

Safeguarding Annual Report

April 2023 – March 2024

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Introduction

This report outlines the range of activities and developments that the safeguarding team have driven in designing and delivering effective safeguarding arrangements across the Integrated Care Board (ICB).

The report provides assurance to the Board and members of the public that the ICB has fulfilled its statutory responsibilities to safeguard the welfare of children, adults and those children looked after or leaving care.

The ICB will continue to promote a culture where the voices of children and adults are heard, with partnership working at the heart of everything we do. The ICB Safeguarding Team has maintained full representation within partnership arrangements to fulfil its commissioning and statutory safeguarding responsibilities.

This is the second safeguarding annual report of NHS Lancashire and South Cumbria Integrated Care Board (to be referred to hereafter as the ICB). This report outlines the range of activities delivered by the ICB to ensure effective safeguarding arrangements in its role as a commissioner of health services, safeguarding partner and as an employer throughout the reporting period of 2023-24.

The ICB has statutory responsibility for safeguarding roles and functions in accordance with the NHS Accountability and Assurance Framework (2019), Children and Social Work Act (2017), Working Together to Safeguard Children (2023), Promoting the Health and Well-being of Looked After Children (2015) and the Care Act (2014).

It remains the responsibility of every NHS-funded organisation and each individual healthcare professional working in the NHS to ensure that the principles and duties of safeguarding adults and children are holistically, consistently and conscientiously applied, with the wellbeing of those adults and children at the heart of what we do. For adult safeguarding, this also needs to respect the autonomy of adults and the need for empowerment of individual decision making, in keeping with the Mental Capacity Act (2005) and its Code of Practice.

The ICB has a responsibility for ensuring it effectively discharges statutory safeguarding duties including gaining assurance from the organisations which it commissions services have effective safeguarding arrangements in place. Within the ICB the CEO holds overall accountability for safeguarding arrangements, this is delegated to the Chief Nursing Officer, under whom a safeguarding structure is in place to ensure safe discharge.

Due to the geographical footprint, the ICB is a safeguarding partner in the Cumbria, Lancashire, Blackburn with Darwen and Blackpool arrangements, as well as contributing to partnership arrangements for those adults, children and families living on the borders.



ICB Vision and Priorities

The Vision for Safeguarding is to:

- ✓ Protect and safeguard
- ✓ Enable and empower
- ✓ Addressing causes of the cause
- ✓ Address health inequalities
- ✓ Deliver equity of access to high quality, evidence-based services
- ✓ Work in partnership to improve public health outcomes

Our Vision is kept alive and real every moment we ‘visualise’ the day in the life of a child, young person, or vulnerable adult

The safeguarding priorities are built around the voice of child, young person and vulnerable adult, statutory duties, duty in partnership and duty to co-operate.

Statutory Priorities	Partnership Duty	Responsiveness	Duty to Co-operate
<ul style="list-style-type: none"> • Assurance, Effectiveness & Scrutiny, services commissioned or delivering in geographical area • Risks outside the Home- Children and Adult Exploitation, FGM, Modern Slavery • Neglect • PREVENT • Digital & Data Programmes, Health Care Record, Child Protection Information Systems • Mental Capacity/Deprivation of Liberties/Liberty Protection Safeguards • Health Partnerships, collaboration, connectivity, training & workforce • System Improvements Learning and Death reviews • Corporate Parenting duties- Children in Care and Care Leavers 	<ul style="list-style-type: none"> • Equal partners in Children’s Safeguarding Partnerships • Equal partner Child Death Review process • Care Act – Adults Safeguarding Boards • Responsible Body for MCA Amendment Act 	<ul style="list-style-type: none"> • Voice of the CYP and vulnerable individuals • Resilience and health and wellbeing of our workforce • Workforce development, opportunities • Trauma informed Lancashire and south Cumbria 	<ul style="list-style-type: none"> • Serious Violence Duty • Domestic Abuse Act

Progress against 2023-2024 priorities

The annual report of 2023-2024 outlined 14 mid to long term priorities, the majority of which have been progressed. The table below outlines the priorities and the status at year end.

Priority	Fully achieved	Partially Achieved	Not achieved	24/25 priority
Publish a Safeguarding Strategy and a Children in Care and Care Leavers Strategy that will set out our strategic objectives and more importantly how we will evidence the impact of our programmes of work		X		Y
Work with our partners to support a review of the effectiveness of our partnership arrangements across Pan Lancashire and South Cumbria as we journey through transition and Local Government Reform		X		Y
Continue with active leadership and engagement in developing our response to the Serious Violence Duty, including a commitment to a trauma informed workforce and partnership delivery model and continue to strengthen a partnership response to serious violence		X		BAU
Drive forward our pledge to embed trauma informed practice across our organisations		X		BAU
Continue to strengthen our partnership response to domestic abuse		X		BAU
Ensure robust MCA implementation and readiness for LPS implementation			X	N
Reduce the risk of resident harm and restrictive practice in care settings through a partnership approach to strengthen risk assessment and care planning	X			N
Review our response to child deaths to ensure we are consistent across Lancashire and South Cumbria and compliant with best practice and statutory guidance			X	Y
Work with NHS Digital to implement CP-IS Phase 2 with our move towards a single shared care record across Lancashire and South Cumbria		X		Y
Work with our partners to ensure we have a consistent and effective response to neglect including the use of assessment tools to support practice		X		BAU
Work with NHSE to ensure robust safeguarding support is in place through the delegation of Dental, Optometry and Pharmacy services to the ICB in 2023			X	Y
Review of the ICB commissioned health enhanced safeguarding services to ensure consistency across our system and ensure resources are targeted to support those most vulnerable		X		Y
Implement learning and actions from inspections and reviews and strengthen evidence of impact		X		BAU
Continue to respond to new and changing legislation		X		BAU

ICB Safeguarding Governance and Reporting Structure

Over the last 12 months the ICB has continued to progress and strengthen safeguarding governance and reporting arrangements. The chart below demonstrates the reporting and assurance structures in place within the ICB; quality committee received quarterly updates in relation to the safeguarding position (including children in care) via a dashboard outlining risks, mitigation, emerging themes and escalations. The committee also received reports in relation to strategy, regulatory activity and outcomes, benchmarking against national reports and findings.

ICB Safeguarding Governance Structure



ICB Safeguarding Accountability

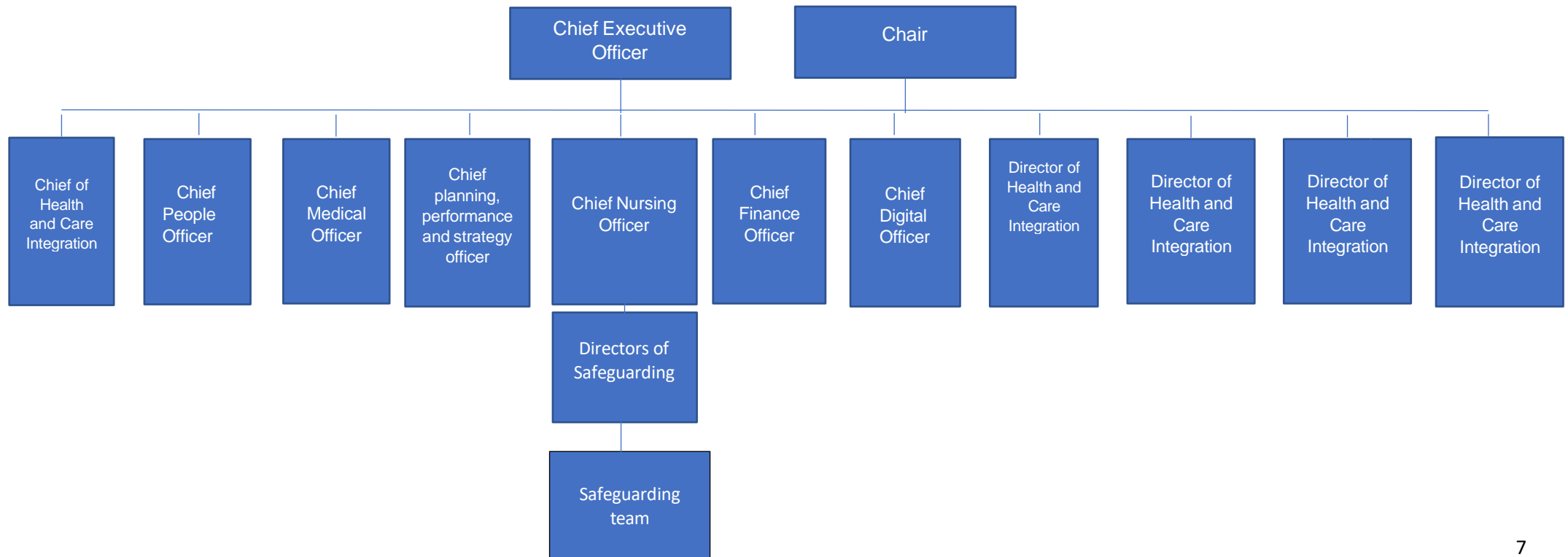
Accountability

The Chief Executive Officer (CEO) is accountable for Safeguarding within the ICB, delivery, discharge and assurance of statutory safeguarding duties is delegated to Chief Nursing Officer (CNO) within the ICB structure. As published in Working Together to Safeguard Children (2023) the CEO role is identified as the Lead Safeguarding Partner (LSP) and the CNO has been named as the Delegated Safeguarding Partner (DSP).

A safeguarding team is situated within the Chief Nursing Officers portfolio and is led by the Director of Safeguarding. The ICB model incorporates the statutory safeguarding roles of Designated and Named Professionals and a complimentary skill mix team.

The safeguarding team has a responsibility to ensure the safe discharge of safeguarding duties within the ICB, assurance of compliance with National Safeguarding Standards by the ICB itself and from those organisations from whom services are commissioned.

LSC ICB Safeguarding Reporting Structure



The ICB is a statutory partner of the Safeguarding Adults Boards, Childrens Partnerships and Corporate Parenting Boards and has a duty to actively engage in decision making and delivery of safeguarding priorities to the residents within the ICB footprint.

A review of the pan-Lancashire children and adults safeguarding arrangements resulted in individual place-based boards being established in September 2023, namely (for children) Blackburn with Darwen Children’s Safeguarding Assurance Partnership, Blackpool Children’s Safeguarding Assurance Partnership and Lancashire Children’s Safeguarding Assurance Partnership.

Each new Safeguarding Partnership has reviewed their priorities to develop the governance structure and are working on developing local strategy and workplans.

Throughout the year full representation has been maintained within the safeguarding partnership arrangements for adults and children and any associated subgroup meetings, to fulfil its commissioning and statutory safeguarding responsibilities. Appropriate arrangements with surrounding border partnerships remain in place.

The ICB has provided quarterly submissions to provide assurance against its safeguarding duties, via the Safeguarding Commissioning Assurance Toolkit (S-CAT), Children in Care Health Assessments Dataset and responses to Section 11 audit request from Safeguarding Children Partnership. With the exception of the Children in Care health assessments and MCA and CoP progression, which are identified on the corporate risk register, there are no other significant risks identified and mitigations are in place. Appropriate mitigations are in place and endorsed by the Quality Committee. The ICB has conducted a full review of commissioned services for Children in Care and an options appraisal has been presented and ratified.

The ICB continues to strive towards ensuring staff have the required competencies to carry out their responsibilities through a culture of learning across the system. There has continued to be regular information sharing with health providers and Primary Care including key safeguarding messages, campaign material, lessons learnt and useful documents and tools to support practice. A system wide safeguarding learning forum is now in place to strengthen learning and behaviour change. The table below outlines the ICB staff training position as end of March 24.

Competency	Match
NHS CSTF Preventing Radicalisation - Basic Prevent Awareness - 3 Years	84.48%
NHS CSTF Preventing Radicalisation - Prevent Awareness - 3 Years	100.00%
NHS CSTF Safeguarding Adults - Level 1 - 3 Years	79.71%
NHS CSTF Safeguarding Adults - Level 2 - 3 Years	100.00%
NHS CSTF Safeguarding Adults (Version 2) - Level 3 - 3 Years	50.00%
NHS CSTF Safeguarding Children - Level 1 - 3 Years	78.66%
NHS CSTF Safeguarding Children - Level 2 - 3 Years	86.15%
NHS CSTF Safeguarding Children - Level 3 - 3 Years	46.15%
	79.07%

ICB Assurance of Commissioned Services 2023-24

The ICB has a responsibility to assure itself that the services from which it commissions activity under an NHS Contract have the highest standards of safeguarding and Mental Capacity Practice (MCA) in delivery of children, young people, adult and family health services.

An annual Safeguarding Assurance Framework audit return into Lancashire and South Cumbria ICB is an NHS contractual requirement in the form of a provider self-assessed compliance position for each service.

The ICB commissions services from six large provider organisations, all of whom have complied with statutory safeguarding submissions. No major risks have been identified and where compliance has not been fully achieved action plans are in place and being monitored via ICB and organisational governance process.

An audit sampling approach to the analysis of the audit returns for contract year 23/24 (up to 31st March 2024) has been completed for each of the three areas of commissioned service Primary Care GP services, Regulated Care Nursing and Domiciliary Care Services and ICB other commissioned NHS services. The findings are used to inform contracted services compliance position, inform future ICB Safeguarding and MCA development, including training activity and support to the system to improve practice.

Compliance Position

The table below shows the SAF returns and review figures contract year 2023 to 2024

Provider Group	Number of SAF's sent	Number of SAF's returned	Number of SAF's randomly selected for review	Number of SAF's purposefully reviewed	Total number of SAF's reviewed
Regulated Care	294	90	21	16	37
Domiciliary Care	178	49	10	7	17
Independent Contractors	147	87	15	18 including large contracts	33
Primary Care	206	145	24	27	54
Main NHS Provider Trusts	6	6	0	6	6

Several key themes have been identified as part of the process which will inform future learning and development for 2024/25.

The planning process for the 24/25 SAF audit is active with a stronger focus on bespoke assurance framework processes for the five distinct areas of commissioned services which reflects the ICBs responsibilities under the NHS Accountability and Assurance Framework.

System: Emerging Risks

It has been identified that there is a wide variation in terms of ICB commissioned health resource into the LA based multi-agency safeguarding hubs (MASH) which impacts on outcomes for children. A review of the health resource into the MASH's has commenced and it is anticipated that the findings and recommendations will influence future health and partnership modelling going forward.

The 0-19 services have been recommissioned resulting in a new provider. Whilst commissioned by Public Health these services are critical in supporting children and their families effectively. The ICB safeguarding team have supported the transition journey in respect of safeguarding and will continue to support as needed.

Transfer of adult community services between two acute provider organisations. This transfer of services will be completed in the next reporting year. As part of the due diligence process the ICB safeguarding team have provided safeguarding advice to the commissioning team, and both providers to support the safe transfer of services.

There has been an increase in activity of a 'person in a position of trust (PIPOT) reported throughout the year. The ICB is working closely with NHSE and the health system to improve policies, procedures and the reporting framework to improve oversight and assurance and identify themes and trends.

Child Death Overview Process

The Children Act 2004 requires ICBs and Local Authorities (child death review partners) to make local arrangements to undertake statutory child death review processes. As part of these arrangements the ICB commissions a Sudden and Unexpected Death in Childhood (SUDC) Nurse Service which ensures a co-ordinated multi-agency response to unexpected deaths in childhood across pan-Lancashire. In addition, there are two Child Death Overview Panels (CDOPs) across the ICB that reviews all child deaths up to the age of 18 years.

Sudden and Unexpected Deaths in Childhood (SUDC)	
There has been a total of 51 sudden child deaths this reporting year. Accidental deaths have been higher than previous years; noting there has been a higher number of road traffic incidents / collisions with no identified pattern. There are 20% higher deaths relating to boys than girls which reflects national data.	
CDOP	SUDC Service

<p>Strengthened assurance activity as part of a two-year cycle of audit, thematic reviews to support continuous improvements relating to the child death process.</p> <p>Pathways have been introduced for Lancashire regarding Whole Genome Sequencing in SIDS and SUDC, in cases where no cause of death has been found following an unexplained death in infancy and in childhood. Work is being undertaken for this to be extended across the ICB.</p> <p>A greater understanding of the Medical Examiner role has been achieved. Work is underway to strengthen connectivity with the Quality / Governance Teams across Acute Organisations to ensure that any reviews relating to child deaths are shared in a timely manner.</p>	<p>The SUDC Service has re-commenced a seven-day service following ICB investment to support a more robust staffing structure. This supports a both a consistent health response from the outset and support to families.</p> <p>The first National SUDC Awareness Day has been launched on the 18 March and will take place every year.</p>
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By working collaboratively across the partnership to reduce child deaths activity has included:

- ✓ Revision of the Pan-Lancashire Safer Sleep Guidance by the Safer Sleep Group; to be adopted by Cumbria CDOP to support a consistent approach across Lancashire & South Cumbria
- ✓ SUDC bespoke training provided to various teams / professionals
- ✓ Awareness raising of unsafe sleep products, working with trading standards has led to five items being banned
- ✓ The ICB's Early Years Project included the development of a trauma informed approach to safer sleep risk assessment with an implementation pilot underway
- ✓ The development of a 7-minute briefing and awareness raising regarding information and notification processes relating to deaths overseas of children normally resident in England
- ✓ Responding to recommendations from NCMD reports and raising awareness across Strategic Boards

Listening to Children, Young People and Adults

Capturing the voices of children, young people and adults remains an area of development for the ICB, however through the safeguarding partnerships and boards the team are connected to many opportunities to listen and understand the voice and the impact of our services.

There is a continued focus of incorporating the child's lived experience into safeguarding practice across Lancashire & South Cumbria with examples of direct work being undertaken with local children and families to inform priorities and workplans. The safeguarding team have worked in collaboration with the ICB's Children & Young People's team to promote the children's rights agenda and Lundy Model (2007) across the ICB. A children's rights-based approach to participation (Article 12; UNCRC, 1989) is a strategic priority for the ICB and all Safeguarding Children Partnerships with a variety of models being adopted. The Lundy model has been incorporated into TOR for subgroups of the partnership boards and into the audit and scrutiny process. Funding has been sought through the partnership to develop a training resource for professionals. Going forward the training will be incorporated into the ICB's staff induction, multi-agency safeguarding training and shared as good practice across region.

The ICB has worked in collaboration with Lancashire Violence Reduction Network and the Hope Collective to facilitate a local Hope Hack [Hope Collective \(hopecollectiveuk.org\)](https://hopecollectiveuk.org) to capture the voice of local children and young people (15-25 years) around their lived experience and hopes for the future. Themes identified have been shared with Strategic Boards to inform priorities for 2024-25.

The voices of children who have participated has been captured in a report and an example is shown below:

Chloe *"I enjoyed feeling heard. The people we worked with were so kind and genuinely cared about what we had to say."*

Examples of Adult Voices

The ICB have moved to better integrate the voice of adults using case studies through existing governance arrangements i.e. Safeguarding Assurance Group and Place Based Assurance meetings. Families have also presented their journey at the Adults Board to share the impact of service delivery and where services have failed to safeguard effectively. Wider ICB comms have also been connected into Safeguarding Adult Board workstreams to support the delivery of key messages and ensure wider engagement with our population from a health system perspective.

Examples of Children in Care and Care Leavers Voices

The ICB Communication and Engagement team in conjunction with the Designated Nurses for CiC and CL have led on co-production with children and young people in care and children's social care to develop a singular approach for the provision of their care leaver health summaries. Young people have created artwork for inclusion in the care leaver health summary which they have decided should now be referred to as "my health summary".

The 'Our Voice' service to support CiC was launched in the East of Lancashire and Blackburn with Darwen as part of a one-year pilot. The pilot was fully co-produced with CiC to enable them to access intermediary emotional health and well-being support when CAMHS services are not required. CiC involved in the pilot and have accessed services provided within the pilot have supported the evaluation of the pilot.

The CiC and CL ICB dedicated dental pathway was launched in March 2023. Feedback has been obtained from CiC and CL and key stakeholders regarding their experiences of accessing the pathway and how this had impacted on their oral health.

"It's great. I had 3 fillings, and I don't have toothache anymore"

“I have improved confidence and have less pain “

At every opportunity the children, young people’s, care leavers and adult’s voices are heard at and within ICB, partnership meetings and professional networks.

Safeguarding Children, Children in Care and Care Leavers

The table below depicts the child population resident (or originally resident) within the ICB footprint and in receipt of statutory services; in addition, the ICB has responsibility to ensure services for approximately 1839 children placed in the area by other Local Authorities.

Area	Lancashire	BWD	Blackpool	Westmorland & Furness	England	NW
Population 0-17yrs	253,473	40,000	28,229	39,200		
CP Plans	658	224	273	223		
Rate per 10, 000	26	56	96.7	56.9	43.2	49.1
CIN	1227	406	1775	359		
Rate per 10, 000	48.4	101.5	628.8	91.6	89.9	95.1
CIC	1758	343	524	245		
Rate per 10, 000	69.4	86	186	63	71	96

The table highlights the total number of children subject to Child Protection (CP) plans and Child in Need (CIN) across the Lancashire and South Cumbria. Across the ICB footprint both Lancashire and Blackpool have seen a reduction in children subject to a CP plan within the reporting year. However, whilst children subject to a CP plan in Blackpool are significantly lower than the previous reporting year, numbers remain approximately double the North-West and England rate which is an indication of the deprivation and complexity within the area. Both South Cumbria and BwD have seen an increasing trend; targeted work has taken place on threshold application to ensure children are supported at the right level, which is understood to have contributed to the rise. This will be monitored, and multi-agency threshold training and audits are planned. Audits have been conducted by the Designated Nurses in those areas to understand the health application of thresholds.

With the exception of BwD the number of Children subject to Child in Need (CIN) plans have reduced. This has been attributed to improvements within the Early Help offer, family hub and family safeguarding model and the improved identification of children and young people in need of help and support. Blackpool continue to have the highest rate for CIN which reflects the level of need. However, numbers have reduced since March 2023 and local families are supported by three family hubs who offer support services activities / events. It is of note Blackpool Child in Need numbers also include Children in Care, Care Leavers and those subject to a CP plan.

Nationally the number of children in care (CiC) has continued to increase steadily over the last 12 years. The latest published National data (March 2023) shows that there were 83,840 children in the care of local authorities, this is an increase of 2% on the previous year. The number of children in care within the ICB footprint has followed this trend.

The table highlights the Local Authorities in Lancashire and South Cumbria, in comparison to the National average, have above average numbers of children in care at a rate per 10,000 population. The total number of CiC for who L&SC ICB have statutory and corporate parenting responsibilities is approximately 4538 and 1397 Care Leavers (CL), inclusive of children placed in Lancashire and South Cumbria from out of area local authorities.

The ICB statutory duties in relation to Children in Care and care leavers include:

- the timely and effective delivery of health services
- co-operate with requests from Local Authorities to undertake health assessments
- commission effective and sufficient services that provide co-ordinated and child centred care for CiC and CL
- a duty to co-operate with Local Authorities under Corporate Parenting responsibilities.

The ICB have developed a Children in Care and Care Leavers strategy which has been ratified and published during the reporting period. The strategy encompasses the ICB statutory functions and responsibilities. A delivery plan accompanies the strategy.

The ICB are responsible for the commissioning for completion of the statutory health assessments for CiC. Across L&SC, system compliance with the required performance targets for the completion of timely initial and review health assessments has not been achieved and has been impacted by:

- Demand and workforce capacity
- Independencies with Local Authorities and delays in requests for health assessments
- Placement stability, care planning arrangements
- Child refusal, child in crisis or child not brought
- Access to interpreters for Unaccompanied Asylum-Seeking Children (UASC)

Appropriate mitigations are in place as part of a system approach with Local Authorities and Health to support improved performance. These include:

- Access to local authority electronic records (improve consistency)

- Skill mix model (Initial health assessments)
- Training for foster carers/local authority workforce
- Engagement pathway - virtual offer, use of technology
- Flexible/adapted delivery to meet service and CiC requirements
- Development of health/local authority shared procedures for completion of initial and review health assessments
- ICB performance reporting template for providers in development

As reported previously a full review of ICB CiC commissioned services was undertaken. A subsequent options appraisal for future arrangements was completed and the preferred option agreed for implementation in April 2025.

The Core20PLUS5 strategy prioritises reducing health inequalities for children and young people, with CiC/CL identified as a critical group and Oral health is one of the five key focus areas. The ICB dedicated dental pathway which was introduced for CiC in March 2023 has been extended to Care Leavers in March 2024. The implementation of the pathway has seen 457 referrals for children and young people across Lancashire and South Cumbria. The pathway has secured two measures of success; an improvement in the number of CiC with up-to-date annual dental checks and positive feedback from service users (CiC/CL), providers (NHS dental practices), and key stakeholders regarding their experiences with the pathway, improvements in oral health awareness and achieving optimal oral health.

The ICB has a statutory role in supporting care leavers in transitioning to adulthood, ensuring that they are equipped with the required level of knowledge to access health services by provision of a summary of their health history when they leave care. In addition, that they experience a smooth transition from child to adult services, with specific consideration of mental health provision.

Co-production with care leavers has been undertaken to support delivery of an ICB wide process and health passport to provide them with this information to aid navigating health services as they transition into adulthood which research to date highlights when they are at increased vulnerability.

ICBs were awarded monies in January 2023 to support delivery against the Care Leaver Covenant which was developed to provide training and employment opportunities for Care Experienced Young People in the NHS. Following wider consultation (in this reporting year) with care experienced young people and key stakeholders, a plan has been developed for utilising the monies and to support delivery of a sustainable offer going forward

“Providing care leavers with opportunities to enter the world of work, such as offering work experience placements, work shadowing placements, internships, traineeships and apprenticeships. Opportunities to broaden their horizons for example through concessionary access to sport, leisure and cultural activities along with discounted retail offers. Encouraging their involvement in specific activities and events which inspire their personal interest and widen their employment prospects”



Safeguarding Children with disabilities and complex health needs in residential settings

The National Safeguarding Review Panel published two reports (Hesley Report 2022, 2023) in respect of regulated residential settings for children and adults with complex health needs and special educational needs. The reports identified that ninety-one percent of the total cohort had a child in care or care leaver status and fifty five percent of all children placed were joint funded by health and children's social care. During the reporting period an initial scoping exercise was undertaken by the ICB to understand current provision and ICB arrangements against the national recommendations and overarching report findings, a task and finish group has been established to strengthen existing arrangements as part of a wider partnership approach with Local Authorities who hold parental responsibility.

Safeguarding Children Partnerships / Corporate Parenting Boards

The ICB demonstrates strong leadership, has appropriate representation and consistent attendance within the safeguarding children partnerships and corporate parenting boards and forums. The Chief Nursing Officer and safeguarding professionals support the chairing arrangements of Boards and subgroups.

Further to the transition to the Place Based Lancashire Boards from Pan Lancashire Arrangements, the three place-based partnerships namely Blackpool, Lancashire and Blackburn with Darwen have reviewed their governance arrangements, structures and priorities. The safeguarding team continue to provide specialist advice and support to progress the priorities and demonstrate impact for children and children in care/care leavers.

During this reporting period the ICB (with partners) has been subject to two Joint Targeted Area Inspections (JTAI). The first being in Blackburn with Darwen with regards to the multi-agency response to identification of initial need and risk; the second being Lancashire with regards to the multi-agency response to Serious Youth Violence which was published outside of the timeframe and will be reported in the next financial year.

Blackburn with Darwen JTAI highlighted both areas of good practice and those for development. A multi-agency action plan has been approved by the regulators and progress with actions are monitored by the Children's Safeguarding Partnership. The Blackburn with Darwen published report is available [here](#).

Pan Cumbria arrangements of Safeguarding Children and Adults remain in place, work has been commenced in the reporting year to inform future decision making regarding any proposed changes to the arrangements ie transfer to Place Based Board/ Partnership arrangements.

Priorities within the four partnerships include neglect, contextual safeguarding and domestic abuse as informed by themes from reviews, data and audit. The ICB provides leadership into all sub-groups to ensure a collaborative approach in progressing the priorities and workplans.

A consistent focus has been on the identification and response to support children and families and to share best practice. ICB leadership has supported consistent tools for assessment (GCP2) across Pan-Lancashire and in South Cumbria a 'neglect – guide to decision making', has been developed and implemented by all health providers and a guide for Primary Care added to EMIS.

Contextual safeguarding and the associated risk of serious youth violence remains a strategic priority for the ICB and all Safeguarding Children Partnerships. The numbers of children and young people referred to the exploitation teams have remained static over the last 12 months. Seasonal trends have been identified however increased data collection and analysis is required to understand this further.

There continues to be a gender divide in relation to exploitation type with child criminal exploitation mainly affecting males and child sexual exploitation mainly affecting females. Strategic priorities have been identified across all Partnerships to embed the National Tackling Child Exploitation Practice Principles in Practice, learning from Local Reviews and response to recommendations from the Lancashire JTAI - Serious Youth Violence undertaken towards the end of the reporting year.

The ICB provides strategic leadership across the Partnerships and the health economy. The enhanced commissions continue to support the multi-agency exploitation teams across Lancashire & South Cumbria.

Safeguarding Adults

The Care Act 2014 sets out a clear legal framework for how Local Authorities and other parts of the safeguarding partnership should protect adults at risk of abuse or neglect. The ICB has a statutory duty to ensure arrangements are in place to promote the welfare of adults with care and support needs and to safeguard individuals who are at risk of abuse or neglect. The ICB is a statutory partner of the four Adult Boards, three across Pan Lancashire and one in South Cumbria.

The ICB continues to lead with partners work around supporting individuals who self-neglect with the aim to develop a more preventative approach for individuals with moderate support needs. The ICB and Health Providers work to ensure individuals who lack capacity and unable to make decisions are protected in line with legislation.

We have also commenced a review of our processes for managing allegations of Persons in Position of Trust (PiPOT), and action planning for the implementation of the NHS Sexual Safety Charter. Organisations have undertaken multi agency training and have connected through professional networks, agreeing shared values to supporting individuals in need, prioritising a trauma informed approach to practice.

A key priority of Designated Professionals, Safeguarding practitioners and wider ICB staff is the implementation of learning from reviews ensuring action plans are in place to strengthen system response, in year areas of learning have included, risk planning and consistency of multidisciplinary teams, executive functioning and capacity, complex case management, and professional curiosity. These areas have been evident in cases where self-neglect, domestic abuse, individuals with mental unwellness and resident harm in care settings. A quality improvement proposal with partners continues to evolve to strengthen multiagency risk assessment and care plans.

Over the reporting period a number of service development and engagement priorities have been achieved. This includes:

- ✓ Embedding governance arrangements with the return to place-based partnership boards and subgroups
- ✓ Provision of complex safeguarding advice and support following the in- housing of the All Age Continuing Care team
- ✓ Provision of a workshop and advice on complex safeguarding issues arising from LEDER reviews

- ✓ Implementation of an all-age safeguarding duty service across the ICB
- ✓ Provision of safeguarding and MCA complex case supervision and advice
- ✓ Strengthening managing allegations arrangements including PIPOT and LADO
- ✓ Development of an ICB supervision framework including strengthening arrangements for Designated Professionals to receive external supervision and Designated to Named Professional supervision
- ✓ Safeguarding representation across all L&SC Place Based meetings
- ✓ Development of a network of Trauma Informed Champions across the health system, to strengthen awareness of recognition and proactive response to understanding the causes of the cause of health inequalities.
- ✓ Development and dissemination of swallowing difficulty guidance across the regulated care sector, in partnership with care sector and local authority colleagues.
- ✓ ICB relaunch of the Safe Care Champions Model across the Regulated Care Sector. Topics included: Resilience Hub Support for Regulated Care Staff; Learning from Safeguarding Adult Reviews and Safe Recruitment Practices (included PIPOT, exploitation, case studies)

Mental Capacity Act

The Mental Capacity Act (MCA) is designed to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment. The ICB is committed to ensuring a human rights-based approach and partnership working to ensure that commissioned services are compliant with the legal frameworks, maintaining current knowledge of emerging case law and how this applies to practice.

On 5 April 2023 the Department of Health and Social Care announced that the implementation of the Liberty Protection Safeguards (LPS), and the Mental Capacity (Amendment) Act 2019, would be delayed “beyond the life of this Parliament” In the meantime the ICB has continued to strengthen MCA practice across the partnerships and reinforce the continued requirement for services to work within the existing legal frameworks of MCA and Deprivation of Liberty Safeguards (DOLS).

Over the reporting year the Safeguarding Boards have refreshed their governance arrangements in the move to place-based boards and MCA is now a priority theme running across all subgroups across L&SC.

The ICB has supported all the Safeguarding Adults Boards with an MCA survey which resulted in MCA Week of Action” focusing on the Principles of the MCA.

The ICB is committed to ensuring the continued delivery of MCA improvement work into 2024/25, to strengthen systems and processes to embed MCA learning from Safeguarding Adult Reviews (SARs) into practice.

Successes

- ✓ Introduction of an ICS Health Focussed Professionals Best Practice group, to adopt a shared learning approach, support case discussion, case law updates and emerging themes.

- ✓ L&SC 'MCA Week of Action', lunch and learn' training sessions, briefings, and shared resources surrounding the principles of the MCA informed by the learning from SARs where MCA is a re-occurring theme.
- ✓ Presented at the Lancashire SAB Learning from Reviews workshop on professional curiosity as well as the appreciative learning enquiry into the case of Rose during the MCA Week of Action.
- ✓ Cumbria SAB launched a variety of lunch and learn sessions, learning resources and guidance with a focus on professional curiosity to support across the workforce.
- ✓ Supervision offer for ICB All Age Continuing Care team where MCA is an area of focus
- ✓ Workshop provided by Hill Dickinson for the ICS with specific focus on MCA application for young people (14-17 years), including case law updates

Court of Protection and Deprivation of Liberty Safeguards

The ICB must ensure that the arrangements they commission are lawful and compliant with the MCA. This means that, where the person is placed in a care home or hospital and they will be subject to restrictions that constitute a deprivation of their liberty, the care provider must request authorisation from the relevant Local Authority or where an individual resides in their own home, the Court of Protection, to ensure care is least restrictive and in the person's best interests.

The ICB historically commissioned support to make applications to the court of protection from MLCSU. The decision was made that this function would be brought in-house in to the ICB and the team TUPE'd over in October 2023 and joined the wider ICB safeguarding team.

The COP team manage Section 21A challenges, welfare applications and potential welfare applications as well as COPDOL applications and subsequent renewals. They provide advice and support into the AACC and LDA teams with the ICB.

To manage workload all cases are triaged with all higher red and red cases are prioritised due to the associated risk to patient safety and the ICB if these situations are not dealt with quickly, recognising the impact of restrictions on a person's human rights, and the importance of least restrictive approaches to care.

Referrals are triaged and categorised into priority using a triage tool which uses the level of restrictions placed on the patient with higher red being most restrictive to green being less restrictive.

Total demand on the team has increased 152% compared to the same time period last year. This has resulted in a continue increase in the number of unallocated cases held by the team, as well as an increase in the active caseloads for the practitioners.

Key challenges have arisen over the last 12 months in relation to a huge increase in a specific type of legal case called a '21A challenge'. There are objections made by patients and families in relation to their placement/treatment directly via the COP. Often these are as a result of dissatisfaction of placement choice or lack of review. It is timely and expensive to manage. The ICB is prioritising how we can reduce this demand going forward through closer working with AACC teams.

Referral Type	No of referrals		Allocated		Unallocated	
	2023	2024	2023	2024	2023	2024
S21A Challenge	8	32	8	30	0	2
Welfare	10	16	10	13	0	3
Potential S21A Challenge	1	3	1	3	0	0
Potential Welfare application	3	4	3	4	0	0
COPDOL11	153	175	19	25	134	150
COPDOL Renewal*	17	64	17	30	0	34
Total	192	294	58	105	134	189

Prevent

Prevent is part of the Government's Counter-Terrorism Strategy (2011) CONTEST, which is led by the Home Office. The health sector has a non-enforcement approach to Prevent and focuses on support for vulnerable individuals and healthcare organisations in recognising and helping stop vulnerable individuals from becoming terrorists or supporting terrorism.

The key challenge for the healthcare sector is to ensure that, where there are signs that someone has been or is being drawn into terrorism, the healthcare worker is trained to recognise those signs correctly and is aware of and can locate available support, including the Channel programme where necessary.

Lancashire and South Cumbria Position

L&SC contains a national priority funded area due to the persistent and significant risk of radicalisation across our population. This funding has supported the Prevent Partnership in delivering a strong offer of support to all partners working in this agenda, including significant input into our health system. The ICB Prevent lead currently chairs the Prevent Partnership Board for Lancashire on behalf of the Contest Board.

During 2023 Cumbria made the decision to establish a stand-alone Contest board (historically this was part of Safer Cumbria Board). This has put some stronger focus on delivering the Prevent agenda.

Key Achievements and messages

- The ICB has trained eight staff to be specialist Prevent train the trainers to support development of Primary Care

- We have maintained 100% Mental Health representation at Channel throughout the year in both Lancashire and South Cumbria.
- All Trusts across Lancashire and South Cumbria have attained the 85% training requirements for Prevent
- New Prevent Community of Practice has been launched by the ICB
- Benchmarking completed for NHS E in relation to ICB responsibilities in Prevent and shows good compliance.
- Hate crime has shown significant growth across both Lancashire and Cumbria and reflects the national trend.
- Extreme Right Wing remains the dominant ideology with Cumbria
- Vulnerability present but No ideology or CT risk remains highest reported ideology across Lancashire representing the complexity of the agenda

Areas of Focus for 2024/2025

- Reduced resource from Home Office will mean we need to ensure we pull on all local resources to maintain our high standard of support for our workforce
- Primary Care remains a very low reporter and is a priority area for future development and training by the new train the trainers
- Stronger connectivity between Prevent and the wider Mental Health and Learning Disability programmes to be established.
- Safeguarding Supervision to have a stronger focus on Prevent across the whole health system.
- Updated risk profile to give stronger focus on training to reflect 3 key growing risks – Self-initiated terrorism, Online Extremism and growth in mixed and unclear ideology.
- Prevent referrals show are 93% male across Lancashire and South Cumbria which is consistent with national figures.
- Reporting has reduced to pre-covid levels which was expected as part of return to schools and services.

Learning Reviews

The purpose of learning reviews is to identify improvements; they should seek to prevent or reduce the risk of recurrence of similar incidents and to strengthen local safeguarding responses. Multi-agency reflection and analysis of the impact of different organisation's interventions is essential to improve collective knowledge and to help improve future practice. The ICB is committed in promoting continuous improvement, learning and development.

The ICB is currently engaging in **46** learning reviews, the themes from these learning reviews include:

- Recognition of neglect and early intervention
- Accurate risk assessment, risk management and care planning
- Information sharing
- Response to incidents of aggression / violence and impact of domestic abuse on parents and wider family members
- Effective safeguarding responses - understanding of accumulative risk over time
- Professional Curiosity - helping to identify abuse and neglect and sharing information.

- Routine enquiry into domestic abuse and domestic abuse in the workplace.
- Lack of recognition surrounding impact of caring responsibilities and referrals for Carers Assessments
- Application of MCA and executive functioning in self-neglect cases
- Recognition of suicide risk where domestic abuse is a feature
- Diabetes management and compliance.

L&SC new referrals by place 2023-2024

Place area	DHRs	SARs	CSPRs	Total
Lancashire	4	3	1	8
Blackburn with Darwen	0	0	0	0
Blackpool	0	0	3	3
Westmorland and Furness	1	2	0	3
Totals	5	5	4	14

L&SC open cases by place 2023-2024

Place	DHRs	SARs	CSPRs	Total
Lancashire	16	3	8	27
Blackburn with Darwen	4	1	0	5
Blackpool	3	1	3	7
Westmorland and Furness	5	2	0	7
Totals	28	7	11	46
Total open cases for 2022-23	23	4	8	35
Year on year trend	+5	+3	+3	+11

** 9 DHRs are currently pending Home Office approval and publication*

An analysis of all SAR related self-neglect activity has been undertaken across the pan-Lancashire Boards. The aim is to refresh the Self Neglect Framework and strengthen the guidance in respect to the legal frameworks and staff understanding when to initiate the pathway. MCA is a key line of enquiry within the review, specific to unwise decision making and executive functioning, where detailed assessments of capacity are required in high-risk situations. The findings are expected to be concluded later in year.

The team have been integral and in driving the development and funding of the AQUA project. The aim of the project is to reduce restrictive approaches to care and to improve resident's quality of live within challenging behaviour units, whilst influencing culture change. A 25% reduction in restrictive practice by February 2024 was the ambition. Positive early findings have demonstrated a reduction of 35%. The project is due to conclude Summer 2024 and the learning will be scaled up across the ICS.

Service Development and Improvement Activity

- ✓ A continued focus is on strengthening the review processes; progress has been made in relation to progressing CSPR actions supported by a focus on thematic learning
- ✓ Lancashire DHR Quality and Assurance group (formerly DHR Task and Finish group) continues. The purpose of this group is to establish a whole system approach to DHR learning.
- ✓ A DHR Quality & Assurance Group implemented across Cumbria, to support the successful bid to become part of a National Domestic Homicide Overview Mechanism pilot.
- ✓ Refreshed governance surrounding SAR review processes across both Lancashire & South Cumbria.
- ✓ Learning has been shared across Primary Care, this includes GP Conferences / GP Safeguarding Lead Forums / Practice Nurse Forums and by Direct Communication
- ✓ ICB acknowledge and recognise the need to develop a single agency and multiagency audit programme, this will assure implementation, application of improvement change

Serious Violence Duty

The Serious Violence Duty came into force on 31 January 2023 through the Police, Crime, Sentencing and Courts Act 2022.

The ICB has continued to progress its work in line with statutory responsibilities.

Work in this reporting year has included the publication of the Serious Violence Reduction Strategy, the appointment of a Serious Violence Duty Health Co-ordinator to support the fulfilment of the ICB statutory duties and governance arrangements both internally and with Partnerships have been strengthened.

Successes include –

- ✓ 12k + multiagency professionals trained in trauma informed (TI) awareness
- ✓ Over 5k individuals received support from ED Navigators across our Emergency Departments
- ✓ Commenced undergraduate and post graduate trauma informed training with University of Central Lancashire

- ✓ The ICB has developed a network of Trauma Informed Champions across L&SC health footprint with over 250+ champions identified. Two trauma informed champion conferences held, with a focus on developing positive trauma informed cultures across our organisations, trauma informed language, and the development of a trauma informed sustainability plan for the forthcoming years.
- ✓ An established Trauma Informed Training & Education (TiTEN) group across the health system formed, to share good practice.

The ICB has representation at our Community Safety Partnerships and a range of partnership meetings enabling us to work together to improve safety of individuals.

Domestic Abuse

The introduction of the Domestic Abuse Act (2021) and accompanying Domestic Abuse statutory guidance (2022) is intended to increase awareness and inform the response to domestic abuse. It sets out standards to promote best practice. The Act has a key focus on supporting children who are impacted by domestic abuse and recognises that children who witness the effects of domestic abuse (see, hear, experience) are victims – in their own right. It is essential that as health services we promote awareness of domestic abuse; respond effectively to protect and support victims and their families, provide an effective response to perpetrators; and drive consistency and better performance in the response to domestic abuse across of our services.

The commitment to support reduction and prevention of domestic abuse is recognised in the ICB Forward Plan and the ICB engages fully with commissioned health providers and partners to fulfil our statutory requirements.

In responding to statutory duties, 2023/2024 has seen a focussed approach on;

- ✓ Working together with partners to develop strategic responses and strengthen collective domestic abuse delivery responses.
- ✓ Developing service response (individual organisation, and through integration)
- ✓ Specialist Training to support early recognition and action
- ✓ Supporting staff who experience domestic abuse
- ✓ Health workforce response to victims, children and perpetrators

Domestic abuse is a key priority across all partnerships. In September 2023 the findings of the independent scrutiny report into Domestic Abuse was presented to all partnership boards who have developed multi-agency action plans to address the findings.

The evaluation report evidenced some examples of good practice across the partnership but also demonstrated the need to

- Increase engagement with families
- Enhance multi agency domestic abuse training
- Implementation of evidence-based tools to support practice and risk assessment

- Strengthen attendance at safeguarding meetings to support safety planning and information sharing
- Increase availability of perpetrators programmes and inclusion of perpetrators in family plans
- Enhance capability of outcome and performance reporting
- Ensure robust record keeping and voice of children and families is evident.

Cumbria Safeguarding Children Partnership commissioned SafeLives to undertake a domestic abuse review during the reporting year. The findings of which are currently being disseminated and an action planning event is scheduled for September 2024.

The Cumbria Domestic Abuse Survivors' Network (CDASN) aims to ensure that the voices of domestic abuse victims / survivors from across Cumbria are heard and used to help design, deliver and develop better services for future victims and survivors.

The CDASN are represented at and provide feedback to the Westmorland and Furness CSP Domestic Abuse Sub Group.

Strengthening Response to Domestic Abuse in Primary Care

- ✓ L&SC ICB Safeguarding Team and local specialist domestic abuse providers have been implementing the IRIS domestic abuse programme to 72 priority GP practices in Lancashire. The IRIS programme is a specialist domestic violence and abuse training, support and referral programme, implementation will improve and strengthen response to domestic abuse. Several Lancashire GP practices-which includes clinicians, reception and admin staff are now fully "IRIS" trained. Training evaluations are positive and are showing increased practitioner confidence and knowledge regarding domestic abuse. Referrals to the advocate educators are increasing as practices are trained.
- ✓ Across Lancashire and South Cumbria, all GP practices have now received a domestic abuse indicator prompt, which is built into the EMISS system. This prompts clinicians to consider safe enquiry of domestic abuse when a trigger word is typed into the electronic medical record. The prompt has been developed in response to learning reviews.
- ✓ We have delivered specific training to Primary Care regarding safe recording, coding and information sharing in relation to domestic abuse and MAR(R)AC and potential challenges with access to patient electronic records.
- ✓ The Named GPs for safeguarding have delivered multi agency training on writing IMRs (Individual Management Reviews) used for Domestic Homicide reviews.
- ✓ Awareness training regarding non-fatal strangulation has been delivered to Primary Care and the Domestic Abuse Multi-Agency Partnership. A 7-minute briefing has been developed and shared across Primary Care GP practices and the Multi-Agency Partnership
- ✓ In response to the research briefing paper: Understanding the Geospatial and Contextual Patterns of Rural Domestic Abuse (WhiteRose AC.UK 2023) the ICB Safeguarding team have collaborated with Cumbria Constabulary in setting up a PCSO led drop-in clinic in rural GP practices (Sedburgh/Kirkby Lonsdale) to support victims of domestic abuse who may be experiencing isolation and barriers to accessing domestic abuse support. Impact and evaluation of this initiative will be undertaken

Next Steps and Priorities for 2024/2025

The ICB has committed to safeguarding priorities within the Joint Forward Plan.

In 2024/25 the ICB will:

- Publish a Safeguarding Strategy that will set out the ICB strategic objectives and more importantly how the ICB will evidence the impact of programmes of work
- Work with partners to support a review of the effectiveness of partnership arrangements across South Cumbria as the ICB journeys through transition and Local Government Reform
- Achieve a Trauma Informed Quality Charter Mark Accreditation.
- Review the ICB's response to child deaths to ensure consistency and compliancy with best practice and statutory guidance across Lancashire and South Cumbria
- Work with NHS Digital to implement CP-IS Phase 2 towards a single shared care record across Lancashire and South Cumbria
- Work with NHSE to ensure robust safeguarding support is in place through the delegation of Dental, Optometry and Pharmacy services to the ICB
- Review the ICB commissioned health enhanced safeguarding services to ensure consistency across the footprint and ensure resources are targeted to support those most vulnerable
- Devise and implement new assurance framework for all safeguarding reviews and inspections to ensure embedding of learning across the health system
- Review the ICB SAF process to include benchmarking against ICBs responsibilities under the NHS Accountability and Assurance Framework
- Improve the timeliness of initial and review health assessments and reduce the impact of delay on children in care