NHS
Devon
Clinical Commissioning Group

Safeguarding Annual Report 2021/22

1 Introduction

1.1 CCGs (clinical commissioning groups) are responsible in law for the safeguarding element of the services they commission. They also have statutory responsibilities to employ Designated Professionals to provide expertise and leadership to the CCG and local health economies to influence local thinking and practice and the capacity to do so. This responsibility will move to the Integrated Care Board (ICB).

1.2 The safeguarding team consist of a domestic abuse and sexual violence lead; a mental capacity act lead; designated nurses and doctors for safeguarding children and children in care; designated nurses for safeguarding adults; primary care safeguarding nurses and a named GP; and administrative staff.

1.3 The team gain assurance of the safeguarding element of the services NHS Devon commission through attendance at those providers safeguarding governance meetings, regular meetings with and supervision of provider safeguarding leads, and identification of both good and poor practice through the serious incident and case review processes (safeguarding adult reviews, domestic homicide reviews and child safeguarding practice reviews). The team also hold regular meetings with the safeguarding leads from the independent providers. This gives an opportunity to provide education, support, and advice.

1.4 The Chief Nurse is the Executive Lead for Safeguarding, and with the Deputy Chief Nursing Officer, Head of Safeguarding and the designated professionals, is an active member of the safeguarding partnerships that exist in Devon – 2 safeguarding adult partnerships, 3 safeguarding children's partnerships, 3 corporate parenting boards and 3 community safety partnerships and 1 domestic abuse board. The team also contribute to the various Partnership subgroups, ensuring effective interagency relationships with the local authorities, police and third sector organisations that enable robust system response to abuse and neglect, effective information sharing and a positive learning culture.

1.5 The CCG monitors safeguarding activity through the Safeguarding Steering Group. This group is a subgroup of the Quality Assurance Committee (QAC) and in January 2021, the terms of reference of the group were reviewed and agreed at QAC. Changes were made to the title, membership, and function to reflect the broader agenda for protecting vulnerable people which includes domestic abuse and sexual violence, LeDeR (Learning from learning disability and autism lives and deaths) and SEND (special educational needs and disability). The Safeguarding Steering Group regularly review training compliance and ensure polices are updated. All safeguarding polices are up to date.

1.6 Staffing throughout the year has been challenging. This has been due to sickness as well as secondment opportunities, retirement, and leaving for career progression. There have been 5 new starters, with 2 more due to start with the team in June and July 2022. This level of flux has placed

a strain on the remaining staff who have worked hard to maintain a high standard of service and they have shown commitment to maintaining their contribution to the multiagency safeguarding partnership arrangements.

1.7 The Designated Doctor for Safeguarding Children post has remained vacant throughout the year despite going out to advert several times. This has been captured on the risk register and is a recognised issue both regionally and nationally. As a mitigation, the designated nurse resource has been increased and medical expertise is provided by the Designated Doctors for Children in Care and the Named GPs are required.

1.8 The Mental Capacity Act Lead left in the summer and this gave an opportunity to review the resource and work streams in preparation for the anticipated changes to the Mental Capacity Act (MCA) Code of Practice, which includes guidance on the new Liberty Protection Safeguards (LPS) system. The CCG/ICB, along with local authorities and health providers will be a Responsible Body under the new arrangements. One of the Designated Nurses has become the MCA Lead and an MCA Practitioner has been appointed. This individual will work closely with the Continuing Health Care (CHC) Team to ensure that those individuals receiving CHC funding are appropriately safeguarded, and they will support preparation for LPS implementation. The implementation date for LPS has yet to be published.

1.9 A team development day held in October, went some way to enable the team to reconnect in person, re-establish our aims and goals as a team and share our experiences of the pandemic. The team continue to work from home and meet face to face for specific pieces of work as infection rates allow. A workshop, including provider safeguarding leads is planned for April to explore the opportunities that the Integrated Care System (ICS) offers for the way health services safeguard people in Devon.

2.0 Safeguarding Adults, Mental Capacity Act and Prevent

2.1 Three Safeguarding Adult Reviews (SAR) were completed during 21/22. Two of these were not published by the Safeguarding Adult Partnership due to the potential to cause distress to those involved and a third is awaiting the outcome of an inquest before publication. The team are also contributing to two SARS led by other local authorities where patients have been placed out of area. Learning from the one SAR has been disseminated to care home staff highlighting the need for early identification of and response to deteriorating patient health, and a second SAR has resulted in a learning brief for health and social care staff reiterating the importance in communication when a patient is discharged from hospital.

2.2 The Designated Nurse handed over chairing of the Southwest Safeguarding Adult Network in January 2022. This network is a valuable forum for sharing best practice and considering regional issues and is well attended by named professionals across the southwest.

2.3 The team have continued to support the COVID 19 vaccination program team. They have provided advice in relation to the Mental Capacity Act and adult safeguarding.

2.4 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 team are active participants in the Devon & Cornwall CONTEST Board and attend Channel Panels and Prevent Partnerships across Devon.

2.5 The Designate Nurse Safeguarding Adults has supported the Devon and Torbay Anti-Slavery partnership to develop a multiagency memorandum of understanding which will enable agencies to support individual victims of modern slavery within the Devon and Torbay. Further work will be undertaken next year with the Plymouth Anti-Slavery Partnership.

2.6 This year the Torbay and Devon Safeguarding Adult Partnership reviewed their governance structure and established a Performance, Quality and Assurance Subgroup. This is chaired by one of the Designate Nurse Safeguarding Adults. The MCA subgroup has been disbanded in the expectation that the MCA is incorporated into all areas of the Board work.

2.7 SWOT Analysis:

Strengths	**Weaknesses**
Closer working across the Nursing and Quality Directorate to provide a seamless approach to serious incidents. The safeguarding adult team have developed and rolled out Safeguarding Adult L3 part 2 training that provides the local context and complements the Health Education England L3 part 1package.	Reduced team capacity during the year has resulted in establishing a process of prioritisation by the remaining team members and a request for an extension of deadlines for some pieces of work. Identification and application to the Court of Protection of those requiring community DoLS (deprivation of liberty safeguards) authorisation remains a challenge across the system, however the team is working with providers to address this.
Opportunities	**Threats**
There is a new to establish regular contact with commissioners and contract managers to ensure the learning from SARs is embedded in the commissioning cycle. Further develop the CCG safeguarding intranet pages to provide a suite of safeguarding resources for staff. Continue to develop a system wide approach for LPS implementation. Continue to work with the senior leadership team, NHS England, and healthcare providers in develop an effective safeguarding structure across the ICS.	Liberty Protection Safeguards regulations and code of practice have not been published. This limits the ability to plan implementation of the Act across the ICS. The capacity of the safeguarding system to respond to the increase in the number of safeguarding adult concerns. There has been a rise in self-neglect and organisational abuse due to the impact of the pandemic.

3.0 Safeguarding Children

3.1 The Designated Safeguarding Children Team play 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.

3.2 The new Partnership arrangements are now fully embedded, and the team effectively support the new Rapid Review and Child Safeguarding Practice Review (CSPR) arrangements.

2021/22	Number	Themes
Rapid Reviews completed	11	Safe Sleeping Children educated at home Adolescent mental health & suicide Neglect Recognition of young carers Gang culture & exploitation Child sexual abuse & sexual exploitation
Rapid Reviews in progress	1	
CSPRs in progress	4	
Published CSPRs	3	

3.3 In addition to the cases listed above, there has been an increase in the number of cases where serious harm and completed suicide in young people have occurred but have not met the criteria for a Rapid Review. The learning from these cases has been identified through the statutory Child Death Review process and the Suicide Surveillance Group.

3.4 The Designated Nurses have provided safeguarding children expertise to NHSE/I Specialist Commissioning reviews of services where safeguarding concerns have arisen and been escalated.

3.5 SWOT Analysis:

Strengths	Weaknesses
Although there have been challenges in designated professional capacity, there has been continued commitment to the Partnership functions across Torbay, Plymouth and Devon. We have maintained visibility and contribution to the priority areas	Due to reduced team capacity, the ability to provide a consistent facilitator to deliver supervision and support has been impacted. There has been an increase in requests for supervision from teams across the CCG. A

of CDOP, Rapid Reviews, Child Safeguarding Practice Reviews and Quality Assurance. We are now firmly embedded in the Commissioning for Women & Children team meetings, with a regular safeguarding slot allowing two-way discussion, challenge and support. We have supported three procurement processes over the year.	Nursing & Quality Supervision Policy has been drafted and this will support the increase in need across the Directorate. Access to robust supervision for designated professionals remains a challenge. Reduced capacity has meant that forums at which supervision may have been accessed could not always be prioritised.
Opportunities There is an opportunity to explore different approaches to securing the expertise required for the Designated Dr role. Work is underway with the Head of Commissioning (Women & Children) to progress this. The ICS/ICB model, gives an opportunity for discussion with Provider Leads to improve the health contribution to Partnership working. Coming out of Covid restrictions, the hybrid way of working has given a renewed energy to workstreams and partnership working.	**Threats** There remains a national shortage of designated doctors and roles in neighbouring CCGs are vacant. This has continued to make recruitment to this role difficult. The vacancy is held as a risk on the Risk Register.

4. Children in Care

4.1 The CCG has a duty assist local authorities to provide support and services to meet the physical and mental health needs for children and young people experiencing care or leaving care. The team contribute to the Health Steering Groups for Children in Care (CIC) and Care Leavers (CL) that are now in place with two of the three LA's. The steering groups directly feed into the Corporate Parenting Boards.

4.2 The CCG has a statutory responsibility to ensure that CIC have an initial health assessment (IHA) and depending on age, a six monthly or annual review health assessment (RHA). Services have been commissioned with acute and community providers to ensure this responsibility is met. Monitoring of these services is undertaken by the Safeguarding Steering Group.

4.3 The Individual Package of Care Panel has extended its terms of reference to incorporate funding requests for CIC and CL. This has strengthened the governance arrangements for these ad hoc requests and provided assurance that the CCG is meeting its responsibilities.

4.4 Designated Doctors have given assurance that all the Medical Advisors across the CCG have been appropriately appointed in line with the statutory requirements.

4.5 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. The team notify receiving CCGs when a CIC moves outside of Devon.

Numbers of Torbay, Plymouth and Devon LA CIC placed outside of Devon (Data from notifications the LAs provide to the CCG March 2022)

Local Authority	**Number of Children**	**Number placed outside of Devon**	**Percentage**
Torbay	297	59	19.8%
Plymouth	504	144	28.5%
Devon	813	97	11.9%
Total	1614	300	18.5%

4.6 The team offer the named professionals in providers regular supervision. The Designated Professionals also receive peer supervision from other Designated colleagues across the Southwest.

4.7 SWOT Analysis**:**

Strengths	**Weaknesses**
Guidance for GP outlining statutory responsibilities for CIC was completed and rolled out. The commencement of the Care Leaver Nurse Research Project will identify the health needs of young people aged 17 and over and devise a transition pathway. Sensory awareness training for CIC nurses and foster carers across Devon will commence in 2022. Good relationships with our Named and Designated counterparts across the	All Health Assessment data needs to be standardised so that analysis is comparable across Devon. Development of Levels 1-3 CIC training for all CCG staff was paused due to the pandemic and staffing resources.

Southwest enables a system wide approach to delivering health services and the sharing of best practice, learning and reflection.	
Opportunities To influence positive changes to the health system for children in care and care leavers within emerging ICS. Develop a CCG apprenticeships offer for Care Leavers. Frequent delays in transferring health care to a new provider when a child moves placements, can mean that children have an unintentional break in their care. Priority for 2022/23 is to strengthen processes that prevent children having unnecessary waits.	**Threats** Capacity of the health service to meet the needs of the 1600 children in care. Current Designated Nurse vacancy until June 2022.

5. Safeguarding Primary Care

5.1 The Primary Care Safeguarding Team (PCST) provide leadership, advice and support to ensure there are robust and effective safeguarding arrangements in place across Devon general practices.

5.2 The PCST are active members of the safeguarding adult and children's partnerships and sit on several subgroups and task and finish groups to support the work of the Partnerships.

5.3 The PCST support, liaise and facilitate the contribution from General Practices for the investigation of serious incidents in safeguarding including CSPR, SAR and DHR. They disseminate learning from these review processes and support Practices to embed learning into practice.

5.4 The PCST have established successful GP fora for Safeguarding Lead GPs. These are delivered virtually across Devon on a quarterly basis. The PCST have delivered a variety of topics in 2021 including S42 enquiries, self-neglect. MCA, sentinel injuries and accessing early help for families. These fora also provide invaluable peer supervision for the Safeguarding Leads.

5.5 PCST produce monthly newsletters for GPs. These have included links to webinars and other training resources, as well as briefings on the learning from reviews, safeguarding partnership activity, and information relating to new protocols and policies.

5.6 PCST have recently facilitated a new forum to strengthen the communication between Public Health Nurses and General Practice. This is still in its infancy and will be evaluated after a period.

5.7 SWOT Analysis:

Strengths	Weaknesses
Good attendance at GP forums and training sessions despite ongoing pressures from COVID Good relationships with GP's who regularly access the PCST team for support with safeguarding issues. The team has been strengthened by the addition of a Named GP.	Several changes in staff (retirement, career progression and secondment) have impacted on continuity of work this year. Support is provided by the wider safeguarding team.
Opportunities	**Threats**
Transformation into an ICS gives an opportunity to review the function of the PCST. With the right resources, the PCST could deliver a high-quality level of support to Primary Care Networks (PCN). This in turn will improve outcomes for both adults and children.	Issues in the recruitment and retention of GPs across Devon continues to be problematic.

6 Domestic Abuse and Sexual Violence

6.1 In 2020 NHS Devon Domestic Abuse and Sexual Violence (DASV) Strategy was approved. Good progress has been made to meet the recommendations of the strategy.

6.2 Independent Domestic Violence Adviser (IDVA) provision has been increased or core funded in 5 of Devon's NHS providers. The DASV Lead will continue to work with providers to secure sustainable funding for IDVA posts beyond the initial grant periods.

Provider	DASV Resource
RDE	Full time, permanent IDVA

NDHT	Full time, permanent IDVA
UHP	Full time IDVA grant funded for 1 year
TSDFT	Full time IDVA funded by Trust as a pilot for 1 year
DPT	3 Full time IDVAs grant funded for 1 year

6.3 Providers have been supported to respond to DASV. Several resources have been purchased to support providers with awareness raising and a train the trainer course was commissioned to upskill safeguarding trainers in provider organisations.

6.4 A business case was written outlining the case for commissioning for an Interpersonal Trauma Response Service for General Practice. This was agreed and the commissioning is progressing. 140 stakeholders signed up to the launch event in February. A second event for potential providers was held in March. The CCG is investing £1.7 million over 5 years in training GP teams and providing support to patients and staff affected by interpersonal trauma.

6.5 GP teams across Devon have been provided with an exemplar DASV policy, good practice prompt lanyards, toilet door stickers advertising DASV services and a webinar on responding to domestic abuse in general practice.

6.6 We have provided our independent providers with an exemplar DASV policy and the opportunity to participate in an online DASV practice development session.

6.7 We have created an induction toolkit to assist health representatives attending the multiagency risk assessment conferences for high risk victims of domestic abuse (MARAC). Torbay have adopted and amended the toolkit for other partner agencies to use.

6.8 We have developed a workstream on inequalities. In respect of LGBT+ people, we worked with Galop the national LGBT+ anti-violence charity and Intercom our local LGBT+ specialist service to surface the barriers faced by LGBT+ people experiencing abuse. This work culminated in a successful grant bid which has paid for an LGBT+ IDVA in Devon and a second in Cornwall.

6.9 In respect of minoritized ethnic groups, we have worked with a local specialist facilitator, Black and minority ethnic organisations and DASV organisations to form a group which is looking at gaps, needs and improvements across the system.

6.10 At the national level, the CCG DASV role has been championed in Parliament. A tabled amendment to the Health and Care Bill (**NC5**) proposed every ICS create a specific DASV Lead post to mirror that of Devon. The national Designate Domestic Abuse Commissioner published a blog by the DASV Lead about the steps we're taking in Devon to improve the health response to domestic abuse.

6.11 The DASV Lead gave a presentation to the Safeguarding Adults National Network and has shared resources with 18 Trusts and CCGs who have asked to learn from the work in Devon. These resources have also been shared via NHS Futures Platform.

6.12 The CCG DASV Lead is a member of the London Domestic Abuse and Health Coordinators network, sharing practice from Devon with London colleagues.

6.13 Following our collaboration with partners, Kernow CCG, Cornwall Council, Devon County Council, Torbay Council, Plymouth City Council and the Office of the Police and Crime Commissioner (OPCC) through the Whole System for Whole People programme, Devon and Cornwall were selected to be NHS England's first sexual violence trauma pathfinder site. This has brought nearly £1million of additional funding over three years. We will use this to improve pathways for adults experiencing sexual violence, encourage the establishment of trauma-informed systems and build an evidence base to inform new approaches that can be adopted elsewhere.

6.14 The DASV Lead has supported partners with several bids and commissioning processes for domestic abuse and sexual violence services. The CCG is represented at DASV forums within the three local authorities, at the MARAC steering groups, at the sexual violence commissioners board, at EOS, the Peninsular wide commissioners' group and on domestic homicide review (DHR) panels.

6.15 A group of CCG staff have stepped forward to be DASV Champions within the organisation. They will receive training in the coming months and will act as a resource to colleagues affected by DASV or who want to seek advice on supporting someone they know.

6.16 The team has supported 9 DHR this year.

6.17 SWOT Analysis:

Strengths	**Weaknesses**
Good spread of IDVA resource across the ICS Commissioning of Primary Care Interpersonal Trauma Response Service commenced. Sexual Violence Trauma Pathfinder funding Resources developed to support provider response to DASV. Growing inequalities workstream Our visibility at a national level High levels of collaboration with our partners across the County	Working across three local authorities with varying DASV forum structures can be resource intensive. Domestic Homicide Review processes are slow, undermining the timely implementation of lessons learned. Our fund for supporting roll out of the DASV strategy has ended with no alternative source of funding identified.

Good levels of representation at relevant forums.	
Opportunities Refreshing the DASV strategy with a focus on making trauma a focus for providers. Improve our mental health offer to survivors through our involvement with the Sexual Violence Trauma Pathfinder.	**Threats** DASV lead post not funded beyond end of May. IDVA provision not sustainably funded by all Trusts.