsibility for child death reviews passed to ‘child death review partners’ i.e. Local Authority & CCGs and at government level, the Department of Health take over responsibility from Department of Education.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf

Promoting the health and well-being of looked-after children statutory guidance for local authorities, clinical commissioning groups and NHS England March 2015, outlines the duty upon CCGs and NHS England to cooperate with requests from local authorities to undertake statutory health assessments and help them ensure support and services to looked-after children are provided without undue delay.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked-after_children.pdf

The Care Act (2014) enacted in March 2015 provides the statutory footing for adult safeguarding. It places a duty to promote a shared approach by all agencies with responsibility for adult safeguarding to work together to keep adults at risk safe. The Act has an emphasis on promoting the well-being of the individual and Making Safeguarding Personal (MSP). The safeguarding duties within the Act apply to an adult who is 18 or over:

- Has needs for care and support and
- Is experiencing, or at risk of, abuse or neglect; and
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

The legislation operates alongside but does not supersede the Human Rights Act (1998), the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards 2009. The Liberty Protection Safeguards 2019 are expected to come into force in 2020 and will have a significant impact on CCGs and NHS Trusts.

<http://www.legislation.gov.uk/ukpga/2019/18/enacted/data.htm>

Legislation that relates to safeguarding for children and adults operates alongside the Human Rights Act 1998.

Although the safeguarding frameworks for adults and children are managed separately nationally, they are co-dependent and must be reviewed in the context of the family, for example, within;

- Domestic abuse issues, including Multi-Agency Risk Assessment Conferences (MARAC)
- Female Genital Mutilation (FGM),
- Child Sex Exploitation
- Trafficking and Modern Slavery,
- Gangs and County Lines
- Multi-Agency Public Protection Arrangements (MAPPA) and the
- Prevent

As statutory bodies CCGs and NHS provider organisations need to demonstrate they have appropriate systems in place for discharge their statutory safeguarding arrangements and duties and are required to contribute to all safeguarding processes.

2. Local Context

The strategy acknowledges the principles of multi-agency working explicit within, the Local Safeguarding Children Partnership: Local Safeguarding Arrangements Plan 2019-21 and Safeguarding Adults Board Business Plan. This document should be read in conjunction with the CCGs Safeguarding Children and Adults Annual Reports which will continue to inform the planning and delivery of services.

<http://www.northamptonshirescb.org.uk/about-northamptonshire-safeguarding-children-partnership/news/safeguarding-partnership-arrangements-northampton/>

<https://www.northamptonshiresab.org.uk/Pages/default.aspx>

The Northamptonshire CCGs are represented on both the Adult Safeguarding Board and Safeguarding Children Partnership by the Chief Nurse who is the Governing Body identified lead for safeguarding, supported by the Head of Safeguarding & Nursing and the Designated Nurses and Doctors for Child and Adult Safeguarding.

3. Governance

Safeguarding forms part of the NHS Standard Contract and is a requirement for any contractual agreement with NHS providers. The CCGs Governing Body has agreed a quality assurance framework for identifying; monitoring and challenging quality, including safeguarding, in the organisations from which we commission services. Good quality information is a pre-requisite to understanding services, for gaining improvement and planning future services. It supports our role to commission the right services and best possible care for our resident population. Assurance about the quality of safeguarding provision of local providers is monitored through the Joint Quality Committee (a sub-committee of the Governing Body). Please refer to Appendix 1.

3.1 Northamptonshire Strategic Health Safeguarding Forum

The strategic planning, delivery and monitoring of all NHS safeguarding activity is managed through the Northamptonshire Strategic Health Safeguarding Forum. The forum membership comprises Executive level leads from commissioned services that are accountable for Safeguarding within their own organisations. This approach ensures all providers have ownership and commitment to driving forward the safeguarding priorities at a strategic level.

3.2 Named/Designated Forum

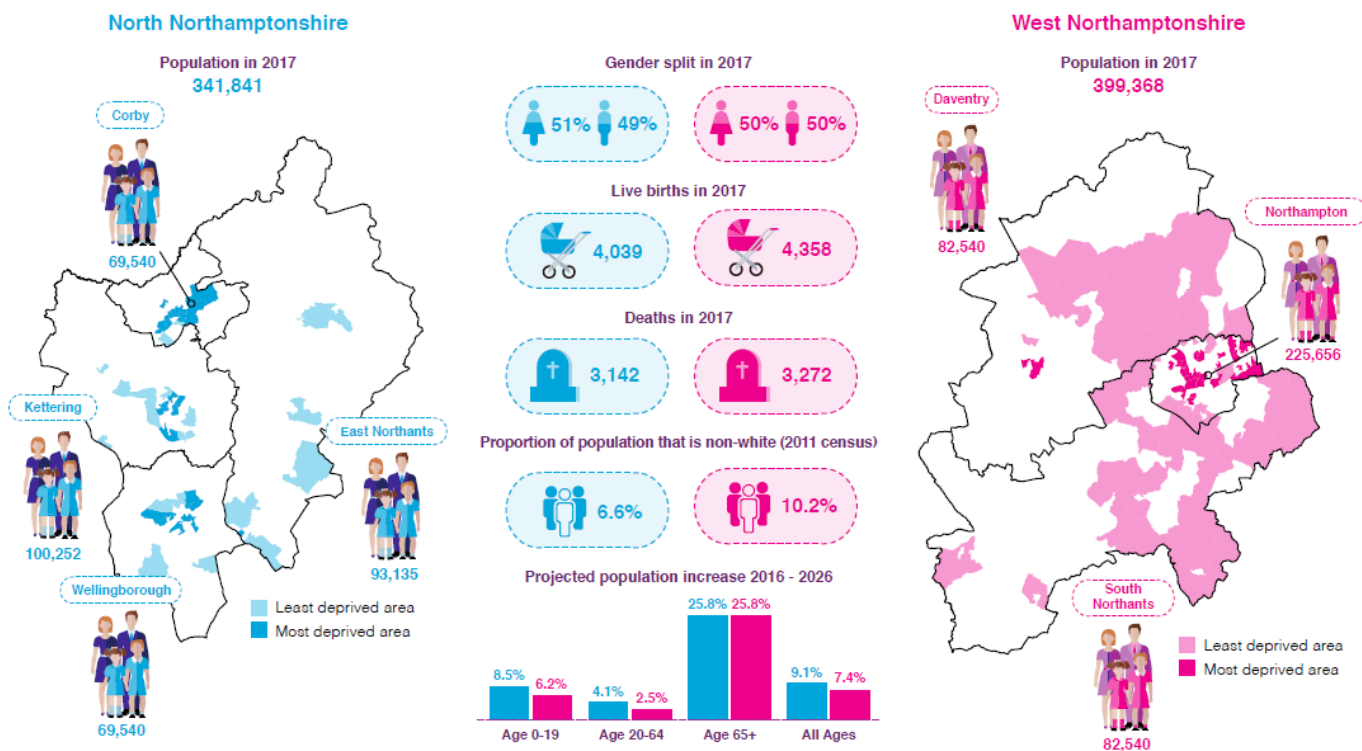
On an operational level, all Northamptonshire's Named and Designated safeguarding professionals meet on a monthly basis to agree and operationalise the action plans associated within this strategy and other national and local work streams. The Designated Nurses offer planned 1-1 and group supervision to the provider safeguarding leads, which further supports quality assurance and personal resilience in this challenging area of work.

All providers have in place their own governance structure within which safeguarding activity is reported. The Designated Nurses are members of the provider safeguarding assurance meetings.

4. Northamptonshire County Demographics

From April 2021 it is proposed that the County and seven District Local Authorities in Northamptonshire become two unitary local authorities. North Northamptonshire will include the districts of Corby, East Northamptonshire, Kettering and Wellingborough. West Northamptonshire will include the districts of Daventry, Northampton and South Northamptonshire. Figure 1 provides a snapshot of the demographics across the two proposed unitary areas.

Figure 1 Demographics across the two proposed unitary areas in Northamptonshire



Northamptonshire County Council (NCC) commissioned services were inspected by Ofsted from 8th February to 11th March 2016 and were rated as 'requires improvement to good'. The Northamptonshire Improvement Board was disbanded in September 2016 with some improvement. Further focused visit to Northamptonshire children's services were held on 24 April 2018 and 17 and 18 October 2018. The outcome from the inspections was that "services considered during this visit had significantly declined in the past two years since the single inspection in 2016". Following the publication of the last inspection a number of service improvement priorities were put into motion. These are currently monitored through a Children's Social Care Board which was established in January 2019 with representation from the wider partnership.

5. General Practice in Northamptonshire

Access to primary medical services in Northamptonshire is provided through 71 GP Practices, including branch surgeries there are a total of 96 locations where patients can access primary medical services.

Currently Corby CCG has full delegated commissioning responsibilities for their GP Practices, whereas Nene CCG is in joint commissioning arrangements with NHSE. The CCGs are exploring the option to Come together as one CCG from 1st April 2020. Following a vote on 23rd September 2019 where 74% of practices who voted approved the delegated vote, which includes the move towards transition with Corby CCG. NHS England still need to ratify the outcome of this vote.

In total there are 16 PCNs across Northamptonshire covering 100% of the population in the NHCP area as detailed below. The individual PCN populations range from 30,000 to 77,440.

The CCG team have developed an assurance framework so that GP practices can assess the effectiveness of their safeguarding processes. The aim is to encourage all practices to complete the assessment and share their results, so we can provide appropriate support. In October 2019 we will launch a safeguarding coding template for all SystemOne practices. In January 2020 we hope to start a pilot in Kettering to test ways of improving communication between GP practices and schools on issues of educational needs and safeguarding. We are continuing to work with partner agencies, MASH, MARAC, MAPPA and the police to make sure that safeguarding information can be shared in a timely manner, so as to protect children and adults at risk. The team provides a rolling programme five days of training for practice GP safeguarding leads every year covering all aspects of safeguarding.

6. Taking forward Safeguarding Priorities across Northamptonshire

As a system, we have adopted a “Think Family” approach to safeguarding and as such, we acknowledge that many of our priorities have a wider focus than just adults or children. Therefore the priorities outlined below, have not been categorised and represent our intention to work collaboratively across both adult and children’s workstreams:

Combined Adult & Children Safeguarding Priorities:

1. The outcomes for children in care are poorer than children in the general population. Our priorities for this vulnerable cohort see LAC Annual Report 2018/19.
<https://www.neneccg.nhs.uk/downloads/about-us/LAC%20Annual%20Report%202018-2019.pdf>
2. To ensure partners in health are aware of the thresholds for referral into children’s social care, and their responsibilities in regards to intervention at tiers two and three in particular Early Help Assessments (EHA) and targeted support.
3. Improving pre-birth risk assessments and information sharing.
4. Continuing to establish and embed the most effective management of the Multi Agency Safeguarding Hub (MASH): Ongoing work to establish a domestic abuse triage system within the MASH will ensure a faster more co-ordinated multi agency response to support children living in homes where there is

domestic abuse.

5. Child Sexual Exploitation (CSE), Gangs and County Lines, and knife crime are national priorities and will continue to be a local priority across all agencies.
6. The voice of the child: Audits repeatedly identify a lack of documented evidence to demonstrate that the child's views and wishes have influenced care plans.
7. Neglect, Lack of Professional Curiosity and Disguised Compliance: All re-occurring themes from Local and national SCRs.
8. Implementation and delivery of the Liberty Protection Safeguards (to replace DoLS from October 2020). This will have a significant impact on the CCG for continuing healthcare funded patients and for NHS provider Trusts.
9. *Mental Capacity Act (MCA)* case reviews have identified poor and inconsistent application of the MCA and DOL safeguards. Practice in this area must improve, particularly as NHS organisations are required to discharge duties under the Liberty Protection Safeguards.
10. To support the Chief Nurse in the development of effective quality assurance mechanisms for health funded adult healthcare placements within care homes and domiciliary settings
11. *Domestic Abuse*: increased awareness and recognition of potential Domestic Abuse - DHRs have identified inconsistent responses to concerns and disclosure of domestic abuse.
12. Self-Neglect, improving practice in relation to self-neglect including interface with MCA and the Adult Risk Management Process (ARM)
13. Making Safeguarding Personal (MSP) an operational and strategic goal and in doing so develop and maintain a safeguarding culture that focuses on personalised outcomes (MSP).
14. Support GPs to properly equip and develop competencies for their roles in safeguarding through access to robust development opportunities. Under the delegated function of the co-commissioning arrangements for Primary Care Services, ensure that that the GP services commissioned have effective safeguarding arrangements in place and are compliant with the MCA.
15. Contribute to strengthening partnership arrangements and responses to the safeguarding aspects of harm caused by gangs, county lines, cuckooing, etc. Modern Slavery etc. – merge with one above
16. Seek assurance from local Learning Disability and Autism inpatient service providers (commissioned by the CCG) regarding the quality of care being offered in response to the Whorlton Hall (Panorama 2019) abuse allegations.

7. Delivering the Strategy

Our safeguarding priorities will be delivered through a CCG safeguarding work plan; also through working alongside existing partnerships for both children and adult safeguarding. This will be monitored and reviewed by the CCG Safeguarding Team and reported through associated governance structures (as detailed in Appendix 1).

Key deliverables, outcome measures and timescales will be agreed against each priority, and a responsible lead identified. The work plan will develop and emerge over time to include additional activity as required through any review processes or changes to either local or national guidance or requirements. Some of the work plan activity will be developed and delivered in partnership with the Northamptonshire Adult Safeguarding Board and Children's Safeguarding Partnership and partner organisations. Progress on improved safeguarding quality and safety outcomes are also measured through specific contractual arrangements with provider organisations.

Safeguarding activity, risks and issues will continue to be reported to the CCGs Joint Quality Committee and from there to the CCGs Governing Body.

APPENDIX I Health Safeguarding Governance Structure

