NHS
Devon
Clinical Commissioning Group

Safeguarding Annual Report 2020/21

1 COVID-19 Response

1.1 Throughout this report period, the Safeguarding Team has responded dynamically to support providers and safeguarding partners in responding to the COVID-19 pandemic. The team

- gained assurance from providers business continuity plans
- held weekly meeting throughout April and May with provider safeguarding leads to gain assurance regarding safeguarding processes, discuss any issues, find solutions and share good practice, and for leads to gain support from each other and the designated teams.
- worked with safeguarding partners to gain assurance that vulnerable adults and children and their families continued to be safeguarded and implement solutions to improve COVID secure safeguarding practice.
- coordinated the planning of the safeguarding response required for the Nightingale Hospital Exeter
- continued to lead investigations into safeguarding concerns
- supported the CCG and wider health system in responding to COVID-19 including participation in the mass vaccination programme and providing assistance to other teams.

1.2 There has been a change in Executive Lead for Safeguarding within the CCG with the appointment of a new Chief Nurse. Throughout the period of change and with interim positions in post, there has remained a clear line of accountability for safeguarding and support to the safeguarding team from the Executive team.

2.0 Safeguarding Adults, Mental Capacity Act and Prevent

2.1 The Care Act 2014 placed adult safeguarding on a legal footing, setting out responsibilities across the health and social care economy. Adult safeguarding is the process of protecting adults with care and support needs from abuse or neglect. It is an important part of what many public services do, but the key responsibility is with local authorities in partnership with the police and the NHS.

2.2 The Safeguarding Adults Team consists of:
1.8 wte Designated Nurses for Safeguarding Adults.
1.8wte Safeguarding Adult Nurses.
1 wte MCA/DoLS Lead

2.3 The Safeguarding Adults Team ensure the statutory functions of the CCG's are met. They provide expert support to all NHS providers, linking with Named Nurses and Doctors, Adult Social Care Services, Safeguarding Adult Boards (SABs) and NHS England/Improvement.

2.4 The CCG's Executive Lead for Safeguarding is a statutory member of the Safeguarding Adult Partnerships (Plymouth, Torbay and Devon). Torbay SAB and Devon SAB combined into a single Torbay and Devon Safeguarding Adult Partnership and held its first meeting in December 2020.

2.5 The Designated Nurses are active members of the Partnerships subgroups and task and finish groups, with the CCG chairing the Torbay and Devon Learning and Improvement Subgroup. The sub- group published the joint Devon and Torbay Safeguarding Adult Training Strategy and has supported the Board in commissioning training.

2.6 One Safeguarding Adult Review was completed during 20/21. This review highlighted a need to provide clarity regarding the breadth of services to meet the mental health needs of those with Huntington's Disease. The CCG has developed a page on the CCG website signposting people to the services available.

2.7 The Designated Nurse is chair of the South West Safeguarding Adult Network. This network is a valuable forum for sharing best practice and considering regional issues and is well attended by named professionals across the southwest. Additionally, the Designated Nurse is the health representative at the South West Regional ADASS network meetings.

2.8 The Designated Nurses undertake safeguarding supervision with provider safeguarding leads and internally with Complex Care Team staff.

2.9 The Designated Nurse has supported the roll out of Health Education England online L3 safeguarding adult training and is a mentor for the course.

2.10 The CCG Mental Capacity Act and Deprivation of Liberty Lead Practitioner has continued to work with the MCA leads within NHS providers to respond to changing guidance around deprivation of liberty in hospital in the context of the pandemic and also to continue MCA improvement where this has been possible in the circumstances.

2.11 Additional support and advice has been provided to the third sector specifically around mental capacity, human rights, and government guidance for care home visiting as well as consent and best interest decision-making for the vaccination programme.

2.12 The Liberty Protection Safeguards are set to replace the Deprivation of Liberty Safeguards from April 2022. This means new responsibilities for hospitals and CCGs (subject to any legislative changes to CCG function with the introduction of Integrated Care Systems). Devon CCG is involved in regional and local system planning for LPS implementation.

2.13 The Counter Terrorism Act (2015) places a statutory duty on the NHS to have due regard to the need to prevent people from being drawn into terrorism. The CCG are active participants in the Devon & Cornwall CONTEST Board to implement the 2018 CONTEST Strategy and attend Channel Panels and Prevent Partnerships across Devon.

2.14 CCG progress against the Counter Terrorism Local Profile (CTLP) 2020 and the Home Office Prevent Toolkit for LA's and statutory partners was assessed and reported to the CCG Safeguarding Steering Group.

2.15 Basic awareness of Prevent is included in Level 1 face to face training and Workshops to Raise Awareness of Prevent (WRAP) continue to be delivered across the CCG for those matched to this level.

2.16 The CCG continues to lead the joint Devon, Plymouth and Torbay group implementing the multi-agency Prevent Training Strategy: the five tiers of prevent. The group will be developing methods of assurance to determine the effectiveness and impact of training.

2.17 SWOT Analysis:

Strengths	Weaknesses
Working with the Safety Systems Team, processes have been created that enable identification of safeguarding concerns through serious incident reporting mechanisms. The team worked closely with police and local authority colleagues to undertake an options appraisal that resulted in the recommendation to bring Devon and Torbay Safeguarding Adult Partnerships together. The impact of Covid 19 has generated opportunities for closer, more agile working relationships with statutory partners. Successfully inducted two new members - a designate nurse and a safeguarding adult nurse who have contributed to the development of a cohesive team.	Compliance with safeguarding adult L3 and above training has been impacted by reduced availability of face to face training across the partnerships. Heath Education England L3 training requires the development of a consolidation module for use within the CCG. The team had reduced capacity until November 2020 when a 0.8 safeguarding nurse vacancy was filled. This impacted on the team's capacity to meet the rise in safeguarding referrals as COVID-19 restrictions lifted and SAB meetings were reinstated. Case audits undertaken as part of the preparation for the cancelled DCC peer review, identified areas of weakness relating to partner agencies understanding of what constitutes a concern, and areas for improvement in relation to leading an enquiry. Torbay and Devon Safeguarding Adult Partnerships have created an action plan to address the areas of weakness. Identification and application to the Court of Protection of those requiring community DoLS authorisation remains a challenge across the system.
Opportunities	**Threats**
Further develop links with the CCG's commissioners and contract managers, ensuring safeguarding is embedded throughout the entire organisation. To develop a system wide approach for LPS implementation. Interpret ADASS guidance for health providers to ensure consistent approach across health and social care. The recent formation of Torbay and Devon Safeguarding Adult Partnership provides the	Liberty Protection Safeguards regulations and code of practice has not been published. Limiting ability to plan and implement the Act by April 2022. An anticipated increase in the number of safeguarding adult concerns, relating to self-neglect and organisational abuse as COVID19 restrictions are lifted, will impact the capacity of the safeguarding system to respond. This is in addition to an increase of the numbers of concerns raised in 2020 in comparison to the 2019.

opportunity to develop shared procedures and protocols across both local authority areas.	

3.0 Safeguarding Children

3.1 The Children Act 1989 & 2004 outlines a requirement for organisations to make arrangements to safeguard and promote the welfare of children. Working Together to Safeguard Children 2018 includes the need for senior management commitment and clear lines of accountability and specifies that commissioners must ensure they are effectively discharging their safeguarding responsibilities in their own organisation and in the services they commission.

3.2 The Designated Safeguarding Children Team have a key role in promoting good professional practice and providing advice, expertise and supervision across the health system. They provide expert advice to CCG commissioners to ensure there is due regard to the safeguarding of children through appropriate contracting of services.

3.3 The team consists of:
1wte Senior Designated Nurse.
2 wte Designated Nurses.
0.5wte Designated Doctor

Vacancy and impending retirement of the designated doctor has given an opportunity to review medical support to the safeguarding team and has led to the decision to recruit a GP to work alongside the designated doctors. Recruitment will commence April 2021.

3.4 The Designated professionals work across the 3 Local Authority areas within the CCG footprint, supporting the Local Safeguarding Children Partnerships through membership of the Partnership meetings and associated subgroups, including Child Safeguarding Practice Reviews (CSPRs) and Quality Assurance work.

3.5 There have been changes to the safeguarding partnership arrangements, with the disbanding of the Plymouth and Torbay Safeguarding Children Partnership back to separate Plymouth and Torbay Boards.

3.6 The team are also proactive in influencing and supporting health partners in commissioned services to ensure effective safeguarding across the area.

3.7 SWOT Analysis:

Strengths	Weaknesses
The team have worked effectively to maintain visibility and availability, providing expertise and support whilst forging new working relationships with the Executive	Methods to improve the dissemination of learning from Rapid Reviews and CSPRs to the provider networks and to commissioning teams are being explored.

Safeguarding Lead and whilst safeguarding partnerships arrangements were embedded. Increased levels of contact with providers throughout the pandemic have led to improved working relationships and have widened to included setting up an independent providers' network. This has enabled more robust oversight of safeguarding practice and support where improvements are required. The designated professionals have been engaged in 3 procurement processes which has demonstrated that safeguarding must be considered when commissioning services. Development of a tool to quality assure provider policies is nearing completion and will be shared across the south west region once completed. Virtual ways of working have improved the availability of the team of partnership meetings and enabled the team to access national designated networks for support and learning.	The expertise of designated professionals is not always considered and are therefore not effectively able to influence all points within the commissioning cycle. There have been improvements however this needs to be further embedded e.g. through Safeguarding Steering Group membership. Home working has negatively impacted on new members of the Team's ability to build relationships with colleagues across the CCG. Access to robust peer supervision for designated professionals is limited. Through the NHSE/I Designated Professionals Forum, a network is being developed that will enable the team to access supervision from peers across the country.
Opportunities Review of competences and job descriptions for designated professionals for safeguarding and looked after children has enabled a more diverse sharing of roles across the two disciplines. The return to office working will enable staff to access more team support and reduce isolation whilst maintaining some of the home working advantages.	**Threats** There is a national shortage of designated doctors and roles in neighbouring CCGs remain vacant which may make recruitment difficult.

4. Children in Care

4.1 Looked after children is the legal term used for children and young people under the care of the local authority. However young people have said that they find that term stigmatising and prefer the term child/ young person in care, therefore for the purposes of this report the term children in care (CIC) will be used.

4.2 Under the Children's Act 1989, CCGs have a duty to comply with requests from a local authority to help them provide support and services to meet physical and mental health needs for children and young people experiencing care or leaving care, this includes transition to adult services. To undertake this role effectively the team, work closely with providers and the local authority.

4.3 The CCG has a statutory responsibility to ensure that CIC have an initial health assessment and depending on age a six monthly or annual review health assessment. Services have been commissioned with our acute providers and community services to ensure this responsibility is met. In order to gain assurance that health assessments are undertaken and effectively meet the needs of our children and young people, the designated professionals for CIC meet regularly with commissioners, providers, and local authority, providing a robust forum to proactively seek solutions where challenges within the system are identified. The team report back by exception through the CCG Safeguarding Steering Group, Quality Assurance Committee as well as the Local Authority Corporate Parenting meetings.

4.4 Promoting the Health and Wellbeing of Looked After Children (2015) states CCGs are responsible commissioners for the health of CIC originating from their CCG footprint even when they are placed in another area. Quality standards are underpinned by the NICE guidance (PH28, QS31) with clear recommendations for the health and social care of CIC. The team notify receiving CCGs when a CIC moves from the NHS Devon CCG footprint, acknowledging our responsibility as outlined in 'Who pays' (2020).

4.5 CCGs have statutory responsibilities to employ designated professionals for CIC to provide expertise and leadership to the CCG, providers, and local authority. They are an integral part of procurement and monitoring of services that provide care and support for CIC and care leavers.

The CIC team consists of:
2.75 wte Designated Nurses.
5 PAs Designated Doctor.

There is vacancy in the Designated Doctor role. An advert for the vacancy is out at the current time.

4.6 CCG's are also responsible for ensuring that CIC's emotional and mental health needs are met through the commissioning of Child and Adolescent Mental Health Services (CAMHS). In addition to the commissioned core CAMH services, the CCG commissions individual mental health services for CIC from and within their own authority on behalf of the three LA's. The team are working with commissioners, providers and the LAs to reduce variation, with the aim of providing an equitable service across the whole system.

4.7 Supervision requirements are outlined within Promoting Health and Wellbeing of Looked after Children (2015) and the Intercollegiate Framework (2020). Named professionals in providers are offered regular supervision from a designated nurse or doctor depending on their speciality. The designated professionals also receive peer supervision from other designated colleagues across the South West.

4.8 The number of CIC in Devon and Plymouth has increased by 8% since last year, notably Torbay has had a reduction in the number of CIC. Since the start of the pandemic numbers across our local system have increased to 1622; this number fluctuates daily. Children and young people entering the care system require a stable permanent placement. The ability to identify an increasing number of appropriate placements is challenging for the health, social care, and education system. Local authorities are working with placement providers to ensure children, as far as possible are found placements locally. However, a third of CIC are placed outside of their originating LA's footprint. Many of these will be with neighbouring authorities within the South West, although some will be placed further afield including Wales and Scotland.

4.9 SWOT Analysis

Strengths	**Weaknesses**
Good relationships with our Named and Designated counterparts across the South West peninsula enables a system wide approach to delivering health services. It also enables the sharing of best practice, learning and reflection. Designated Nurses have worked closely with providers to ensure they were able to adapt and offer virtual health assessments in response to the Covid restrictions. In July the offer of face to face assessments were resumed across the footprint. CIC now have an option of a virtual or face to face appointment. Development of Level 3 CIC training. The team is actively responding to our children and young people's views and wishes by influencing the use of language across the whole system.	Succession planning for future designated professionals for CIC needs consideration. Initial Health Assessment data needs to be standardised so that analysis is comparable.

Opportunities	Threats
To develop a service specification for the Medical Advisor incorporating the Named Dr function. To work collaboratively to improve the transfer of care for children when they are placed out of area. Develop a procedure for GP practices to adopt, in line with their statutory responsibilities for CIC. To influence positive changes to the health system for children in care and care leavers within emerging ICS. Collaborative working with CCG children commissioners and providers will support CIC services development within the system.	8% rise in children coming into care in the last year creating a pressure on the system to provide safe and appropriate local placements. Current designated doctor vacancy

5. Safeguarding Primary Care

5.1 Working Together to Safeguard Children 2018 outlines the need for a Named Professional for Safeguarding in Primary Care.

5.2 The Primary Care Safeguarding Team (PCST) provide advice and supervision to primary care on all areas of safeguarding (children, adults, domestic abuse, prevent, MCA) and work with practices to improve safeguarding practice. They link with safeguarding leads in other health providers, social care services and NHS England/Improvement. They contribute to the work of the safeguarding adult boards (SABs), safeguarding children's partnerships and community safety partnerships.

5.3 The team consists of:
PA Named Doctor (new post - recruitment commenced)
1 wte Named Nurse
1.8 wte Primary Care Safeguarding Nurses

5.4 The PCST support general practices to contribute to investigations and case reviews, and support practices to embed learning from local or national case reviews into practice.

5.5 The PCST have established successful forums for the Safeguarding Lead GP's. These are held virtually on a quarterly basis.

5.6 SWOT Analysis

Strengths	Weaknesses
Positive working relationships with Practices across Devon Established communication strategy to raise awareness and improve safeguarding knowledge within primary care including: • quarterly virtual forums • a fortnightly safeguarding newsletter • training sessions Responsive service via generic email providing support and advice to practice staff. Successfully recruited and inducted two nurses to the team and recruited a GP to new Safeguarding Doctor post. Team is now at full capacity.	GP systems not up to date with current children subject to child protection plans. Awaiting a national solution (CPIS) to be rolled out by NHS Digital in 2022 and embedded into practice.
Opportunities	**Threats**
Ongoing connections for more integrated working with PCN's. Increased opportunities to work alongside wider CCG teams to support primary care safeguarding processes. Primary care engagement in learning reviews (adult, children, domestic homicide and LeDeR) enables identification of learning and opportunities to improve practice. Domestic Abuse and Sexual Violence Policy and toolkit for GP's. Virtual meetings create greater opportunity for practice staff to participate in safeguarding meetings. Development of a safeguarding audit will identify areas of strength and weakness in safeguarding practices. This will enable the team to target support and areas for development. This will be	Recovery from COVID and delivery of the vaccination programme is currently a priority for primary care and lessens their capacity to engage in safeguarding development work.

implemented at the end of 2021 when the current pressures of the vaccination programme have reduced on general practices.	

6 Domestic Abuse and Sexual Violence

6.1 Using STP Transformation monies, a Domestic Abuse and Sexual Violence (DASV) Lead was recruited in July on a fixed term contract until April 2022 to develop a DASV Strategy to

- Improve the CCG response to DASV including delivering a targeted training programme for CCG staff to equip them to support colleagues and direct reports, and to influence commissioning, quality assurance and HR functions of the CCG.
- Secure funding for a programme to support Primary Care DASV enquiry and support to patients.
- Improve the response to DASV by staff working in commissioned health providers including developing a business case to fund Heath Independent Domestic Violence Advocates (IDVA) within these settings.

6.2 There have been three Domestic Homicide Reviews completed with partners in 2020/21. They highlight the need to improve the ability of primary care staff to recognise and respond to DA. GP Safeguarding Leads have received domestic abuse training through the GP forums and the DA toolkit and policy will support their response further.

6.3 SWOT Analysis

Strengths	**Weaknesses**
DASV Strategy support gained from CCG Executives in December 2020 Funding secured for IRIS project for 2021/22 Health DASV group set up. Train the trainer programme delivered. Resources secured for Trusts to assist awareness raising. Active member of Community Safety Partnerships	Capacity of commissioning and finance teams to support commissioning DASV health services.
Opportunities	**Threats**
Working with multiagency partners in Devon to update DASV Strategy and Action Plan.	Time limited capacity of DASV Lead to complete implementation of CCG Strategy.

DA Bill due 2021. This will strengthen the statutory response to DA victims and their children.	