

Safeguarding Annual Report

April 2022 – March 2023

Proud to be part of



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Introduction

This report describes 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.

Throughout our activity we have, and 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.

NHS Lancashire and South Cumbria Integrated Care Board (ICB) was statutorily formed on 1 July 2022 following the close-down of the eight Lancashire and South Cumbria Clinical Commissioning Groups (CCGs) and the formation of the wider Lancashire and South Cumbria Integrated Care System (ICS). Lancashire and South Cumbria has a population of around 1,783,000 people living in a wide geography – including rural and urban areas, as well as highly affluent and highly deprived areas.

This annual report recognises that the ICB (and the wider Integrated Care Partnership) is still in its infancy and is developing its priorities and long-term ambitions during the next year. However, this report sets out a range of activity to maintain robust safeguarding arrangements in its role as a commissioner of health services, safeguarding partner and as an employer.

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 (2018), Promoting the Health and Well-being of Children Looked After (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.

As an ICB, responsibility for safeguarding is taken very seriously and aims to promote safety and wellbeing in our staff, stakeholders, children, young people and families, particularly those who are most vulnerable. Additionally, as commissioners of local health services, the ICB assures itself that the organisations from which it commissions services have effective safeguarding arrangements in place. Accountability for safeguarding arrangements sits with the Chief Nursing Officer supported by a Director, Senior Management Team and Designated Professionals.

As the CCG's transitioned into the ICB there was an established Safeguarding Health Executive Committee to streamline decision making, agree key actions and strengthen partnership working. Over the last 12 months these new ways of working have been the focus for the Senior Leads and the Designate Professionals, who have made great strides in strengthening safeguarding governance and reporting structures, inclusive of wider partnership arrangements. These arrangements place the ICB in a strong position to move forward, working towards Place Based delivery.

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

The disruptive nature of the COVID-19 pandemic has caused significant impact on vulnerable individuals and has exacerbated some of the wider health inequalities that exist within in our population. As we continue to progress through the post-COVID restoration and recovery phase, it is essential that we continue to safeguard those most impacted, and we will continue to prioritise this in our programmes of work.



Vision and Priorities

Through a number of key programmes of work across health services and the safeguarding partnership

| | |
|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Our Vision for Safeguarding is to: | |
| ✓ Protect and safeguard | ✓ Address health inequalities |
| ✓ Enable and empower | ✓ Deliver equity of access to high quality, evidence-based services |
| ✓ Addressing causes of the cause | ✓ 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 | |

Our Priorities – are built around the voice of child, young person and vulnerable adult, our 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 |

Statutory Requirements

Integrated Care Board Safeguarding Governance Structure

There is a strong interface internally and across the system to support effective safeguarding governance arrangements



ICB Safeguarding Accountability

Accountability

Accountability for Safeguarding rests with the Chief Nursing Officer of the ICB. The safeguarding team is led by the Director of Safeguarding reporting to the Chief Nursing Officer. The ICB model incorporates the statutory safeguarding roles and a complimentary skill mix team. This includes Designated and Deputy Designated Nurses and Professionals for Adults, Children and Children in Care and Care Leavers, Designated Doctors for Children, Named GPs for Safeguarding, Safeguarding Practitioners, Safeguarding Project Support Officers and Administrative staff. Safeguarding Leads provide a health perspective into statutory reviews and provide external scrutiny and challenge to partner agencies.

The Safeguarding team has maintained full representation at Cumbria and Lancashire Safeguarding Adults Board's, Safeguarding Children's Partnerships and associated subgroup meetings, as required to fulfil its commissioning and statutory safeguarding responsibilities. We have appropriate connections with wider partnerships covering our borders.

Policies and Procedures

A dedicated working group has ensured that ICB policies are in place setting out a commitment and approach to safeguarding children and adults (including MCA). New and updated policies over this two-year period include; Domestic Abuse and the Workplace, Safeguarding Children and Adults, Mental Capacity Act and Primary Care sample policy for child not brought.

Training

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.

Recruitment

The ICB Recruitment and Selection Policy includes safer recruitment standards. All job descriptions include a safeguarding children and vulnerable adult position statement. The Local Authority Designated Officer (LADO) and the Person in Position of Trust (PIPOT) procedures are set out within policy and implemented when required.

| ICB staff Safeguarding training compliance data - 85% compliance | Q2 | Q3 | Trend |
|------------------------------------------------------------------|--------|--------|-------|
| Preventing Radicalisation - Basic Prevent Awareness - 3 Years | 79.27% | 73.69% | ↓ |
| Preventing Radicalisation - Prevent Awareness - 3 Years | 90.48% | 95.00% | ↑ |
| Safeguarding Adults - Level 1 - 3 Years | 78.34% | 76.58% | ↓ |
| Safeguarding Adults - Level 2 - 3 Years | 89.13% | 86.81% | ↓ |
| Safeguarding Adults - Level 3 - 3 Years | 74.07% | 69.23% | ↓ |
| Safeguarding Children - Level 1 - 3 Years | 78.34% | 77.16% | ↓ |
| Safeguarding Children - Level 2 - 3 Years | 89.25% | 88.04% | ↓ |
| Safeguarding Children - Level 3 - 3 Years | 93.75% | 80.65% | ↓ |

Mitigation

The ICB has sent out clear messaging to all ICB staff around the importance of completing safeguarding training, however the impact of transition is acknowledged

The Intercollegiate document sets out expected safeguarding training for Board level staff for NHS services. The ICB safeguarding team will deliver this training to the newly established Board

ICB Assurance of Commissioned Services 2021/2022

| Safeguarding Assurance Framework (SAF) audit (21/22) (Stood down Covid) | Number of GP Practices | % Returned | Care Homes with Nursing | % Completed Audit | Commissioned Services | % Completed audit |
|-------------------------------------------------------------------------|------------------------|------------|-------------------------|---------------------------------------------------------------------|-----------------------|-------------------|
| Blackpool Fylde and Wyre Place | 35 | 100% | 44 | 100% | 27 | 100% |
| Pennine Place | 77 | 44% | 71 | No ICB submission req'd - self-assessment | 42 | 52% |
| Central Lancashire, Greater Preston and West Lancashire Place | 70 | 52% | 49 | 67% | 77 | 80% |
| Morecambe Bay Place | 34 | 62% | 28 | 78% | 26 | 88% |
| Lancashire and South Cumbria ICB collated position | 216 | 59% | 192 | No overall ICB position in recognition of the Pennine Place process | 172 | 78% |

| SAF Thematic Analysis | | Mitigation, support and Assurance |
|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Primary Care | <ul style="list-style-type: none"> Safeguarding registers not reviewed on a regular basis Low safeguarding training figures, Prevent, DA, FGM highlighted GP Appraisal process not always specifically including safeguarding practice discussion Practice Safeguarding Policies procedures requiring updates Safer Recruitment processes not consistently up to date | <ul style="list-style-type: none"> Direct provider dialogue/support through contract meetings and champion workshops Due Diligence commenced for delegated commissioning responsibility across Dentistry and Optometry Reworking of SAF going forward underway with Regional safeguarding Safeguarding champions model in primary care and care sector. Focussed sessions <u>around</u> themes being identified Single example policy and procedures in place to support Multiple face to face support visits |
| Care Homes with Nursing | <ul style="list-style-type: none"> Low percentage of staff trained in MCA Lessons learnt from safeguarding incidents/ local and national safeguarding adult reviews not always in place. Robust risk assessments and review of risk assessments not consistent across all providers | |
| All other commissioned contractors | <ul style="list-style-type: none"> Low training compliance, this could be partially due to the lack of opportunity to access training during Covid19 lockdowns. Not all providers have a regular appraisal system in place that includes safeguarding practice. The themes inform the Safeguarding Champions support models in place | |

Listening to Children, Young People and Adults

Examples of Youth Voices

The Children and Young People's Participation Group hosted by a Local Community Provider, supported the development of research materials for The Solutions Trial, funded by the Home Office Youth Endowment Fund. The Trial tests out a form of psychological therapy known as Solution Focused Brief Therapy as an intervention to divert children and young people away from the criminal justice system and reduce the risk of serious youth violence. Contributions from children shaped consent process and language used in the participation information sheet. This proved crucial in gaining ethical approval at the NHS Research Ethics Committee December 2022, Trial went live to recruitment in February 2023.

The Exploitation Team in Blackpool have designed a survey for children and young people to determine their views on issues and places where children and young people feel safe or unsafe. The aim was to identify specific contextual safeguarding risks in Blackpool; there was a response from 1082 children. Several hotspots were identified. The findings from the survey will enable the team and the wider partnership to bring focus to the areas that children and young people have identified as unsafe. Next steps an increased focus on school involvement. The next 12 months will see the ICB adopt a children's rights-based approach to participation through implementation of the Lundy Model.

Examples of Adult Voices

The ICB have submitted a baseline assessment against 'Making Safeguarding Personal', this supports to identify a number of areas for improvement as well as providing assurance of compliance in engagement. The assessment includes protection and accountability, proportionality, prevention and partnerships and empowerment.

Areas within the assessment noted for improvement include:

- Strengthening the voice on approval and review processes for those in receipt of continuing health care
- Quality monitoring arrangements of care placements to include discussion with individuals and families where quality concerns are raised

Next steps include collation of multiagency findings for inclusion within the Adult Board workplan.

The subgroup of Pan Lancashire Adult Board Making Safeguarding Personal (MSP) / Voice requested agencies and partners to present on their role in capturing Voice and MSP. The aim to inform a next steps plan to strengthen engagement. A commission has been agreed with Health Watch to gain insights of service user and family feedback following and during Section 42 enquiries, supporting adults who may be at risk of abuse or neglect. This will provide a snapshot of how families and service users voice is heard during these processes. This work will conclude in the 2023 / 24 reporting period.

In January 2023 following a successful multi agency collaboration that supported an individual with learning disability through their end-of-life experience, a learning narrative was developed to shape and enhance understanding of Mental Capacity Act (MCA) and enrich practitioners understanding regarding challenges and complexity of MCA. This has been showcased nationally and locally to enhance practice.

Examples of Children in Care and Care Leavers Voices

The ICB Communication and Engagement team are leading 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.

In response to feedback from care leavers, activity is in progress to develop the ICB offer to Children in Care (CiC) and Care Leavers (CL) in relation to apprenticeship / employment opportunities and access to Mental Health First Aid training.

The 'Our voice' service to support children in care has been launched in the East of Lancashire as part of a one-year pilot. This has been fully co-produced with CiC to enable them to access intermediary emotional health and well-being support whilst waiting for CAMHS services.

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

Safeguarding Children

Child Protection and Children in Need

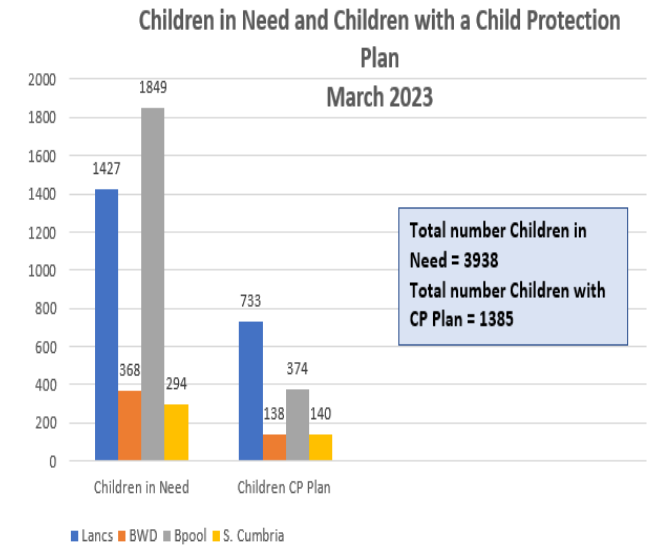
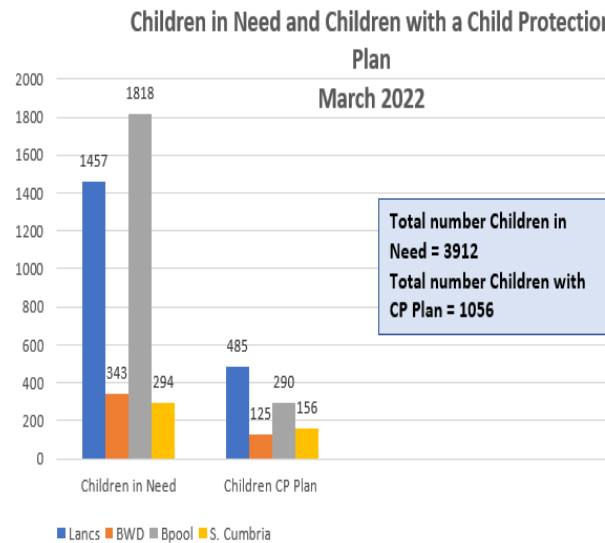
The number of children subject to Child Protection (CP) Plans in Lancashire and Blackpool have increased. BwD and South Cumbria's CP Plans per 10,000 children are lower than the national and statistical neighbours. Despite the upward trajectory in CP plans, Lancashire's remain lower than National and NW Region; with the lowest rate for CP Plans ceasing in the region. Blackpool CP Plans are higher than the National and NW Region; which may be indicative of supporting families without the need to separate families.

Children subject to Child in Need (CIN) plans across LSC have remained relatively stable over the last year. Blackpool have the highest rate for CIN in the region but show some stability over 22 / 23 with a small increase. Lancashire operates across a diverse deprivation spectrum, with areas ranking within both the top and bottom 10% of the IMD (Index of Multiple Deprivation), their commitment to embedding their Family Safeguarding approach over recent years is demonstrated in their lower rate. The ICB supports Lancashire's Family Safeguarding model at both a strategic and operational level.

Neglect

Neglect continues to be an area of priority and focus, accounting for around 40% of all requests for support from Children Social Care. Lancashire County Council launched a revised Neglect Strategy in 2022, adopting the NSPCC's Graded Care Profile (GCP) 2 as a consistent tool for assessing neglect across the Partnership. The use of a consistent neglect tool has been identified as a learning theme in local Child Safeguarding Practice Reviews. Blackpool and Blackburn with Darwen areas have already successfully implemented the GCP2, the aim for the health system over the next 12 months will be to fully implement the GCP2 with a renewed focus on early help and evidencing impact on children, young people and families.

The Neglect Strategy for South Cumbria is being reviewed by the partnership, supported by a new tool that focuses on 'a day in the life of a child.' To promote consistency across the ICB footprint, the health system is developing a universal tool that will promote earlier intervention and support decision making in those case of neglect. Blackpool also relaunched their Neglect Strategy, informed by multi-agency audit activity which included the families lived experience.



Contextual Safeguarding

The numbers of children and young people referred to the exploitation teams across Lancashire and South Cumbria have remained static over the last 12 months. There is a strong correlation between exploitation type and gender with Child Criminal Exploitation (CCE) mainly affecting males and Child Sexual Exploitation (CSE) mainly affecting females. CSE has consistently been the dominant exploitation type in East Lancashire and Blackburn with Darwen whilst CCE has been dominant across Blackpool, Fylde Coast, Central Lancashire and South Cumbria.

There continues to be high numbers of children going missing from home within the exploitation cohort and a trend reported of younger children going missing.

Maintaining mainstream education has been identified as one of the most effective safeguards for children at risk of exploitation. As of January 2023, there had been a 50% increase in permanent exclusions being reported by education relating to both primary and secondary school aged children; this has the potential to predict future exploitation risk at place.

Work is being undertaken to strengthen data collection across the partnerships and predict the potential for harm in some of the most deprived communities, those disproportionately impacted by Organised Crime Group activity through targeted early help. This will involve closer working relationships between the Child Safety Partnerships, Team Around the School Strategic Board and Mental Health in Schools Teams moving forward.

The Cumbria CE Champions Network continues to evolve and includes a wide range of professionals, with a growing number of practitioners continuing to sign up for the role. The missing procedure has been published, with the introduction of multi-agency meetings being held much sooner for those who go missing frequently. A Pan Lancashire Contextual Safeguarding strategy was launched in November 2022 alongside an updated Missing from Home protocol. The strategy introduced four areas of work to the safeguarding partnership, reflective of both national and local priorities. The Missing, Exploited and Trafficked strategy for Cumbria was launched in 2021; the associated action plan has been updated to include the feedback from the recent Local Government Association Peer Review and is driven via the steering group.

There is strong health leadership and influence at both a strategic and operational level across the ICB footprint for contextual safeguarding. The ICB commissions health resource to support the multiagency teams across Lancashire and South Cumbria. This supports children's wider mental and physical health needs including supporting and enabling appropriate health interventions, helping to build resilience, self-confidence, and working with partner agencies to mitigate and reduce the risk of serious harm to these children.

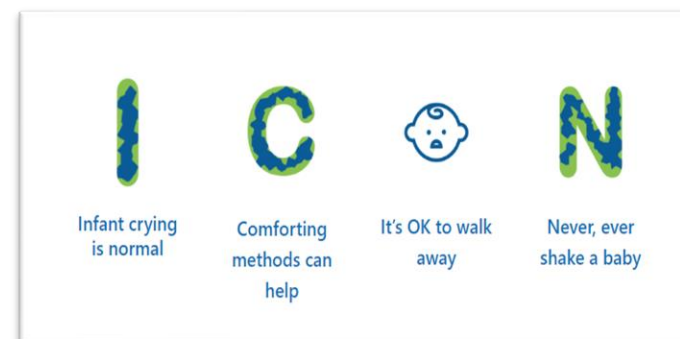
Sudden and Unexpected Death in Childhood

The Local Authorities and the ICB are the Child Death Review Partners who have the responsibility for the child death processes. The deaths of all children under the age of 18 must be reviewed by a Child Death Overview Panel (CDOP) on behalf of the Child Death Review Partners. Lancashire & South Cumbria have two CDOP's (Pan-Lancashire and Cumbria). This is to ensure that the required numbers of cases are reviewed as outlined in the Statutory Guidance (at least 60 deaths a year).

| Sudden and Unexpected Deaths in Childhood (SUDC) | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>There have been 66 unexpected deaths from April 2022 to March 2023. This is the second highest figure recorded. There have been more deaths of boys in 0–1-year-olds; this is in line with national reporting. Almost half were known to Children Social Care before death or opened at the time of death.</p> <p>Themes include:</p> <ul style="list-style-type: none"> ○ Suspected suicides ○ Safer Sleep – deaths associated with unsafe sleeping environments ○ Underlying / complex health needs | |
| CDOP's | SUDC Service |
| <p>There is Designated Nurse representation on both CDOP's working together with partners to strengthen the Child Death Review processes across the ICB.</p> <p>A Pan-Lancashire Contagion Protocol following a suspected child suicide has been agreed and implemented.</p> <p>This year we have also seen the development of an Improvement Group to support improvements of child death processes.</p> | <p>The SUDC Nurse-led Service is commissioned on behalf of the ICB and provides a nurse-led service across Pan-Lancashire.</p> <p>The ICB has supported a more robust staffing structure for the service working towards a sustainable seven-day service.</p> <p>A parliamentary debate has been held with a focus on SUDCs, the debate highlighted the Lancashire SUDC Service as an exemplar</p> |

We have worked closely across the partnership to prevent child deaths; our activity has included:

- ✓ Supported the Lullaby Trust's winter messages and several campaigns by 'spreading the word' to reach as many parents as possible with messages on safer sleep
- ✓ Supported awareness sessions by Lullaby Trust for all partner agencies across the Northwest Region to increase staff competency
- ✓ We have distributed a refreshed Primary Care Resource Pack to support the ICON campaign
- ✓ Work is continuing to strengthen and improve responses to all child deaths, and audit is planned to understand further themes and trends



Children in Care and Care Leavers

Children in Care

Nationally the number of children in care (CiC) has increased steadily over the last 11 years. At the end of March 2022, there were over 82,000 children in care after an increase of over 3,000 since 2019. The bellow graph highlights that 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 CYP. Both nationally and in L&SC ICB the most common reason for children and young people coming into Local Authority care is at risk of or experienced having abuse or neglect. The total number of CiC for who L&SC ICB have statutory and corporate parenting responsibilities is 4538 and 1397 Care Leavers (CL), this includes children placed in Lancashire and South Cumbria from out of area.

Number of Children in Care per 10,000 CYP

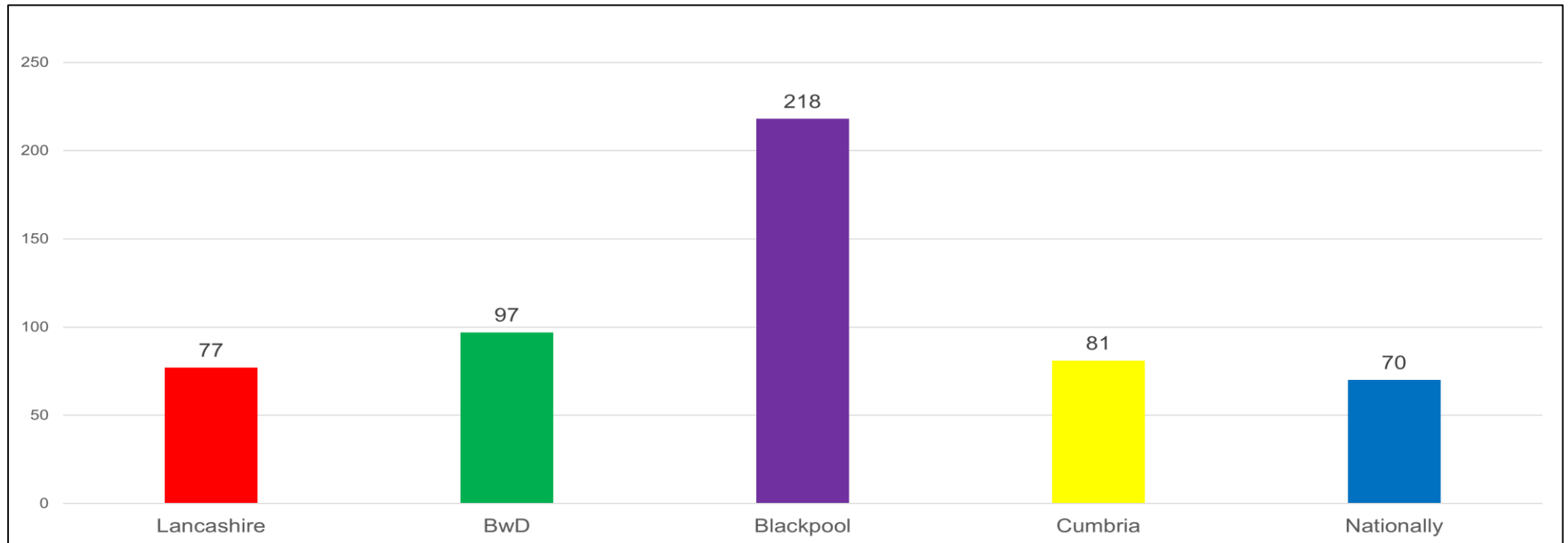
The ICB has a major role in ensuring the timely and effective delivery of health services and a duty to co-operate with requests from the Local Authority to undertake health assessments and help ensure support and services are provided without undue delay.

Mitigations and Improvement Activity for 2022/3

- Access to local authority electronic records to improve consistency
- Skill mix model for initial health assessments to increase capacity
- Training for foster carers/local authority workforce to understand need for health assessment
- Engagement pathway - virtual offer, use of technology for CiC
- Flexible/adapted delivery to meet service and CIC requirements
- L&SC Standardised quality assurance tool and competency framework for CIC practitioners
- Working with LA Social Worker teams to resolve late notifications
- Development of Health/local authority shared procedures for completion of assessments and adoption medicals
- NHSE/ICB Priority Children in Care Dental Pathway implemented
- Electronic assessment tool in South Cumbria

The ICB are responsible to commission effective and sufficient services that provide co-ordinated and child centred care for CiC and CL, cooperating with the Local Authority under Corporate Parenting responsibilities to act in the best interests, and promote the physical, mental health and well-being of CiC and CL.

Numbers of Children in Care



Health Assessments and Dental Reviews

Across our system we have struggled to meet performance targets for timely Initial and Review Health Assessments and dental reviews, this has been impacted by:

- Demand and workforce capacity
- Independencies with Local Authorities and delays in requests
- Placement stability, care planning arrangements
- Quality of IHA/RHA variable requiring returned assessments
- Child refusal, child in crisis or child not brought

Care leavers

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.

In view of the legacy CCG commissioning arrangements there is unwarranted variation in how care leavers are provided with their health history across the ICB. Coproduction with care leavers is being undertaken to support delivery of a single process 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.

In July 2016, the Government published a major policy document 'Keep on Caring' to support young people from care to independence. A key policy commitment in the paper is a strategic pledge to introduce a Care Leaver Covenant. The Covenant is a promise made by the private, public and voluntary sectors to provide support for care leavers aged 16-25 to help them to live independently. The ICB has signed up to the Care Leaver Covenant, the aim of which is to provide additional support for those leaving care; making available a different type of support and expertise from that statutorily provided by Local Authorities.

Providing care leavers with opportunities to enter the world of work, such as offering work experience placements, work shadowing placements, internships, traineeships and apprenticeships

Providing care leavers with 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 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 Pan Lancashire and South Cumbria Safeguarding Adult Boards and is committed to adopting a proactive approach in the six principles of safeguarding and to support transformational service development initiatives and multi-agency engagement.

The ICB continues to lead on partnership work around supporting individuals who self-neglect with the aim to develop a more preventative approach for individuals with moderate support needs. Organisations have been brought together to consider and agree shared values to supporting individuals in need and prioritising a trauma informed approach to practice.

A key priority has been providing Designated Professional expertise and oversight into the regulated care sector, including RADAR and QPIP (Quality Performance Improvement Process). The team have been instrumental in championing individual's lived experience to strengthen safeguarding arrangements and assist providers in meeting their statutory requirements. Following recommendations of learning reviews an action plan is in place to strengthen system response surrounding resident harm in care settings. A quality improvement proposal with partners is being explored 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:

- ✓ Making Safeguarding Personal assurance provided to Safeguarding Boards covering the six principles of safeguarding. Areas of improvement include quality monitoring arrangements of placements, including consultation with patients and families where there are quality concerns and risk of provider failure.
- ✓ In response to learning from reviews, several system learning sessions have been held utilising an Appreciative Enquiry Model. The sessions have explored self-neglect, suicide and trauma Informed approaches, and the invisible male.
- ✓ ICB relaunch of the Safeguarding 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)
- ✓ ICB Primary Care Conferences held in September 2022 with 96 staff in attendance. The sessions included learning from Domestic Homicide Reviews, importance of routine enquiry, coding of records and think family. Local place forums continue which have included sessions on the 999 reunite scheme, trauma informed practice, dual diagnosis recognition and support, recognition and response to Domestic Abuse including due to mental ill health, application of the Self-neglect Framework, transition vulnerability and professional curiosity.
- ✓ The Pan Lancashire Modern Slavery toolkit has been updated with partners across Health, Police and Local Authority. A victim's voice and lived experience was shared at the NHS England / Improvement Safeguarding Conference to highlight their experiences of human trafficking and modern slavery.
- ✓ The Cumbria Safeguarding Adult's Board held a Spring Safeguarding Conference in March with 219 attendees responding to learning from SARs around professional curiosity, trauma informed practice, transitional safeguarding, and exploitation. The sessions included individuals with lived experience.

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.

Learning from reviews shows MCA as a repeated theme. This includes agency responses to training and awareness raising in relation to decisional and executive capacity, the importance of recording mental capacity assessments and best interest decision making. An ICB priority has been to strengthen arrangements to embed learning across multi agency settings. This work is essential to enable practitioners to demonstrate defensible practice and due regard to the principles of the MCA.

The ICB has led on a number of multi-agency partnership initiatives, including the development of MCA grab sheets around consent to medical treatment, complex decisions, use of social media, executive functioning, and guidance for vaccinations.

A Pan Lancashire multiagency survey has been developed to understand confidence levels and evidence if MCA is accessible via multiagency learning opportunities. Next steps in the coming year include a proposal to develop a multi-agency resource package with accessible information and best practice tools.

An MCA Organisation Audit has been undertaken by the Cumbria Safeguarding Adult's Board, which has informed an 'MCA Week of Action' to commence in the next reporting period to strengthen gaps, and areas for improvement across the Board.

The Mental Capacity Amendment Act 2019 introduced the Liberty Protection Safeguards (LPS) which will replace the current Deprivation of Liberty Safeguards (DoLS) within the next Parliament. The ICB has submitted a robust response to the draft code of practice consultation as well as undertaking significant work in preparing for implementation.

Successes

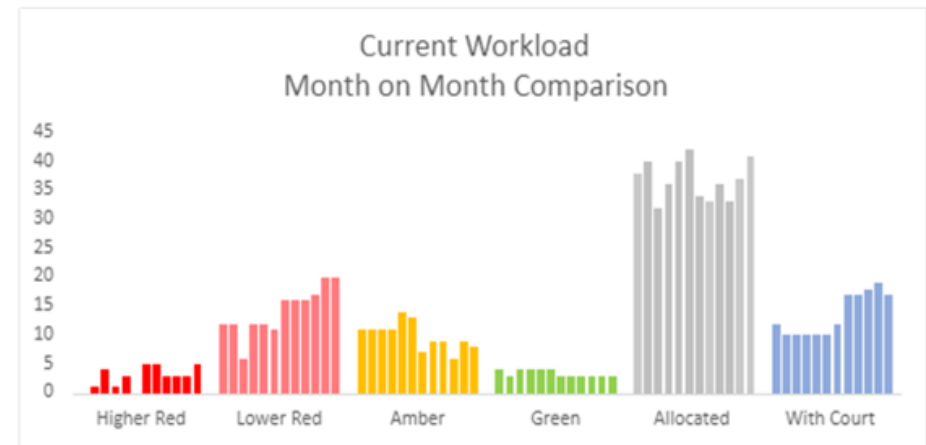
- ✓ Appreciative enquiry case study of Rose presented to the National Safeguarding Adult Network and Pan Lancashire Safeguarding Boards; to showcase best practice on learning of when to escalate to the Court of Protection, impact of executive functioning and importance of advocacy services. The multi-disciplinary team were awarded an NHS Safeguarding Star via NHS England Safeguarding.
- ✓ Covert medication guidance reviewed and launched with the Pan Lancashire Safeguarding Boards, including the development of a 7MB on covert medication guidance.
- ✓ Introduction of a Lancashire and South Cumbria wide Professionals Best Practice group to adopt a shared learning approach, support case discussion, case law updates and emerging themes.
- ✓ A Spring Adult Safeguarding Conference was held by the CSAB in March with 219 attendees, this focussed on learning from SARs with a key theme of implementation of MCA, importance of executive functioning and self-neglect.

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 in some specific circumstances, the Court of Protection to ensure care is least restrictive and in the person's best interests.

The ICB works in partnership with Midlands and Lancashire Commissioning Support Unit to manage Section 21A challenges, welfare applications and potential welfare applications. 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.

There has been an increase in COPDOL applications being submitted to the COP for authorisation. Due to delays in court, some applications may sit with the Courts for over 12 months. The Courts will often ask for updated care plans and additional information resulting in additional work for the team which needs to be prioritised. The Courts require this information within one month of requesting.



| | Higher Red | Lower Red | Amber | Green | Allocated | With Court |
|----------|------------|-----------|-------|-------|-----------|------------|
| April 22 | 0 | 12 | 11 | 4 | 38 | 12 |
| May 22 | 1 | 12 | 11 | 3 | 40 | 10 |
| June 22 | 4 | 6 | 11 | 4 | 32 | 10 |
| July 22 | 1 | 12 | 11 | 4 | 36 | 10 |
| Aug 22 | 3 | 12 | 14 | 4 | 40 | 10 |
| Sept 22 | 0 | 11 | 13 | 4 | 42 | 10 |
| Oct 22 | 5 | 16 | 7 | 3 | 34 | 12 |
| Nov 22 | 5 | 16 | 9 | 3 | 33 | 17 |
| Dec 22 | 3 | 16 | 9 | 3 | 36 | 17 |
| Jan 23 | 3 | 17 | 6 | 3 | 33 | 18 |
| Feb 23 | 3 | 20 | 9 | 3 | 37 | 19 |
| March 23 | 5 | 20 | 8 | 3 | 41 | 17 |

Liberty Protection Safeguards

The ICB has influenced and strengthened understanding of roles and responsibilities within the proposed changes within the Mental Capacity (Amendment) Act (2019) including the Liberty Protection Safeguards (LPS). The ICB has led and coordinated the L&SC LPS Multi Agency Implementation group focussing on strategic direction from a national, regional, and local perspective. The Designated Professional Network is represented on the regional and national LPS groups of NHS England and is a strong voice on advocating for Human Rights based practice.

During the year, the ICB has worked collaboratively with partners. This includes:

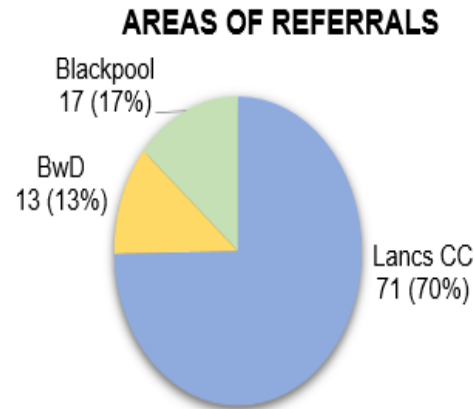
- ✓ Development of a LPS Plan on a Page and workplan. The plan includes workforce, governance, digital, engagement, children and young people and learning and development.
- ✓ LPS planning and engagement with the MCA subgroup of the LSC Safeguarding Adult Boards.
- ✓ LPS Project Lead and Coordinator secondments hosted by MLCSU.
- ✓ Introduction of a COPDOL delivery model to monitor and track the backlog of cases in readiness for LPS.
- ✓ MCA awareness bitesize sessions have been delivered to MLCSU CHC teams, in readiness for LPS implementation.
- ✓ A series of workshops were held to coordinate the ICB system response to LPS draft Code Consultation July 2022.

In March of this year the ICB received notification from the DHSC regarding LPS implementation to be delayed within this parliament. It is anticipated that a plan will be published in due course to include a summary of responses to the consultation, which will set out further information about the feedback received from the consultation. It is vital that the ICB remains focused on the Deprivation of Liberty Safeguards and continues to follow the principles of the MCA to ensure the rights of those that may lack the relevant capacity are protected.

The ICB is committed to ensuring the continued delivery of MCA improvement work into 2023/24, to strengthen systems and processes to embed MCA learning from Safeguarding Adult Reviews (SARs) into practice.

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.



| Organisation | Staff Trained at WRAP3 or above (Target: 85%) |
|----------------------|--------------------------------------------------|
| UHMBT | 89% |
| Southport & Ormskirk | 89% |
| LSCFT | 87% |
| BTH | 90% |
| LTH | 95% |

| Channel Locality | Mental Health Representation |
|------------------|------------------------------|
| Lancashire | 100% |
| South Cumbria | 100% |

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. Alongside there is strong leadership presence on the Cumbria Prevent Board with connectivity into the ongoing work to tackle this growing agenda.

Key Achievements

- We have worked with health partners and the Prevent Team in designing and creating a bespoke health training package for our Mental Health workforce
- 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.

Areas of Focus for 2023/2024

- 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.

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. This year across the Partnerships there have been **nine** Reviews relating to Children published, **eight** Safeguarding Adult Reviews and **one** Domestic Homicide Review. The ICB is currently engaging in **35** learning reviews, the themes from these learning reviews include:

- Recognition of neglect and early intervention
- Application of the Mental Capacity Act and interface with Mental Health Act
- 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
- Continued impact of COVID-19 impact; social isolation, mental ill health, substance misuse and domestic abuse / reduced visibility
- Effective safeguarding responses - understanding of accumulative risk over time
- Transition – vulnerability during transition to adulthood
- Professional Curiosity - helping to identify abuse and neglect and sharing information

| 31 March 2023 | | | | |
|--------------------|-----|-----|------|-------|
| Area | DHR | SAR | CSPR | Total |
| Lancashire Central | 9 | 1 | 2 | 13 |
| Lancashire East | 4 | 1 | 3 | 7 |
| Lancashire North | 2 | 0 | 3 | 5 |
| BwD | 2 | 1 | 0 | 3 |
| Blackpool | 2 | 0 | 0 | 2 |
| Total | 23 | 4 | 8 | 35 |

Service Development and Improvement Activity

- ✓ Quality Education Solutions (QES) case management system has been commissioned to support case management of both CSPRs and SARs across Pan-Lancashire
- ✓ 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
- ✓ A DHR Task and Finish group has been established and 'Learning from Reviews' sessions are being held monthly both to support the dissemination of learning across Lancashire.
- ✓ 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

Following a number of published Safeguarding Adult Reviews, the Learning and Development subgroup connected with Mike and Danny from Lads Like Us who were brought in to come and facilitate a session on the first CSAB Safeguarding Adults Conference in March. They were invited to deliver training to professionals sharing their personal, moving and powerful lived experience having been exploited and abused. During their session, called 'A Million Pieces,' Mike and Danny focused on the importance of professionals being professionally curious, inviting practitioners to ask why when considering the impact of trauma on behaviours.

The outcome of the session evaluated really positively, with practitioners feeding back that "*this was one of the most thought-provoking sessions they had ever attended within their career,*" others stating, "*they will take so much away from the session which will have a direct influence on their practice.*" There is a continued plan of continuing work surrounding Professional Curiosity and Trauma Informed Practice which has formed a number of the CSAB priorities and also links directly to the ICB Safeguarding priorities.

Serious Violence Duty

The Serious Violence Duty came into force on 31st January 2023 through the Police, Crime, Sentencing and Courts Act 2022. The Duty ensures serious violence is a priority for Specified Authorities (including the ICB, Police, Fire and Rescue, Local Authorities, Probation and Youth Justice) who must collaborate to prevent and reduce serious violence. The Duty has been enacted to ensure partners work together to share information and allow them to target their interventions, collaborate and plan to prevent and reduce serious violence within their local communities adopting a population health approach to address the causes of violence. Specified Authorities must publish a Strategic Needs Assessment and a Strategy to address the findings and reduce violence.

Lancashire and South Cumbria ICB work with Lancashire Violence Reduction Network and Safer Cumbria to implement the requirements of the Duty and our commitment to reducing violence has been set out in the ICB Forward Plan, we must;

Reduce hospital admissions for assaults with a knife or sharp object and especially among those victims aged under 25

Reduce knife-enabled serious violence and especially among those victims aged under 25

Reduce the number of domestic homicides and especially among those victims aged under 25 involving knives

| L&SC | Key Partnership Programmes | NHS Led Programmes |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Lancashire Violence Reduction Network</p> <p>Strategic Needs Assessment Published</p> <p>Serious Violence Reduction Strategy being refreshed and updated.</p> | <ul style="list-style-type: none"> Divert Champions working with adolescents for individual support Trauma informed Prisons, work with families and communities Trauma informed Pledge sign up across Lancashire System Information sharing hub in development Emergency (ED) Department Navigators to provide support at teachable moments Trauma informed Education The Solutions Trial is now commenced, offering brief intervention to young people in custody | <ul style="list-style-type: none"> ED Navigator Trauma informed Education rolled out Trauma Informed Enhanced Health Checks – West Lancashire Project in progress to reduce violence against NHS staff Knife Savers Scheme – preparation in communities for mass casualties Reducing the risk of serious youth violence through psychological therapy – solutions trial Trauma informed Champions Network being developed across organisations |
| <p>Safer Cumbria Board</p> <p>Strategic Needs Assessment near completion and Strategy in development</p> | <ul style="list-style-type: none"> Serious Violence Strategic Group being established Preparatory Workshop Held with partners Strategic Needs Assessment being completed Trauma informed Cumbria partnership being established | <ul style="list-style-type: none"> Health engagement and sharing of good practice Cumbria Safeguarding Adult Conference held in March 2023, with a focus on trauma informed practice Trauma informed Champions Network being developed across organisations |

We are proud that we have:

- ✓ **5K +** multiagency professionals trained in TI Awareness
- ✓ Over **4k** individuals received support from ED Navigators across our Emergency Departments
- ✓ Commenced undergraduate and post graduate trauma informed training with University of Central Lancashire
- ✓ Agreed to commence ICB Safeguarding Team accreditation for Trauma Informed Quality Charter Mark from One Small Thing Charity

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 Domestic Abuse Act (2021) sets out how agencies should work together to ensure that victims have the confidence to come forward and report their experiences, safe in the knowledge that agencies will do everything they can, both to support them and their children and pursue the perpetrator. 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 to drive consistency and better performance in the response to domestic abuse across of our services.

We are collectively responding to our statutory duty focussing on;

- ✓ Multi agency, multi professional collaboration and response based on population demographics and need
- ✓ Planning and commissioning healthcare to get the best possible health outcomes for our populations
- ✓ Developing service response (individual organisation, and through integration)
- ✓ Training to support early recognition and action
- ✓ Supporting staff who experience domestic abuse
- ✓ Health workforce response to victims, children and perpetrators

This year has seen a full review of our response to incidents of high-risk domestic abuse and as a result we now have timely multiagency meetings to ensure a safety and support plan is implemented in Blackpool, Blackburn with Darwen and South Cumbria and we are working with Lancashire partners to implement a more timely response.

Domestic abuse is a key priority across our partnerships. In December 2022, the Executives of the Children Safeguarding Assurance Partnership (CSAP) agreed to commission two independent scrutineers to work with senior leads to evaluate the effectiveness of the domestic abuse work of CSAP in supporting, developing and ensuring that the right conditions exist for best practice. The scrutineer evaluation will involve multi agency audit, practitioner feedback, individual feedback from children, young people and their families, learning from relevant reviews including local Child Safeguarding and Domestic Homicide Reviews. The evaluation commenced in January 2023 with a final report expected in summer 2023.

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 Subgroup.

Strengthening Response to Domestic Abuse in Primary Care

- ✓ ICB Safeguarding Team were successful in securing Ministry of Justice 3-year funding to implement the IRIS (Identification and Referral to Improve Safety) domestic abuse programme across 72 Primary Care 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, centred on a model of partnership work between Primary Care and our local specialist domestic abuse sector.
- ✓ In response to Learning Reviews a domestic abuse routine enquiry template was developed with a prompt that has been built into the EMIS system for clinicians to use during mental health consultations. This will be rolled out to all Primary Care GP Practices. Future development will be to consider the implementation of the routine enquiry template into routine health checks. In Primary Care GP practice.
- ✓ Primary Care GP practices have received an updated Sample Domestic Abuse Policy for utilisation within their own practices. The policy has clear guidance and reference to support available from the ICB safeguarding team.
- ✓ We have delivered training to Primary Care regarding safe recording, coding and information sharing in relation to domestic abuse and MAR(R)AC
- ✓ 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

Next Steps and Priorities for 2023/2024

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

In 2023 /24 the ICB will:

- 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
- 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
- continue with active leadership and engagement in developing our response to the Serious Violence Duty, including a commitment to a trauma informed workforce and a partnership delivery model and continue to strengthen partnership response to serious violence
- drive forward our pledge to embed trauma informed practice across our organisations
- continue to strengthen our partnership response to domestic abuse
- ensure robust MCA implementation and readiness for LPS implementation
- reduce the risk of resident harm and restrictive practice in care settings through a partnership approach to strengthen risk assessment and care planning
- review our response to child deaths to ensure we are consistent across Lancashire and South Cumbria and compliant with best practice and statutory guidance
- work with NHS Digital to implement CP-IS Phase 2 with our move towards a single shared care record across Lancashire and South Cumbria
- work with our partners to ensure we have a consistent and effective response to neglect including the use of assessment tools to support practice
- 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
- 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
- implement learning and actions from inspections and reviews and strengthen evidence of impact
- continue to respond to new and changing legislation

As system reform evolves, our focus will be to drive forward safeguarding priorities fully interfacing with and into place-based teams and our local communities. With our partners we aim to deliver sustained improvement that will benefit the population and protect those most vulnerable. We aim to work within a learning culture collectively ensuring our population can access effective early help support and protected when needed.