



## **CWHHE CCG Collaborative Safeguarding Annual Report 2015-16**

**23 December 2016**

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**Hammersmith and Fulham CCG**

**Hounslow CCG**

**Ealing CCG**

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October 2016	DRAFT	All designated Nurses	Several comments	Comments provided. Some re-drafting required
October 2016	DRAFT	Dr Jonathan Webster	Several comments	Comments provided. Document edited

## 1. EXECUTIVE SUMMARY

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This report identifies the extent to which the CCG Governing Bodies of Central London, West London, Hammersmith and Fulham, Hounslow and Ealing Clinical Commissioning Groups (CWHHE CCG) Collaborative can be assured that they and their commissioned services are effectively discharging their safeguarding functions and responsibilities for both adults and children. It also identifies areas where improvements are required for the CCGs to better ensure that there are effective systems in place to safeguard children and adults.

There has been considerable progress towards achieving the 2014-15 priorities set in the last Annual Report, although the achievements are discussed in the body of the report there is a summary of this progress in Appendix 1.

The CCG Safeguarding Policy for Adults was produced and implemented within 2015-16 and the CCG Safeguarding Policy for Children reviewed and revised in the reporting period and following organisational ratification will be implemented in 2016-17.

NHS England (NHSE) undertook a Safeguarding Deep Dive in November 2015 to seek assurances that the CCG's had effective arrangements in place to safeguard children and adults. NHSE reported that there was good assurance of safeguarding processes. The CCG's were assured as **Outstanding** on the following areas:

- Engagement around Female Genital Mutilation (FGM)
- The work being undertaken with Buckinghamshire New University to develop an educational tool to support practitioners in the application of The Mental Capacity Act (2005).

During the course of 2015-16 the CCG's revised their representation on the Local Safeguarding Children Boards (LSCB) and Safeguarding Adult Boards (SAB). This was done with the aim of ensuring a level of continuity and appropriate level of seniority in attendance and in line with current Government's guidance (NHSE 2015) we have received positive feedback from respective Safeguarding Board Chairs. The Governing Body can be assured the CCG's have effectively discharged their function as core member during 2105-16 through membership and active engagement in the activity and funding of the Boards.

Each CCG has a statutory duty to work in partnership with LSCB/SABs in conducting Serious Case Reviews (SCRs) for Children and Safeguarding Adult Reviews in accordance with Working Together to Safeguard Children 2015 and/or Care Act 2014. The CCGs Designated Professionals coordinate and evaluate health sector inputs into the SCR and provide professional scrutiny and, where necessary, relevant challenge to the process. The CCGs support in ensuring that all health related actions following the review are carried out according to the timescale set out by the SCR panel and LSCBs/SAB.

During 2015-2016 the Three Borough Local Safeguarding Board (Hammersmith and Fulham, Royal Borough Kensington and Chelsea, Westminster LSCB) have commissioned and published three SCR's and are waiting to publish a further two SCR's. There were no SCR's commissioned within Ealing during 2015-16 and one commissioned SCR within Hounslow, pending publication.

The outcomes are built into the training provisions and quality measures of activity during the 2016-17 to ensure sustainability of learning, which are overseen and monitored by the LSCB. The health related actions would be monitored through Designated Nurses supervision meetings with the Named Professionals for Safeguarding Children in the main providers within their CCG. Additionally the completion of the actions and exceptions are reported to Clinical Quality Group (CQG) meetings with providers during 2016-17 and CCG Quality Committees within the quarterly reports.

During the course of 2015 – 16 all of the local boroughs have formalised their arrangements in relation to quality surveillance groups, which are subgroups of the Safeguarding Adult Boards, listed in section 5 as each uses a different title. These are attended by representation from the CCG, local authority, and Regional CQC Inspection Manager. The Designated Safeguarding Adult and Clinical Quality Managers participate on these groups to provide their expert clinical and health service advice and support.

A “Deep Dive “Audit within a Care Home was undertaken for the Ealing CCG Quality, Safety and Risk Committee in September 2015. The Deep Dive Audit report was produced and presented, jointly with colleagues in the Local Authority. It led to the development of a number of actions that we are committed to using our joint resources (CCG and LA) to support the delivery of. The actions include further work around London Ambulance Service conveyance rates from nursing homes to A&E departments, an audit of nursing home admission to and discharge from hospitals and the better management of medicines within nursing homes. In January 2016, the Designated Safeguarding and Clinical Quality Manager with the Continuing Health Care team facilitated a well-attended workshop for care home managers about ensuring quality and safety within transfer of care into care homes.

A request from West London CCG Quality, Safety and Risk Committee Quality was received to undertake a similar piece of work for them focusing specifically on CCG responsibilities, landscape and what we know about the quality care provided. This was presented in December 2015.

Within year Ealing CCG undertook a strategic piece of work, to identify current arrangements for FGM. The Ealing Designated Nurse authored a paper, for the CCG Executive, highlighting gaps in the range of services and co-ordination of commissioning for children and women, taking account of the guidance to NHS Commissioning organisations in, ‘Commissioning services to support women and girls with female genital mutilation’ (Department of Health, March 2015). The Ealing scoping paper is currently in the process of being escalated, from Ealing CCG, across CWHHE and BHH CCGs. It recommends that NWL CCGs should move to a position where the CCGs develop a co-ordinated approach to commissioning services for FGM across NWL, in line with the CCGs Strategic Commissioning Intentions.

## **2. PURPOSE**

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This Safeguarding Children and Adults Annual Report for 2015/ 2016 provides the Governing Bodies of Central London, West London, Hammersmith and Fulham, Hounslow and Ealing Clinical Commissioning Groups (CWHHE CCG) Collaborative with an overview of Safeguarding activities across NHS Commissioned Health Services and CCG’s in the five boroughs during 2015-16.

This report identifies the extent to which the CCGs can be assured that they and their commissioned health services, encompassing Continuing Health Care (CHC), Funded Nursing Care (FNC), in partnership with the local authorities are effectively discharging their safeguarding functions for both adults and children. It also highlights areas where improvements are required for the CCGs to better ensure that there are effective systems in place to safeguard children and adults in the future.

Where there are commonalities across the CCGs these will be covered once. Where achievement/challenge differs, these will be identified on an individual CCG basis.

This report reviews achievements for 2015-16 that are summarised in Appendix 2 and identifies the areas for the work plan for 2016/17.

### **3. STATUTORY REQUIREMENTS**

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CCGs are statutory NHS membership organisations that bring together General Practices to commission NHS funded services for their registered populations and for the unregistered patients who live in their area. CCG's must comply with a range of statutory duties specific to Safeguarding Adults and Children. As commissioners of local health services, CCG Governing Bodies need to assure themselves that the organisations, from which they commission, have effective safeguarding arrangements in place.

All NHS organisations, including CCGs, are required to provide an annual report on Safeguarding Children that links to the Children Act (2004) Section 11 requirements and present these to the Trust Board. The local coordination of Safeguarding Adults at risk was strengthened with the introduction of The Care Act (2014) in April 2015. This major legislative change put adult safeguarding on a legal footing and in line with Safeguarding Children. Appendix 2 and 3 explain the detail of the statutory responsibility in more detail.

In this reporting period, safeguarding and accountability of the NHS is guided by the revised NHS Safeguarding Assurance and Accountability Framework (2015).

Safeguarding remained a core element within the NHS standard contract 2015-16 (service condition 32) and commissioners, during the course of the contracting round agreed with their providers, through local negotiation, the contract monitoring processes used to demonstrate compliance with safeguarding duties.

CCGs are responsible for securing and employing the expertise of Designated Safeguarding Professionals on behalf of the local health system. These statutory roles undertake a whole health economy perspective, primarily commissioned NHS services as the role within Private Health Care organisations is lesser. It is crucial that Designated Safeguarding Professionals play an integral role in all parts of the commissioning cycle, from procurement to quality assurance if services are to be commissioned that support adults and children at risk of abuse or neglect, as well as effectively safeguard their wellbeing. Additionally CCGs are responsible for securing the expertise of Designated Professionals for Looked after Children.



## **4. GOVERNANCE ARRANGEMENTS**

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CCGs are required to demonstrate that they have appropriate systems in place for discharging their statutory duties in terms of safeguarding this includes the need to have the following in place:

### **4.1 CLEAR LINE OF ACCOUNTABILITY**

The executive leadership role for safeguarding is delegated by the Chief Accountable Officer to the Director for Quality, Nursing and Patient Safety.

This post is supported by Deputy Director of Quality, Nursing and Safeguarding and in turn by the Assistant Director of Safeguarding.

The Designated Children's Professionals and Designated Safeguarding Adult and Clinical Quality Managers work together as a team across CWHHE under the management of the Assistant Director for Safeguarding but each are embedded within individual CCGs.

### **4.2 POLICIES FOR SAFEGUARDING, SAFE RECRUITMENT AND FOR DEALING WITH ALLEGATIONS AGAINST PEOPLE WHO WORK WITH CHILDREN AND ADULTS**

- The CCGs comply with the national legislation, statutory guidance and requirements and London Procedures for safeguarding children and adults;
- The revised Safeguarding Children Policy was ratified/approved by each CCG Governing Bodies during July 2016 (16-17 reporting period).
- The Safeguarding Adult Policy was ratified/approved by each CCG Governing Bodies September 2015.

### **4.3 STAFF IS APPROPRIATELY TRAINED TO CARRY OUT THEIR RESPONSIBILITIES FOR SAFEGUARDING**

- The safeguarding team is up to date with their training and have access to appropriate supervision either on a one to one basis or via a London peer network.
- Safeguarding adults, children, Prevent training is part of the mandatory face-to-face training programme for all staff employed by the CCGS.
- WRAP training is part of the mandatory training programme for clinical staff employed by the CCGS.

### **4.4 EFFECTIVE INTER-AGENCY WORKING WITH LOCAL AUTHORITIES INCLUDING WITHIN THE OPERATION OF LOCAL SAFEGUARDING CHILDREN BOARDS (LSCBs), SAFEGUARDING ADULT BOARDS (SABs) AND HEALTH AND WELLBEING BOARDS (HWBBs)**

- The CCGs are effectively engaged with the work of the Local Authorities with clear membership of the LSCBs, SABs through the Director for Quality, Nursing and Patient Safety.

The Managing Director for the respective CCG takes responsibility for organisational membership and representation of the HWBBs.

#### **4.5 ENSURING EFFECTIVE ARRANGEMENTS FOR INFORMATION SHARING**

- The CCGs have arrangements in place for sharing information across NHS commissioned services within the health economy and with partner agencies for children. The CCGs will during 2016 review the arrangements in relation to adults to ensure they are compliant with the requirements of the Care Act 2014.

#### **4.6 ENSURING THE ACCESS TO THE EXPERTISE OF DESIGNATED DOCTORS AND NURSES FOR SAFEGUARDING CHILDREN, LOOKED AFTER CHILDREN AND DESIGNATED PAEDIATRICIANS FOR UNEXPECTED DEATHS IN CHILDHOOD**

- All of the CCGs had arrangements in place to ensure statutory functions and responsibilities were fulfilled throughout the reporting period
- New opportunities led to the Designated Safeguarding Children's Nurses from Hammersmith and Fulham, Central London and West London CCG to move on and vacant posts were recruited to within a timely fashion.
- There are differing arrangements for Looked after Children (LAC) Designated Professionals across the CCGs. This will be referred to in section 5 which is specific to LAC.
- Additionally each CCG has a minimum of one GP Clinical Lead for Children that sit on their Governing Body. This portfolio includes safeguarding children.
- Each CCG has a Named GP for Safeguarding Children. The Named GP role is an NHS England responsibility to support GP's in their provider function
- Each CCG has a clear process for escalating Serious Incidents, relating to Safeguarding Children and Adults via NHSE and also via the Local Safeguarding Boards.

#### **4.7 HAVING AN ADULT SAFEGUARDING LEAD ROLE AND A LEAD FOR MENTAL CAPACITY ACT (MCA)**

During 2015, consultation took place in relation to the Safeguarding Adult Lead Nurse roles across CWHHE in order to:

- Ensure that they met the statutory requirements, in the light of the Care Act (2014).
- That they reflect the portfolio of the role in relation to the support of quality issues, particularly within care provision relating to older adults.
- Ensure the job title reflected the breadth and scope of the role; as a result of the review, the title was revised to Designated Adult Safeguarding and Clinical Quality Manager.
- Ensure that there was the right match between demand and capacity. As a result of the review an additional post was created and recruited to resulting in 3 Designated Adult Safeguarding and Clinical Quality Managers with the expectation that they work together across CWHHE and are embedded with the CCG's as follows:
  - Ealing CCG (with effect from September 2015)
  - Hounslow CCG (with effect from January 2016)
  - Central London, West London, Hammersmith & Fulham CCGs (with effect from April 2016)

## **5. SAFEGUARDING BOARDS**

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Each CCG has a statutory requirement to be a partner member of the Local Safeguarding Children Boards (LSCB) and the Safeguarding Adults Board (SAB). The Boards oversee the effectiveness of the multi-agency safeguarding work for the borough based (Local Authority) areas. They do not commission or deliver direct frontline services (though some provide training). Whilst the Board does not have the power to direct other organisations it does have a role in making clear where improvement is needed (section 14 of Children Act 2004) Each Board partner retains its own line of organisational accountability for safeguarding.

During the course of 2015–16 the Safeguarding Team reviewed and revised its representation on the Boards. This was done with the aim of ensuring a level of continuity in attendance and appropriate level of representation. We have received positive feedback from the respective chairs. The Governing Board can be assured that the CCGs have effectively discharged their function as core members during 2015-16 through membership, active engagement in the activity and funding of the Boards.

Each Board is required to complete their own Annual Report reflecting the actions and progress against the partnership priorities and are published on the respective Local Authority's websites. To avoid duplication the examples below draw out specific pieces of work, directed by the Board, that the safeguarding team have either led or had a significant input into.

### **5.1 THREE BOROUGH (TRI-BOROUGH) SAFEGUARDING ADULTS EXECUTIVE BOARD; WESTMINSTER, HAMMERSMITH AND FULHAM, KENSINGTON AND CHELSEA**

The work of the board during 2014 – 15 focused on reviewing its core adults safeguarding functions to make sure that they complied with the Care Act 2014. The focus this year has been on making sure they work.

- Taking an active lead on the Safeguarding Adults Reviews Group in a way that means that reviews are proportionate to the seriousness of the failure of agencies to work together; and finding the best ways to help families participate in reviews to get answers to their questions, and to help them with their loss.
- Significant contribution to the undertaking a Serious Adult Review around the death of an elderly resident at a local care home in November 2014. The final report of which was received presented to the September 2015 West London CCG Quality, Patient Safety and Risk Committee.
- Active involvement in the Safeguarding Information Panel where intelligence is shared via contract monitoring; Care Quality Commission reports; safeguarding incidents; placement reviews in the hope that to identify early signs of concern, and work with providers to take actions to address those concerns and ensure good quality of care. The work of the Panel contributes to meeting the requirements of the Care Act 2014 to manage the market and prevent provider failure

### **5.2 THREE BOROUGH (TRI-BOROUGH) SAFEGUARDING CHILDREN BOARD; WESTMINSTER, HAMMERSMITH AND FULHAM, KENSINGTON AND CHELSEA**

- The Designated Nurses chair the health sub group.
- The development of a Neglect Strategy and running of a conference.
- Oversight and scrutiny and management of emerging risks and issues – including proposed changes around the school nursing and around communication between GPs and Health Visitors.

- The Designated Nurses led the work for the Health Overview reports towards three serious case reviews and led the development of the health action plans with providers across the health economy on completion of the review.
- Additionally partners contributed to serious case reviews commissioned by other LSCBs.
- Ofsted reviewed Children's Services in the Tri-Borough in late 2015-16, the inspection considered arrangements for children in need of help and protection; children looked after and care leavers. Additionally Ofsted considered how the LSCB functions and its engagement with partner agencies.
- The output of this review was that LSCB was rated "good" and the LAC Services in Kensington and Chelsea were rated as outstanding.

### **5.3 HOUNSLOW SAFEGUARDING ADULTS BOARD**

- Akin to the Three Boroughs, the work of the board during 2014 – 15 focused on reviewing its core adults safeguarding functions to make sure that they complied with the Care Act 2014. The focus this year has been on making sure they work.
- Work with partners to review working relationships to make sure that they deliver effective interventions including the joint operational arrangements between The Council and West London Mental Health NHS Trust resulting in Social Workers taking a lead for all safeguarding enquiries for all people presenting with a mental health issue from the 1st of May 2016 (16-17 reporting year).
- Taking an active role on the Safeguarding Adults Review Group to ensure that learning from reviews undertaken is shared in a sustainable way.
- Taking an active lead on the Quality and Safeguarding Group – this is a surveillance and information sharing group that focuses its attention on suppliers of residential, nursing and domiciliary care operating in the borough. The group attempts to identify themes, patterns and trends that may need further investigation. The group also monitor the progress of provider concerns enquiries that are reported to Hounslow CCGs Quality, Safety and patient Experience Committee.
- Being an active member of the Channel Panel led by the Community Safety Unit, the CCG contributes by sharing soft intelligence and best approach for people who are at risk of radicalisation.

### **5.4 HOUNSLOW SAFEGUARDING CHILDREN BOARD**

- The Designated Nurse for Safeguarding Children chairs the Health Network Group, with the Designated Doctor as a Deputy.
- The board and its partners preparing for a potential joint area inspection which may take place in 2016-17.
- The board developed a subcommittee for Child Sexual Exploitation (CSE) hosted a conference to focus on child sexual abuse and CSE. Representation on these work streams.
- The board continued to focus on LAC with particular focus on children placed out of borough children in partnership with all agencies. The CCG and local authority developed a joint action plan to support and monitor services for LAC in Hounslow.
- In this reporting period Hounslow hosted three multi-agency learning events relating to serious incidents involving children and young people.

- One serious case review was commissioned which is due to be published in the autumn of 2016.
- The Designated Nurse has been working with Public Health commissioners to have oversight, scrutiny and issues which involved school nursing and health visiting. This has included working with the commissioners, and the HV provider service to develop a new service model, which incorporates more skill mixed. This new service model will take place in April 2017.
- Reorganisation of CDOP; Hounslow has moved away from Richmond and Kingston CDOP panel and are developing new processes.
- Development of the Quality of Care toolkit to assess Neglect with partner agencies to support professionals when there are concerns around neglectful parenting.
- FGM pathway developed in Hounslow to make it easier for partner agencies on pathways to follow if concerns around FGM.
- VAWGG (Violence and Women and Girls Group) continues and developed a VAWGG action plan for 2015-16.
- LSCB has a Feltham Youth Institute, (FYOI) subgroup which monitors the safeguarding activity in FYOI. The Designated Nurse is a member of this group.
- The LSCB asked for a MASH strategic group to be set up with all partner agencies to explore current arrangements and processes. This group commenced in November 2015.

## **5.5 EALING SAFEGUARDING ADULTS BOARD**

Highlights of the SAB's work stream this year include:

- Appointment of an Independent Chair.
- Developing the links across both children's and adults Safeguarding Boards and its members, strengthened by the appointment of a joint independent Chair for both the LSCB and SAB.
- Particular attention being applied to the implication of safeguarding for those who may have mental illness, substance misuse and domestic violence through Quality Assurance panel.

## **5.6 EALING SAFEGUARDING CHILDREN BOARD**

- Production of circulation of a Key Messages information sheet re FGM Mandatory Reporting Duties.
- The development of a FGM Strategy – led by the Designated Nurse.
- Oversight and scrutiny and management of emerging risks and issues – including proposed changes around the school nursing and around communication between GPs and Health Visitors.
- Representation on the ESCB Missing and Child Sexual Exploitation work streams.
- Supported the annual review of ESCB training programme - this includes observation and quality assurance of ESCB training courses.
- Active involvement in ESCB multi-agency audit activity – which included involvement in an audit of Ealing Integrated Response Service and the Multi Agency Safeguarding Hub.
- Recruitment of a new and joint (with the safeguarding adults board) Independent Chair.

## **6. THE WOOD REPORT 2016**

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During 2015-16 the Department of Education (DfE) commissioned a review of the function and role of LSCB's in protecting and safeguarding children, this was undertaken by Alan Wood. The Wood Report was published in May 2016, and recommended 34 specific changes to the organisation and function of LSCB's, Child Death Overview Panels (CDOP's) and the processes for how Serious Case Reviews are undertaken.

The report suggested that LSCB's should sit within a stronger statutory framework to ensure the key three agencies the local authority, police and CCG's should work effectively together.

However the SCR process will be subject to change in 2016-17 this was highly critical of the processes surrounding SCR's and the inconsistent quality of reports nationally. The government accepted the recommendations that a national learning framework is established with accredited reviewers. The LSCB's will be reflecting on this recommendation and how this will be implemented.

The current arrangement for Child Death Overview Panels were criticised for being too small in size and scale to effectively identify patterns and trends or themes. A recommendation was that the CDOPS could focus on populations of a million and establish a national data set. Additionally, the responsibility for oversight of unexpected Child deaths and CDOP should be moved from the Department of Education to the Department of Health. The government has accepted the recommendations pertaining to CDOP.

All LSCBs will be reviewing the recommendations of the report and identifying how these will be implemented in each borough during 2016-17.

Progress will be reported by the safeguarding team to each CCG quality committee through the quarterly reports of 2016-17 and the final outcomes in the next year's annual report.

## **7. SERIOUS CASE/ADULT REVIEWS (SCR/SARs)**

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When a child dies or is seriously injured and abuse or neglect are suspected, the LSCB is required to commission a Serious Case Review to consider how any learning can be identified from the case. When completed the LSCB is required to publish the report.

SABs are required to arrange a Safeguarding Adult Review (SAR) when:

An adult in its area dies or is injured as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult.

The purpose of a SCR/SAR is to establish from the case, the approach taken whereby local professionals and organisations have worked either individually or together, to safeguard, promote the welfare of children/ adults and establish what lessons can be learnt. This enables both single and partner agencies to clearly identify the lessons. In order for effective learning to be identified from SCR or SARs there must be active interagency working from all organisations involved in the case.

Each CCG has a statutory duty to work in partnership with LSCB/SABs in conducting Serious Case Review/ Safeguarding Adult Review in accordance with Working Together to Safeguard Children 2015 or Care Act 2014.

The CCG Designated Professionals coordinate and evaluate the health services inputs into the SCR and provide professional scrutiny and challenge. The CCGs must ensure all actions following the review are carried out according to the timescale set out by the SCR panel.

Learning from SCRs is shared and built into training and quality measures of activity during the 2016-17 to ensure sustainability. The health related actions would be monitored through Designated Nurses supervision meetings with the Named Professionals for Safeguarding Children in the main providers within their CCG. Additionally the completion of the actions and exceptions are reported to Clinical Quality Group (CQG) meetings with providers during 2016-17 and CCG Quality Committees within the quarterly reports.

During 2015-16 the Three Borough Local Safeguarding Board (TLSCB) have published three SCR's and are waiting to publish a further two SCR's listed in Table 1.

Hounslow LSCB commissioned one serious case review in 2015-16, pending publication.

<b>Table 1: List of Serious Case Reviews Undertaken Within Three Borough LSCB</b>		
<b>SCR</b>	<b>Originating Borough:</b>	<b>Publication Date:</b>
<b>Sofia</b>	Westminster, Hammersmith and Fulham	<b>December 2015</b>
<b>JJ</b>	Westminster,	<b>January 2016</b>
<b>Southbank</b>	Westminster,	<b>January 2016</b>
<b>Unpublished</b>	Hammersmith and Fulham	<b>Pending</b> September 2016
<b>Unpublished</b>	Kensington and Chelsea Westminster, Hammersmith and Fulham	<b>Pending</b> October 2016
<b>Pending</b>	Hounslow	<b>Pending</b> September 2016

The Ealing Safeguarding Children Board (ESCB) did not commission any serious case reviews during 2015-16, however, the ESCB and partners contributed to serious case reviews commissioned by other LSCBs.

Table 2 summarises the patterns and nature of any recurring common themes for learning for health services from the published Three Borough SCR's to enable a better understanding of the different patterns of causal effects, which impacted on the child or young person's wellbeing or death.

This analysis is to support dissemination of learning across the health economy and wider partners.





<b>TABLE 2: Themes for learning across health services from the Serious Case Reviews by the Three Boroughs LSCB Published in 2015-16</b>		
<b>Serious Case Review high level themes for learning specific to health services</b>	<b>Serious Case Review high level actions relating to learning relating to health services</b>	<b>Designated Nurses monitoring arrangements to ensure learning is embedded in practice</b>
1. All front line teams are aware of thresholds	<p>To reduce risk of assessment being delayed especially in the unborn child.</p> <p>Clear lines of accountability between professionals when there is a 'child in need'.</p>	<p>Discussed at the Health subgroup panel with concerns being escalated if thresholds are not being met by children services where health remain concerned</p> <p>Evidenced in Section 11 audits</p> <p>Monitored during supervision of the Named Professionals</p>
2. Clear and robust record keeping within health	<p>Demonstrate that patient held records are effective in identifying and managing vulnerable adult and children.</p> <p>Safeguarding alerts documented clearly in electronic records.</p>	<p>Review provider audits on record keeping</p> <p>Dip sample audits by Designated Nurses</p> <p>Auditing the use of CP-IS once it is fully implemented across health</p>
3. Information sharing processes are robust	<p>Formalised system in place for the transfer of information between GPs and Health Visitors.</p> <p>Appropriate sharing of information with key professionals across agencies.</p> <p>Lack of understanding when partner agencies change internal guidance procedures and the implication this has for practice when working with vulnerable children.</p>	<p>Designated nurses to undertake an audit on the referral pathway to ensure compliance in use and its effectiveness in safeguarding children</p>

<p>4. Robust referral processes</p>	<p>Clearer pathways of referrals, especially between General Practitioner's referrals into peri-natal mental health, Health Visiting Referrals shared with key professionals across agencies to support vulnerable families.</p>	<p>Request providers to undertake audits on referral process to ensure the quality and timeliness is robust</p> <p>Ad hoc attendance at the meetings to ensure quoracy and effectiveness</p> <p>Consultation meeting to improve communication between the GPs, and health provides arrangement for October 2016, to review the referral/communication pathways.</p>
<p>5. The need for assessments to promote more professional curiosity</p>	<p>When patterns are emerging of a child frequently being taken by a parent to Accident &amp; Emergency or unscheduled care setting for medical attention.</p> <p>More in-depth analysis between health agencies to consider rationale possible indicators for children frequently attending unscheduled care settings.</p> <p>Clearer analysis and clarification when parents appear as "anxious" or "confident" disguising their vulnerability.</p> <p>Professional's awareness to assess concerns about 'avoidant' families, which would meet the higher threshold level.</p> <p>Professional's awareness in assessment and analysis to include the absent parent or father highlighting what role they have in the child's life.</p> <p>Professionals to be aware they over-focus on physical manifestations of neglect such as weight loss and fail to identify more complex less visible indicators.</p>	<p>Request providers to undertake audits to demonstrate this process is being undertaken</p> <p>As above</p> <p>Dip sample audits of training material by Designated Nurses</p> <p>Request providers to evidence impact of training on staff</p>

<p>6. To strengthen the delivery of child protection strategy meetings to ensure full inclusivity and contributions from key agencies involved</p>	<p>To ensure all agencies views are included in the pre assessment stages and throughout the safeguarding children process.</p>	<p>Monitored via the Health sub group and quarterly reports</p> <p>Undertake dip sample audits on health supervision records to ensure supervisors are reviewing meeting attendance as part of supervision</p>
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Additionally the Three Borough's SAB published one SAR published within the reporting period, which considered an incident relating to two resident clients with dementia within a care home.

The Designated Adult Safeguarding and Clinical Quality Managers will work with partners in 2016-17, in planning appropriate actions to support local systems and services to address these issues.

Progress will be monitored through the multi-agency Safeguarding Information Panel and joint operational group meetings with individual care homes, or the Clinical Quality Groups with NHS providers.

Progress will be reported to the CCG Quality Committees. The outcomes are built into the training provision and quality measures of activity during the 2016-17 to ensure sustainability.

## **8. CHILD DEATH OVERVIEW PANELS – CDOP**

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The Statutory requirement for CDOP is described in the Children's Act (2004) and came into effect as part of the LSCB regulations 2006.

The LSCB is responsible for:

1. Collecting and analysing information about each death with a view to identifying:
  - Any case giving rise to the need for a review mentioned in regulation 5(1)(e);
  - Any matters of concern affecting the safety and welfare of children in the area of the authority;
  - Any wider public health or safety concerns arising from a particular death or from a pattern of deaths in that area; and
2. Putting in place procedures for ensuring that there is a coordinated response by the authority, their Board partners and other relevant persons to an unexpected

The CDOP have a core membership of senior professionals drawn from the key organisations represented on the LSCBs, with a flexibility to co-opt other relevant professionals as and when appropriate. Each reviewing year Child Death data is submitted to the Department for Education and input onto a national database in order to identify national problems/trends.

Each CDOP is required to complete their own Annual Report identifying themes patterns and trends from child deaths; this is presented to the Director of Public Health, the LSCB and the CCG. This report acknowledges the CDOP, as an output of work for the designated professional but will not provide the details that will be reported in each separate CDOP's annual report.

There are currently a number of different models for managing the CDOP's across the local Borough/LSCB areas. The arrangements for the Provision of a Designated Dr for Unexpected Death in Childhood is a CCG requirement, each CCG is complaint with this arrangement.

## **8.1 THREE BOROUGHS (WESTMINSTER, HAMMERSMITH AND FULHAM, KENSINGTON AND CHELSEA) CDOP**

The LSCB commission West London, Central and Hammersmith and Fulham CCG's to deliver their CDOP. Therefore more detail about the work of the Three Borough CDOP is included in this report, as it is a function directly provided and administered by the safeguarding team. The Child Death Overview Annual report for 2015/16 has been submitted to the LSCB and quarterly reports were submitted throughout the year.

The deaths of 25 children, who resided in the boroughs of Westminster, Kensington and Chelsea and Hammersmith and Fulham, were reviewed by the Child Death Overview Panel during 2015-16. Of these 10 were unexpected. The key themes for the unexpected deaths were related to life limiting disease and perinatal events, the main category of death being those with life limiting disease.

As a result of the reviews, learning specific to the different agencies (health, education, police, London Ambulance Service and Children Social Care and other providers) were disseminated via individual practitioners who sits on the Panel. Membership is informed by each case and the issues that have been identified.

The panel is now chaired by the Deputy Director of Public Health for Westminster following the resignation of the previous Chair. A Specialist Nurse takes responsibility for the coordination of the CDOP process working alongside the Designated Doctor for Unexpected Child Death.

### **8.1.a RECOMMENDATIONS FOR 2016-17**

- Improve the communication process between the Child Death Overview Panel and the parents of children who have died. Parents are to receive a letter to inform them of the CDOP process along with appropriate leaflets.
- Identify topics for research and develop a work stream to support this.
- To work with the LSCB to develop web pages on the LSCB website so that families and professionals have access to information and resources in relation to the child death process and how to access support.
- To establish links with the Learning and Development subgroup secondary and primary care, education and the police to ensure that learning from the child death reviews is disseminated and that agencies are aware of the CDOP process.
- The learning from CDOP to inform the JSNA for the three boroughs.

## **8.2 HOUNSLOW**

Hounslow LSCB is responsible for the CDOP.

Hounslow CCG is represented on the panel by the Designated Nurse Safeguarding Children; with the Designated Doctor for Unexpected Deaths in Childhood being represented by a Paediatric Consultant employed by HRCH. Following a local review with Public Health the LSCB and CCG, Hounslow established a dedicated CDOP in March 2016 having previously shared a CDOP with the London Borough of Richmond.

## **8.3 EALING**

In this reporting period the Child Death Overview Panel (CDOP) for Ealing continued to

operate as a joint panel across the London Boroughs of Ealing and Hillingdon. A Director of Public Health, from Ealing or Hillingdon, chairs the Panel on a rotational basis.

The Designated Nurse Safeguarding Children represents Ealing CCG on the panel. Ealing CCG has an arrangement with London North West Health Care Trust (LNWHT) for the provision of a Consultant Paediatrician, who undertakes the role of Single Point of Contact (SPOC) for Child Deaths and the duties of the Designated Doctor for Unexpected Death in Childhood. The Named Nurse Safeguarding Children for Ealing Hospital (part of LNWHT), supports the local CDOP arrangements by acting as the Rapid Response Coordinator for unexpected child deaths, of Ealing children.

## **9. DOMESTIC HOMICIDE REVIEWS**

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Domestic Homicide Reviews (DHRs) were established on a statutory basis under section 9 of the Domestic Violence, Crime and Victims Act (2004). This provision came into force on 13th April 2011. The purpose is for the strategic multi-agency network to identify and implement learning from the review.

CCGs and NHSE are both required to attend a DHR panels to support and enable learning to be embedded across the health economy. During 2015-16 the Designated Nurses and Designated Safeguarding and Clinical Quality Managers in the Safeguarding Team represented the CCGs to provide advice relating to the health perspective to the panel.

During 2015-16 there were not completed DHR's within the five CCG localities, although there are two, currently under investigation within the Three-Boroughs, three in Ealing and one in Hounslow.

## **10. VIOLENCE AGAINST WOMEN AND GIRLS PARTNERSHIP**

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In 2013, the London Mayor re-launched a strategy to set out the next stages in tackling Violence Against Women and Girls (VAWG), 'The Way Forward: taking action to end violence against women'. The purpose of the VAWG is to have a clear understanding of the issues affecting the wellbeing of women, girls and other vulnerable members of our communities.

Each VAWG is responsible for developing its own strategy. The focus is on the key risks for the respective borough and makes links across the LSCB and SAB in each borough.

All of the VAWG boards published their strategies in 2015.

There is some variation in CCG representation in the VAWG's, in order to ensure that health provision is aligned to and joined up with the priorities of the VAWG and the LSCB's. The Designated Nurses Safeguarding Children are the established CCG representatives in Hounslow and Ealing. Within their representative role, they provide the VAWG with clinical advice about how health services might be best placed to support the VAWG work in supporting vulnerable women and girls, linking with their adult safeguarding colleague and others in the CCG, to ensure VAWG work is aligned with the SAB's.

In Ealing the Named GP Safeguarding Children has been actively working within the VAWG arrangements, in the reporting year; with a focus on effective communication and engagement with GPs as part of the Multi Agency Risk Assessment Conference (MARAC) arrangements. MARAC arrangements support risk assessment, management and safety planning for high-level domestic violence cases.

Within the Three Borough there has been limited representation due to the change in team members within year representation will be prioritised in 2016-17.

In Ealing the Designated Nurse Safeguarding Children and the Named GP Safeguarding Children has been actively working with the VAWG partnership and external stakeholders to deliver outputs especially in relation to FGM and domestic violence.

In Hounslow, the Designated Nurse Safeguarding Children has been actively involved with the VAWG partnership and external stakeholders to deliver outputs especially in relation to FGM, DV and Prostitution. A Health Independent Domestic Violence Advisor (IDVA) is now based in Hounslow CCG since September 2015, working directly with GPs from Hounslow and maternity services. There are also health IDVAs in West Middlesex University Hospital Accident and Emergency and Drugs and Alcohol services.

## **11. LOOKED AFTER CHILDREN (LAC) (ALSO REFERRED TO AS CHILDREN LOOKED AFTER (CLA))**

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In England and Wales the term 'looked after children' is defined in law under the Children Act (1989)

*The term looked after children is used to describe any child who is in the care of the local authority or who is provided with accommodation by the local authority social services department for a continuous period of more than 24 hours. This covers children in respect of whom a compulsory care order or other court order has been made. It also refers to children accommodated voluntarily, including under an agreed series of short-term placements which may be called short breaks, family link placements or respite care.*

### **11.1 CCG RESPONSIBILITIES FOR LOOKED AFTER CHILDREN**

Local authorities, CCGs, NHS England and Public Health England must cooperate to commission health services for all children in their area. The CCG responsibility for LAC extends to children who are Looked After, wherever they are placed, including placements outside the Borough area.

There is a statutory requirement for an Annual Report to be produced by each CCG, to provide assurance to the Governing Body, that the CCG has met its responsibilities in relation to the commissioning health services to meet the health needs of LAC. The annual reports are presented to the relevant CCG Governing Body, as part of internal governance arrangements. As some of the data required to best understand the LAC population, is reliant on external verification of Local Authority, data by the Department of Education (DfE), the timeline for the LAC Annual Report submission is November 2016.



Due to the geographical positioning of the provider services and the professional expertise being located in provider services, there are differing arrangements for LAC Designated Professionals across the CWHHE CCG Collaborative.

### **11.2 THREE BOROUGHS (WESTMINSTER, HAMMERSMITH AND FULHAM, KENSINGTON AND CHELSEA)**

Within Central London, West London, Hammersmith and Fulham CCG's, the Designated Nurse has a substantive contract with CLCH NHS Trust. The contract includes provision of the Designated Nurse LAC function for the three CCGs. In this way the CCGs are able to fulfil their responsibilities in securing expertise and associated functions in relation to commissioning health services for Looked After Children. The Designated Dr's for LAC are subcontracted to the CCGs and are provided from local acute provider NHS Trusts. This arrangement has been acknowledged as meeting the skills, knowledge and competency requirement for the LAC roles despite the possible conflict of interest it poses. To mitigate the conflict of interest risk the specific health interventions and KPI's for LAC are discussed in the CCG governance meetings as all other health services, i.e. clinical quality groups and CCG quality committees. This provides quality assurance though contractual arrangements thus we are able to have some critical oversight to the provision of local LAC services.

We plan to carry out a review of the CCGs Designated LAC Nursing function and provision during 2016-17 and will add this to the provider contract to ensure transparency that the review happens.

We intend that in future the Designated Nurse LAC will be hosted within the CCGs in a single non-provider capacity. How this is carried out will be determined by the recommendations made in a review in 2016-17.

### **11.3 HOUNSLOW**

Following a review of the provision in Hounslow of the LAC Designated Nurse provision and employment during 2015-16, the Designated Nurse for LAC was transferred from the provider, Hounslow and Richmond Community (HRCH) NHS Trust to the CCG as a dedicated CCG Designated LAC Nurse. The Designated Dr arrangements in year continue to be provided to the CCG via a Service Level Agreement with HRCH.

The Designated Safeguarding and LAC professionals and Hounslow Local Authority created a joint LAC action plan for 2015-16, which identified a set of priorities that directly contributed to promoting the health and well-being and achieving the best possible outcomes for LAC in Hounslow.

The Designated Professionals LAC will be reporting the detail of their activity within the 2015-16 LAC Annual Report by end of 2016.

## 11.4 EALING

Ealing CCG directly employs both their Designated LAC Nurse and Designated Doctor for LAC. Both commenced in post early in 2015/16. The Designated LAC Professionals will be reporting the details of their activity within a LAC annual report in November 2016.

The CCG's can all be assured that progress has been made in the delivery of services relating to LAC within 2015-16.

## 12. CWHHE CCG COLLABORATIVE ACHIEVEMENTS

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### 12.1 NHSE DEEP DIVE

NHS England (NHSE) undertook a Safeguarding Deep Dive in November 2015 to seek assurances that the CCG's had effective arrangements in place to safeguard children and adults. NHSE reported that there was good assurance of safeguarding processes.

At a high level the CCGs were assessed against 4 components namely:

1. Governance, Systems and Processes
2. Workforce
3. Capacity Levels and
4. Assurance

The table 3 below details NHSE's assessment of these CCG's against these 4 components.

TABLE 3 Safeguarding Deep Dive Review Components		Outcome
1	Governance/Systems/Processes	Assured as Good
2	Workforce	Limited Assurance
3	Capacity Levels within CCGs	Assured as Good
4	Assurance	Assured as Good

Beneath these 4 high level components are a number of more detailed areas. The CCG's were assured as **Outstanding** on the following areas:

- Engagement around Female Genital Mutilation (FGM)
- The work being undertaken with Buckinghamshire New University to develop an educational tool to support practitioners in the application of The Mental Capacity Act (2005).

The small number of areas that were rated as providing **Limited Assurance** is being worked through at a CCG Level during 2016-17. These predominately relate to the workforce, the uptake of training and safeguarding supervision within the CCGs and providers.

In Hounslow there was limited assurance at the time of the deep Dive as the Designated Adult Safeguarding and Clinical Quality Manager was not in post, the appointee commencing in role in January 2016 resolved this.

There is currently no requirement to have a Designated Dr or named GP for Adult Safeguarding, although during the NHSE Deep dive CCGs articulated to NSHE that a

named GP for safeguarding adults would be a role they were willing to pursue. The Named GP role is an NHS England responsibility to support GP's in their provider function. This will be progressed during 2016-17.

All other Designated Professionals across the Collaborative for adults and children were in post and each CCG had a Named GP's for safeguarding Children.

## **12.2 CCG TRAINING AND SUPERVISION**

There were some challenges specifically in relation to the uptake from CCG staff to undertake Safeguarding, Prevent and WRAP training across the CCGs.

In order to support CCG staff undertaking the training the Designated nurses have developed a work plan for 2016-17 within each CCG to support managers to monitor the uptake of Safeguarding training and to deliver face to face Safeguarding and Prevent/WRAP training throughout each CCG. CCG staff who require WRAP, are also able to access the rolling programme of training delivered by Home Office funded Prevent Co-ordinators within the Prevent Priority Boroughs.

The second challenge was to ensure that all the designated professional across the Collaborative were accessing their own Safeguarding supervision; this will be addressed in 2016-17.

## **12.3 DESIGNATED DOCTORS CONTRACTUAL ARRANGEMENTS**

In the reporting period, the contractual arrangements for the Designated Doctors for Safeguarding Children across the collaborative have been reviewed. New contracts have been issued to ensure that the arrangements are consistent robust and represent good employment practice as set out in the NHSE Accountability Framework.

Additionally the contracts for Named GPs for Safeguarding Children were revised with agreement between the CCGs and an NHS England funding arrangement, to support provision of the posts (funding based on NHSE matrix and capacity assessment for each CCG area.

## **12.4 CCG PROCEDURE FOR THE SUSPENSION OF COMMISSIONED PLACEMENTS IN CARE HOMES / CARE PACKAGES POLICY**

Following work that members of the Safeguarding Team did last year, to develop a CCG Procedure for the Suspension of Commissioned Placements in Care Homes/Care Packages Policy for both Hounslow and Ealing CCGs, a similar policy is now in development for Central, West London, Hammersmith and Fulham CCGs. The intention is that this will be a jointly owned policy, in each borough/CCG area with the respective local authorities.

### **13. ADULT ACHIEVEMENTS AND AREAS FOR DEVELOPMENT ACROSS CWHHE**

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The three Designated Safeguarding and Clinical Quality Managers that work within and across the CCGs incorporate the duties of Safeguarding, Mental Capacity Act (MCA) and Prevent Lead, within their roles.

The team have continued to input at relevant provider contracting meetings for trusts, large contracts and others as requested to provide a level of expert scrutiny in the assurance process for adult safeguarding and wider quality concerns in conjunction with the CCG Assistant Director of quality.

The team identified themes for further attention in the local areas, which will impact on the work of the CCGs in 2016-17. These themes include modern slavery, implementation of the MCA in practice, safeguarding risks in the homeless population, and suicide incidents in mental health units and work with the SABs to ensure that there is an appropriate response to these issues from health services.

### **14. INVOLVEMENT IN RESEARCH**

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#### **14.1 IHYDRATE**

The University of West London, two homes; one in Ealing, one in Hammersmith and Fulham and CWHHE CCGs, have been successful in our bid to CLAHRC to 'Improve hydration for older people in nursing homes to reduce morbidity and hospital admissions'. The intention of this research project is to improve the hydration of nursing home residents by implementing a planned approach to those at risk and actively addressing insufficient hydration. Optimising hydration improves the quality of life of residents and reduces occurrences of adverse health effects associated with dehydration that increase hospital admissions, treatment costs and mortality.

#### **14.2 MCA TRAINING PACKAGE**

Within the CCGs, the Designated Adult Safeguarding & Clinical Quality Manager delivers lead MCA role and functions whilst the arrangements across providers vary. CWHHE CCGs commissioned a project from Bucks New University in 2014-15, to analyse the training and awareness locally and develop new training materials in consultation with Care Homes, Trusts and Primary Care. The project continued during 2015-16 in the delivery of training and development of a sustainable web based training package.

### **15. CARE HOMES/CARE PROVIDERS**

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There has been a considerable focus by the Designated Safeguarding Adults and Clinical Quality Managers across the CCGs about safeguarding and quality issues within Care Homes or in relation to the care of patients by domiciliary providers.

The local authorities are the statutory lead for commissioning care provision and the CCG has commissioning responsibility for the provision of nursing care. The Designated Safeguarding Adult and Clinical Quality Managers participate in joint working and the shared responsibilities with the local authorities in each borough.

During the course of 2015–16 all of the local boroughs have formalised their arrangements in relation to quality surveillance groups, which are subgroups of the Safeguarding Adult Boards, listed below as each uses a different title. These are attended by representation from the CCG, local authority, and local CQC inspectors. The Designated Safeguarding Adult and Clinical Quality Managers participate on these groups to provide their expert clinical and health service advice and support.

**THREE BOROUGHES; WESTMINSTER, HAMMERSMITH AND FULHAM, KENSINGTON AND CHELSEA**

- The Safeguarding Information Panel.

**HOUNSLOW**

- The Quality Assurance Panel

**EALING**

- The Quality Assurance Group, originally established by the Head of Ealing Continuing Health Care Team.

Care homes providing commissioned care are monitored through Joint Operational Groups (JOGs) or contract meetings jointly attended by the local authority and CCG.

The CCGs as commissioners of individual placements/packages for funded nursing care (FNC) and continuing health care (CHC) are required to gain assurance that the service providers are compliant with the regulations set by the CQC and statutory requirements. The commissioners seek advice and support from the Designated Safeguarding Adults and Clinical Quality Managers in relation to areas of concern.

For those providers where concerns have been identified the Designated Safeguarding Adults and Clinical Quality Managers coordinate, in partnership with the Local Authority and the Continuing Health Care teams, undertaking quality and safeguarding reviews of the provider to ensure that the patients are safe.

The Designated Safeguarding Adults and Clinical Quality Managers have supported the wider programme of work in relation to Care Homes including undertaking joint quality visits to care homes in each CCG alongside the Local Authorities who remain the statutory lead for safeguarding matters.

Each of the CCGs have received regular updates for care homes under the Provider Concerns' process, which the Local Authorities and the CCG's implement when there are significant institutional issues of poor quality of care during 2015-16 and can be assured that all concerns are investigated and support offered to the Care Home providers to mitigate the risks and improve care.

## **15.1 Nursing Home Deep Dives**

Ealing is an area with a high number of Care Homes, which are used, by other CWHHE CCGs and LAs for placements. This places pressure on the capacity of the safeguarding services within the Local Authority to address the extent of the safeguarding issues across the boroughs, which has had an impact on the capacity of the team to support the CCGs effectively in delivering all of the required statutory functions.

A Nursing Home deep Dive was undertaken for the Ealing CCG Quality, Safety and Risk Committee in September 2015. The Deep Dive was produced and presented, jointly with colleagues in the Local Authority. It led to the development of a number of actions that we are committed to using our joint resources (CCG and LA) to support the delivery of. The actions include further work around London Ambulance Service conveyance rates from nursing homes to A&E departments, an audit of nursing home admission to and discharge from hospitals and the better management of medicines within nursing homes.

On the back of this a request from West London CCG Quality, Safety and Risk Committee Quality was received to undertake a similar piece of work for them focusing specifically on CCG responsibilities, landscape and what we know about the quality care provided.

## **15.2 Ealing CCG NHS CHC Continuing Care Team**

Ealing CCG team holds a wider set of functions than the other CCG based CHC teams across CWHHE including the management of:

- Continuing care and complex patients across the breadth of all client groups namely; children, young adults with a physical disability, adults with a mental health problem and older people and palliative care.
- Section 117 aftercare responsibilities as determined by the Mental Health Act (1983)
- Community general bedded rehabilitation pathway and contracts
- The quality of registered nursing in residential care settings
- Neuro-rehabilitation pathways.

With this in mind the line management of the Ealing CCG NHS Continuing Care Team was transferred to the CWHHE Quality, Nursing and Patient Safety Directorate during 2015 – 16. A dotted reporting line still remains to the Managing Director for budgetary and wider commissioning responsibilities. The purpose of this change was to build up the provision of clinical leadership and expertise and to strengthen the quality improvement and assurance functions of the team.

## **16. MENTAL CAPACITY ACT AND DEPRIVATION OF LIBERTY SAFEGUARDS**

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### **16.1 MENTAL CAPACITY ACT (MCA)**

CCGs are responsible for commissioning services that have sufficient arrangements in place to ensure that all patients are able to express their own wishes and preferences. All commissioned services must have policies and procedures in place as well as a clear training programme. The Department of Health has advised that organisations should be mindful not to reduce the “MCA voice” if the MCA lead role is assigned to the Safeguarding

Lead. This poses a challenge for both CCGs and Providers to ensure that MCA is given due attention.

Within the CCGs, the Designated Adult Safeguarding & Clinical Quality Manager is the named MCA lead for the CCG, whilst the arrangements across providers vary. CWHHE CCGs commissioned a project from Bucks New University in 2014-15, to analyse the training and awareness locally and develop new training materials in consultation with Care Homes, Trusts and Primary Care. The project continued during 2015-16 in the delivery of training and development of a sustainable web based training package.

MCA will continue to be a priority for the CCGs to ensure that they can gain assurance from commissioned services that there is an organisational culture that ensure that the wishes of patients are at the forefront of any decision-making regarding the care and treatment of the individual.

## **16.2 DEPRIVATION OF LIBERTY SAFEGUARDS (DoLS)**

A Supreme Court Judgment ('**Cheshire West**') on 19 March 2014 dramatically widened the definition of a Deprivation of Liberty Safeguards. This has had a substantial impact on the Local Authorities across the CWHHE area and the CCGs need to consider their role in ensuring that local health providers that they commission services from comply with the ruling. The requirement was included within the contracts for the main NHS Trusts for 2015-16 and the Designated Safeguarding and Clinical Quality Managers have worked supportively with the providers to ensure they are compliant within the legislation.

The number of DoLS referrals to the Local Authorities, as the supervisory bodies has increased significantly across all of the boroughs within the CWHHE area; this is reflective of the national picture.

DoLS and MCA issues are discussed and explored within the governance discussions of CCGs with Trusts and the Joint Operational Groups (JOGs) / Contract Meetings for care home providers.

Additionally the Designated Safeguarding and Clinical Quality Managers undertake supportive quality visits to the care homes and explore these issues with staff, providing advice, guidance and supportive supervision to help staff manage these challenges. On occasion, where resources permit, delivering bespoke coaching to support Providers in addressing these identified needs.

CCGs are responsible for the supported living / domiciliary care arrangements they commission when there are no other health services involved that may also deprive someone of their liberty. The CWHHE CCGs work with Local Authorities to consider the impact of this work and ensure there is consideration in relation to identifying the cases, developing a clear process for referring to the Court of Protection.

## 17. PREVENT

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The Government's counter-terrorism strategy is known as CONTEST. *Prevent* is part of CONTEST, and its aim is to stop people becoming terrorists or supporting terrorism. The strategy promotes collaboration and co-operation among public service organisations. The Office for Security and Counter Terrorism in the Home Office is responsible for providing strategic direction and governance on CONTEST.

**CONTEST** has four key principles:

- **Pursue:** to stop terrorist attacks
- **Prevent:** to stop people becoming terrorists or supporting terrorism
- **Protect:** to strengthen our protection against a terrorist attack
- **Prepare:** to mitigate the impact of a terrorist attack

The health service is a key partner in Prevent and encompasses all parts of the NHS and statutory organisations, which deliver health services to NHS patients.

### 17.1 CWHHE PREVENT

During the 15-16 year, the Governing Bodies can be assured that CCGs have continued to ensure that they fulfil their statutory and NHS England requirements in relation to Prevent. These arrangements existed prior to both Prevent and Channel being placed on a statutory footing in 2015.

CCGs also have a responsibility to ensure Prevent compliance for organisations in which they directly commission.

There is a requirement to train staff to a level of 85% compliance by March 2018 across the health economy

### 17.2 DEVELOPMENTS WITHIN 15-16 INCLUDE:

- Ensuring Prevent and WRAP training is featured as a mandatory requirement for CCG employees.
- Prevent being included within both the CWHHE Safeguarding Adults and Children Policies.
- Reporting of CCG training compliance quarterly to NHS England.
- CCG Prevent Leads forming membership of local Prevent Delivery Groups or Channel panels.
- Raising awareness of Prevent within member practices.
- Ran a number of Prevent training sessions that were available to all staff across CWHHE and also working within member practices.
- Ensuring that Prevent remains an area in which commissioned services are required to report on at contract meetings and addressing areas of non-compliance.

Table 4 illustrates that at the end of this reporting period, the CCGs can be assured that Prevent awareness and WRAP training is moving towards meeting the 90%% target over a



three year period by March 2017 across the whole health economy with the expected trajectory of within the CCG's or the providers.

All NHS organisations report their Prevent and Wrap compliance data quarterly to NHSE but the CCGs will continue to be proactive during for 2016-17, to ensure that both they and NHSE can be completely assured that compliance is being achieved.

<b>TABLE 4 Prevent and wrap training compliance 2015-16</b>		
<b>CCG/ NHS Trust/Provider</b>	<b>PREVENT basic awareness % = total of staff</b>	<b>WRAP workshop to raise awareness of PREVENT %= total of staff</b>
Central	<b>60%</b>	<b>0</b>
West	<b>58%</b>	<b>0</b>
Hammersmith and Fulham	<b>66%</b>	<b>0</b>
Hounslow	<b>65%</b>	<b>13% for last year</b>
Ealing	<b>66%</b>	<b>44%</b>
Central London Community Healthcare NHS Trust	<b>64% includes PREVENT and WRAP</b>	
Central North West London Mental Health Trust	<b>59.50%</b>	<b>0</b>
Chelsea and Westminster NHS Foundation Trust	<b>69.30%</b>	<b>0</b>
West Middlesex NHS Foundation Trust	<b>89%</b>	<b>8.70%</b>
Imperial College Healthcare NHS trust	<b>30%</b>	<b>13%</b>
Hounslow and Richmond Community Healthcare NHS Trust	<b>92.43%</b>	<b>3 Individuals</b>
London North West Health Care NHS Trust	<b>62.56%</b>	<b>0</b>
West London Mental Health NHS Trust	<b>49% trust wide</b>	<b>0</b>
	<b>52% Hounslow staff</b>	

## **17.2 PRIORITIES FOR THE 16-17 INCLUDE:**

- Build on existing internal policies, in collaboration with Human Resources, in ensuring robust procedures are in place when any PREVENT or radicalisation concerns are raised pertaining to CCG employees or others working with the CCG.
- Continue to drive Prevent training for CCG employees and support awareness within member practices to a pre-planned trajectory to meet the target.
- Ensure that commissioned services continue to be monitored to a pre-planned trajectory to meet the March 2017 target of 90% to ensure they fulfil their statutory requirements in relation to Prevent, WRAP and Channel.

## **18. TRANSFORMING CARE (WINTERBOURNE VIEW)**

Concerns about serious abuse at the Winterbourne View private hospital were exposed by the Panorama programme in May 2011. Following the expose a Review was undertaken, A key objective arising from the Review was 'to ensure that CCGs work with local authorities to ensure that vulnerable people, particularly those with learning disabilities and autism,

receive safe, appropriate, high quality care. The presumption should always be that services are local and that people remain in their communities.

The Mazar Report (December 2015), explored the potentially avoidable deaths of a number of vulnerable adult's with learning difficulties under the care of Southern Health NHS Trust. There has not yet been a significant impact from the Mazar report in local CCGs as there intensive scrutiny and oversight of this group of patients; including health assessment, regular reviews (including Care Plan Approach, CPA with allocated care coordinators. There have not been any unexpected deaths in any of the inpatient settings for this cohort. Work has been undertaken across CWHHE and North West London to develop a joint approach to the development of the "Like Minded" Health and Wellbeing Strategy, which is overseen by the Mental Health Transformation Board. This work is now entitled 'Assuring Transformation' or 'Transforming Care' by NHS England.

The CCG's can be assured that the Designated Safeguarding Adults and Clinical Quality Managers work collaboratively with the CCG commissioning managers and "Like Minded" the Mental Health Transformation Board to ensure that the needs of these clients are met with personalised and dignified care and that any safeguarding issues are reported and actions taken to escalated appropriately and support resolution.

## **19. CHILDREN ACHIEVEMENTS AND AREAS FOR DEVELOPMENT ACROSS CWHHE**

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In addition to the collaborative work undertaken with the LSCB sub groups and SCR's, other achievements from the Designated Professionals for Children's Safeguarding include;

### **19.1 THE CHILD PROTECTION – INFORMATION SHARING (CP-IS) PROJECT**

This is an NHS England sponsored work programme dedicated to delivering a higher level of protection to children who have been identified as affected by abuse or neglect when they visit NHS commissioned unscheduled care settings such as emergency departments, Urgent Care Centres (UCC's) and Walk-In clinics.

Within 2015-16 the provider organisations, who provide unscheduled care services across the CWHHE CCEG Collaborative have started to engage with planning for CP-IS implementation. As a number of the North West London Local Authorities have expressed that they are preparing to submit data to CP-IS during 2016-17. The Designated Nurses for Safeguarding Children have been supporting this multi-agency change process and will continue to support implementation in 2016-17.

Using CP-IS enables local authorities to be alerted when a child, with a Child Protection Plan (including unborn children) or Looked after Children, present for unscheduled health care treatment anywhere in England; providing a clear picture of the number and frequency of NHS attendances made by the child. CP-IS will improve the way that health and social care services work together across England to protect vulnerable children. By checking all child attendances to unscheduled care settings, such as A and E, maternity and UCC/WIC, staff in the unscheduled care settings can see if a child has a child protection plan (CPP) (including children not yet born) or is a looked after child (LAC). They can also see when and how often the child has attended for emergency treatment in other unscheduled care settings.

NHSE are seeking assurance, with various IT systems operators, so they can be accredited as secure and compatible to enable unscheduled care providers IT systems the necessary access to CP-IS.

The Designated Nurses will closely monitor and update the CCG's on the development of the implementation of the CP-IS system via the task and finish groups with the local authorities, providers CQGs and internal safeguarding committees throughout 2016-17.

The lead responsibility for CP-IS remains the Local authority in each borough and in lieu of compatible IT systems, the local authorities send out lists of children subject to Child Protection plans to A&Es, local NHS 111 providers and UCC's which can be checked when child attends the service to support, identification of children and relevant information sharing.

## **19.2 FEMALE GENITAL MUTILATION (FGM)**

A July 2015 report by the City University of London 'Prevalence of Female Genital Mutilation in England and Wales: National and local estimates'; recognising that nationally London has the highest prevalence rate of FGM of any city in England and Wales. The overarching rate of FGM in London is 2.1%. Prevalence rates are understood to vary widely across boroughs, with one of the NWL Boroughs (Brent) being highlighted as having the 2nd highest prevalence rate in London at 3.9%.

At a strategic level Ealing CCG, to identify current arrangements for FGM, authored a paper, and highlight service gaps, for children and adults taking account of 'Commissioning services to support women and girls with female genital mutilation' (Department of Health, March 2015). This paper is currently in the process of being escalated, from Ealing CCG, to CWHHE. It recommends that NWL CCGs should move to a position where the CCGs develop a co-ordinated approach to commissioning services for FGM across NWL, in line with the CCGs Strategic Commissioning Intentions.

At a more local level the CCGs have worked with providers, the wider health economy and multiagency networks to support the following:

- Enhanced Data Set reporting requirements by Named NHS Health Providers (Including Acute Services/Mental Health Trusts and GPs).  
To the Department for Health (DH) via the Health and Social Care Information Centre (HSCIC) for 'Named NHS Health.
- Mandatory Reporting of under 18's with FGM to the Police; by Registered Professionals  
this new duty was introduced in October 2015 by an amendment to the FGM Act 2003, under Section 74 of the Serious Crime Act 2015.
- Maintaining a focus on the identification and referral of FGM as child abuse, under child protection procedures.
- Ensuring that safeguarding training across the health economy has been revised to ensure that FGM is understood and that the workforce is equipped to engage with communities in addition to effectively undertaking their clinical work and statutory duties.

## **19.3 CENTRAL, WESTMINSTER, HAMMERSMITH AND FULHAM CCGS**

A FGM project commenced by Westminster Council in conjunction with Imperial College HealthCare NHS Trust to improve working together to identify victims of FGM resident in one of the three boroughs and offer support and education to the mothers and wider families. The project has been successful and Westminster Council has managed to achieve funding

from the Department of Health to expand it. The learning from this project will contribute to the planning for future service design across the CCGs.

#### **19.4 HOUNSLOW**

The Female Genital Mutilation Child Context Pathway was finalised and implemented in Hounslow in 2015-16. This made it clear for all agencies on what should be done if practitioners have a concern for a child at risk FGM. A second pathway in regards to women who have undergone FGM will be developed in 2016.

#### **19.5 EALING**

In Ealing the Designated Nurse Safeguarding Children, as Chair of the Ealing Safeguarding Children Board (ESCB) health subgroup led on a piece of work to draft an FGM Strategy for the Safeguarding Children Board (ESCB).

The Ealing CCG Designated Nurse Safeguarding Children and the Named GP Safeguarding Children both support the work of the Ealing FGM Partnership, which is a multi-agency borough based group that includes representatives from a range of organisations including the third sector, plus FGM community advocates and campaigners.

Additionally the Safeguarding Team was proactive in raising awareness across the multi-agency professional networks about the Mandatory FGM reporting practice requirements and statutory duties for under 18s to the police.

The role of the Designated Professionals includes the provision of health focused Safeguarding advice to support to the wider health economy in each CCG locality. Within the Westminster there is a cohort of Private hospitals, although the CCG's doesn't commission health services from them, they are still utilised by local residents and sit in the Local Authority.

The Designated Nurses and Dr provide support in the network to the Named professionals within these hospitals by providing a quarterly forum to discuss Safeguarding issues, here good practice is shared, and information of the LSCB activity is disseminated and discussed. The outcome of this, has led to these establishments begin to proactively seek advice relating to children for whom they have concerns, to their local authorities and demonstrate a greater understanding of safeguarding processes and the protection of children.

#### **19.6 SHAPING A HEALTHIER FUTURE; NWL CHANGES TO MATERNITY COMMISSIONING IN EALING**

As Ealing is a centrally located borough with resulting reconfigurations The Designated Nurse and Doctor for safeguarding children have supported and provided expertise into service changes partially in relation to midwifery service where Ealing women are now booked for maternity services at one of six North West London NHS provider sites outside the borough area.

#### **19.7 CENTRAL, WESTMINSTER, HAMMERSMITH AND FULHAM CCGS**

The establishment of the Private Hospitals Network

The role of the Designated Professionals includes providing health focused safeguarding advice to support to the wider health economy in each CCG locality. Within the Central

boroughs there are several private hospitals and although the CCG's don't commission health services from them, they are still utilised by local residents and the Local Authority.

The Designated Nurses and Dr provide a network to support the Named Safeguarding professionals within these hospitals by providing a quarterly forum to discuss issues and provide the opportunity for ad hoc clinical advice.

The outcome of this, has seen these establishments begin to proactively seek advice and refer children for whom they have concerns to their local authorities and demonstrates a greater understanding of safeguarding processes and the protection of children.

## **20. SAFEGUARDING COMMISSIONING ASSURANCE FROM PROVIDERS**

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The CCGs commission services from a range of organisations; this report focuses on the main contracts with NHS Trusts and work, which the CCG Safeguarding Designated Professionals have supported. Table 6, is a summary of NHS provider Safeguarding assurance for 2015-16 and indicates that there is assurance across the health economy although safeguarding training remains below the target of 90% for most providers.

All of the trusts with which the CCGs commission their main services are subject to a Clinical Quality Group (CQG) on a monthly basis. A requirement of the CCG commissioned services is that the Quality Schedule includes the requirement that Safeguarding is reviewed, as a minimum, on a quarterly basis at each provider CQG.

The CCG Safeguarding Team analyse the reports, alongside other information and data, to give assurance to the CCGs on a quarterly basis regarding the effectiveness of safeguarding across the local health economy.

The CCG Safeguarding Team also provides challenge, feedback and support to the Trusts on areas for development or improvement. In addition, an overview of the safeguarding assurance and quality improvement across the commissioning landscape is presented to the respective CCG's Quality and Patient Safety Committee on a quarterly basis.

The CCGs have developed safeguarding quality assurance systems through contractual arrangements with all CCG Trust provider organisations utilising the CWHHE CCG collaborative agreed "Safeguarding Health Outcomes Frameworks (SHOF)" This is respected and recognised by NHS providers to collect a breadth Safeguarding key performance indicators that are used to give CCGs assurance in a concise way.

The Safeguarding Team have undertaken to combine the SHOF with the requirements for key performance indicators for Adults and Children's Safeguarding during 2016-17, to ensure there is one data collection process across the CCGs.

The CCGs can be assured that there is oversight and scrutiny of the NHS Trusts Safeguarding activity and compliance from where they commission services. The Designated Nurses for Safeguarding Children work with the Trusts to advice on safeguarding arrangements, seeking assurance that safeguarding supervision arrangements are in place within the provider organisation. The Designated Nurses Safeguarding Children undertake safeguarding supervision of the NHS Trust provider organisations Named Nurses, safeguarding children, with the Designated Doctors supporting the safeguarding supervision arrangements for the provider Named Doctors.

The Adult and Children Safeguarding Teams will be working with NHS Providers to undertake joint “Deep dive audits” in 2016-17, to gain a deeper understanding of the culture of Safeguarding and how the Safeguarding training is embedded across the Trusts in order to gain greater assurance and to identify areas where additional support may be needed.

## **20.1 NHS PROVIDERS**

Table 5 below, provide a summary that the Governing Bodies can be assured that providers have in place the following requirements

- Board awareness of safeguarding issues in an annual report for safeguarding children
- Board level leadership and accountability for safeguarding
- Safe Recruitment procedures and a review of systems following the reports relating to the Savile Report.
- Evidence of engagement in local multi agency partnership working
- Policies and procedures safeguarding, MCA and PREVENT
- Training for staff (for 2015-16 the contractual compliance requirement was 90%) Levels 1-3 need reporting for children, level 1 for adults although some trusts have developed training to level 2 and 3.

The CCG's received assurances from all NHS Trust providers in their annual reports and the Safeguarding Teams quarterly reports, in line with contractual requirements. The data received is reflected in Table 6.

It is noted that each NHS Provider Trust and the CCG was significantly challenged in meeting the require compliance levels for uptake of Safeguarding training for Adults and Children.

The Safeguarding Team will be working closely to provide support and oversight of the providers by setting a trajectory to achieve their 90% training trajectory challenges within 2016-17.



Table 5 Summary of assurance from NHS Provider Trusts across CWHHEE CCG Collaborative for 2015-16									
Lead Commissioner	Name of Provider	Have provided an Annual Report	Board leadership and accountability for Safeguarding	Safer recruitment	Evidence of engagement with local Partnership working	Policies and procedures for Safeguarding, MCA & Prevent	Safeguarding Children training contractual requirement for 2015-16 was	Safeguarding Adult training contractual requirement for 2015-16 was	PREVENT
Central London CCG /	Central London Community Healthcare NHS Trust	Received & Assured	Assured	Assured	Assured	Assured	Level 1 80%	Level 1 83%	64%
							Level 2 93%	Level 2 90%	
							Level 3 86%		
							Level 4 86%		
Harrow/ West London CCG	Central North West London Mental Health Trust	Received & Assured	Assured	Assured	Assured	Assured	Level 1 89%	Level 1	59.50%
							Level 2 90%		
							Level 3 92%		
West London CCG / Hounslow CCG	Chelsea and Westminster NHS Foundation Trust	Awaited	Assured	Assured	Assured	Assured	Level 1 74%	Level 1 83%	69.30%
							Level 2 79%	Level 2 91%	
							Level 3 85%	level 3 NR	
West London CCG / Hounslow CCG	West Middlesex NHS Foundation Trust	Awaited	Assured	Assured	Assured	Assured	Level 1 90%	Level 1 87%	89%
							Level 2 74%		
							Level 3 85%	Level 2 67%	
H&F CCG	Imperial College Healthcare NHS trust	Received & Assured	Assured	Assured	Assured	Assured	Level 1 86%	Level 1 86.7%	20.70%
							Level 2 86%	Level 2 86%	
							Level 3 86%		
Hounslow CCG)	Hounslow and Richmond Community Healthcare NHS Trust	Awaited	Assured	Assured	Assured	Assured	Level 1 86.7%	Level 1 91.41%	92.43%
							Level 2 79.96%	Level 2	
							Level 3 78.50%	MCA awareness 90.46%	
Ealing CCG for community services Brent CCG lead for acute services	London North West Health care NHS Trust	Received & Assured	Assured	Assured	Assured	Assured	Level 1 89.9% community 98%	Level 1 85%	62.56%
							Level 2 72.79	Level 2 77%	
							Community 90%		
							Level 3 72.14%	Level 3 31.25%	
Central contracts/Hillingdon/Hounslow	NHS 111	Awaited	Assured	Assured	Assured	Assured	Level 1 100%	Level 1 100%	Awaited
							Level 2 54%		
							Level 3 56%		
Ealing CCG/Hounslow/H&F	West London Mental Health Trust	Awaited	Assured	Assured	Assured	Assured	Level 1 99%	Level 1 90%	52%
							Level 2 90%		
							Level 3 89%		
							Level 3 specialist 89%		



## **20.2 CENTRAL CONTRACTS**

Commissioning Staff developing central contracts are expected to ensure that safeguarding is included as standard within all contracts in relation to leadership, training, policies and procedures.

During 2015-16 it was a continuing challenge for the Safeguarding Team to be consulted on these contracts and there appeared to be a lack of consistency between each CCG and issue.

Progress to monitor the centrally held contracts, from a safeguarding perspective, will continue to be a priority within 2016-17 and this work will be addressed with the Central Contracts Team by the CCGs' Quality and Patient Safety Team.

## **20.3 NHS 111**

The 111 services commissioned by the CWHHE CCGs are monitored via the provider's contract monitoring meeting. As part of the standard NHS contract the services are expected to comply with national safeguarding requirements.

Care UK provides 111 for Ealing and Hounslow with the lead CCG as Hillingdon. The Designated Nurses for Safeguarding Children Hounslow attend the contract monitoring meeting.

The 111 services for Central London, West London, Hammersmith and Fulham were provided by LCW, which is monitored by the Quality Improvement and Clinical Assurance Manager for CWHHE.

The providers have completed safeguarding children audits but there needs to be more explicit evidence submitted to demonstrate compliance with statutory requirements. For 2015-16 there are KPIs in relation to safeguarding training and the Safeguarding Team will work with the quality leads to evaluate the compliance.

## **20.4 URGENT CARE CENTRES (UCC)**

During the reporting period the development of service specifications for Urgent care provision at Ealing UCC and St Mary's Hospital UCC were developed and mobilised supported by the Safeguarding Team to provide oversight and scrutiny that the services were statutorily compliant with Safeguarding processes.

## **20.5 SYSTMONE**

At the time of reporting Hounslow has implemented Systm1 across services.

Although specific at the time of reporting to Ealing, where the majority of GP Practices were using Systm1, as of 26.6.2015, 95% of Ealing Practices had transitioned to full implementation.

During 2015-16, Ealing CCG has focused on contractually supporting Providers to utilise SysTmOne. Early developmental work with Providers focused on Ealing community services (part of London North West Healthcare NHS Trust) with using SysTmOne as their primary record.

In Ealing during 15/16 the focus has been on raising awareness with contracted unscheduled care providers as Ealing local authority have not confirmed readiness for submission until 2016-17.

This work is being mirrored across the CWHHE collaborative for all the urgent care centre provision. The Safeguarding Team will work with commissioners to ensure this becomes the case.

## **21. CONCLUSION**

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Throughout this Annual Report, the achievements and progress made towards the priorities of 2015-16 have been discussed and highlighted. Appendix 2 provides a summary of achievements against the 2015-16 priorities.

Safeguarding work is iterative and develops at different paces depending on how priorities evolve with practice developments being interlinked with national legislative or statutory guidance requirements. Therefore some priorities for 2015-16 are carried forward for 2016-17.

CWHHE CCGs can be assured that all safeguarding statutory requirements for both adults and children are being met.

The priorities for 2016-17 reflect areas where improvements will further ensure that there are effective systems in place to safeguard children and adults for the CWHHE CCGs.

## **22. PRIORITIES FOR 2016-17 FOR SAFEGUARDING**

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The CWHHE CCG Collaborative will work together to:

### **22.1 UNIVERSALLY, SAFEGUARDING AND PROMOTE THE WELFARE OF ADULTS AND CHILDREN**

- Raise awareness of and deliver (where appropriate) training pertaining to Safeguarding, Prevent and monitor that all CCG staff undertake the appropriate level of training.
- Review and advice on the safeguarding contractual requirements for providers within the primary care co-commissioning. To further strengthen the monitoring of safeguarding children activities in General Practice
- Continue to strengthen the safeguarding contribution, in support of procurement, contracting and commissioning arrangements to more robustly include child and adult safeguarding, MCA and DoLS
- Continue to support and work with the CCGs and Acute and Mental Health Trusts to ensure that training compliance improves and learning from cases is being taken forward
- Triangulate the evidence of training compliance with monthly activity data and serious incidents across commissioned services to identify any areas of risk and address with the services concerned; via organisational quality and contracting arrangements
- Review and revise the Safeguarding Health Outcomes Framework quality key performance schedules to ensure that providers are clear on the requirements to submit quarterly reports for Adults and Children Safeguarding and to be included in Central Contracts.

- For the Designated professionals to continue to monitor provider trusts safeguarding arrangements and compliance, offering support and assisting in quality and deep dive audits.
- Monitor the effectiveness of Safeguarding arrangements within WMUH during the transition phase of the trust joining with Chelsea and Westminster Foundation NHS Trust
- Review the effectiveness of the engagement of health services in working as part of the Multi- Agency Risk Assessment Conference (MARAC) process for those living at high risk of domestic abuse (highest 10% of cases in each borough). Ensure representation by the Safeguarding Team at the Three Boroughs VAWG and participation in work, which impacts on health outcomes.

## **22.2 THE WOOD REPORT**

- All LSCBs will be reviewing the recommendations and implications of the report and Government response: identifying how these will be implemented in each borough during 2016-17, or to national timescales, as changes to national legislation are enacted.
- Progress will be reported by the Safeguarding Team to each CCG quality committee through the quarterly reports or exception reports during 2016-17.
- Incorporate items that support achievement of each LSCB's business plans as part of the safeguarding priorities

## **22.3 CDOP 2016-17**

- Improve the communication process between the Child Death Overview Panel and the parents of children who have died. Parents are to receive a letter to inform them of the CDOP process along with appropriate leaflets.
- Collaborate with the CDOP to identify topics for research and develop a work stream to support this.
- Work with the LSCB to develop web pages on the LSCB website so that families and professionals have access to information and resources in relation to the child death process and how to access support.
- To establish links with the Learning and Development subgroup secondary and primary care, education and the police to ensure that learning from the child death reviews is disseminated and that agencies are aware of the CDOP process.

## **22.4 EMBEDDING THE LEARNING FROM SERIOUS CASE REVIEWS/SAFEGUARDING ADULT REVIEWS AND DOMESTIC HOMICIDE REVIEWS**

- In partnership with the LSCBs, SABs and Safer Partnership arrangements, strengthen individual and organisational learning in practice from SCRs, SARs and DHRs
- The outcomes are built into the training provision and quality measures of activity during the 2016-17 to ensure sustainability. Designated Nurses supervision meetings will monitor these with the Named Professionals for Safeguarding Children in each provider.

- The Designated Adult Safeguarding and Clinical Quality Manager will work with partners in 2016-17, in planning appropriate actions to support local systems and services.
- Progress against learning from SAR's will be monitored through the multi-agency Safeguarding Information Panel and joint operational group meetings with individual care homes, or the Clinical Quality Groups with NHS providers.
- Progress for health related actions in SCR/SAR's will be reported through the CCG Quality Committees within the Safeguarding quarterly reports.

## **22.5 FGM**

- From a safeguarding perspective support advise and influence the coordination of a CWHHE CCG wide response for the provision of services including prevention and protection, for children and women who have been subjected to, or are at risk of Female Genital Mutilation

## **22.6 PREVENT**

- Build on existing internal policies, in collaboration with Human Resources, in ensuring robust procedures are in place when concerns are raised pertaining to CCG employees.
- Continue to drive and raise awareness of Prevent training (including the local WRAP training available via local authorities) for CCG employees and support awareness within member practices.
- Ensure that commissioned services continue to be monitored to a pre-planned trajectory to meet the 2018 target to ensure they fulfil their statutory requirements in relation to Prevent and Channel.

## **22.7 SAFEGUARDING CHILDREN**

- Review the role and function and provision of the arrangements for a Designated Nurse for LAC within Central, Westminster and Hammersmith and Fulham CCGs.
- Review the arrangements for implementing the health plans for Children Looked After who are placed out outside of the CWHHE boroughs.
- Strengthen the quality assurance of the health provision for Looked After Children and reporting to the CCGs Quality and Patient Safety Committees.
- Work with the CCGs, including patient participation, to map the ways in which the CCGs ensure that children and young people views on services are sought and demonstrate to the LSCBs the type of engagement CCGs have with young people.
- Continue to monitor the effectiveness of CAMHS services to meet the needs of the local population and challenge NHSE in relation to tier 4 where emergency and inpatient care arrangements are not available.
- Ensure effective, proportionate, multi-agency responses to safeguarding issues which affect children & young people with high levels of vulnerability
- Continue to work across the health economy and with multi-agency partners, to raise awareness of changes to national legislation and safeguarding guidance

## **22.8 SAFEGUARDING ADULTS**

- Incorporate the SAB's business plans as part of the safeguarding priorities
- Monitor MCA and PREVENT training compliance across commissioned services within the contract monitoring process.

- Monitor the impact of the joint role of Safeguarding and MCA within the CCGs and local providers on the experience of patients.
- Consider the design and procurement of appropriate local services for those patients with a learning disability requiring assessment and treatment.
- Review the effectiveness of the CCGs in commissioning services that are compliant with the statutory requirements for DoLS.
- Establish a framework to ensure that the CCGs are effectively discharging their functions for identifying patients deprived of their liberty and arranging timely applications to the court of protection.
- Review the impact of the health system changes across North West London on the welfare of those adults who are at risk of abuse or neglect.
- Work with the Local Authority to ensure that the care packages provided for patients with care and support needs are effective in maintaining the welfare of the patients.
- Work with the other statutory members of the SAB to establish a clear system for undertaking Safeguarding Adult Reviews that are compliant with the Care Act Guidance 2014.
- Strengthen joint working with the Local Authority to improve the quality of Care Home provision across each CCG, including contributing to safeguarding enquiries leading to provider concern.
- Continue to monitor the evidence provided in relation to the care and treatment of patients within the Assuring Transformation cohort to ensure that appropriate placements are commissioned.
- Review potential capacity constraints of current post holders in relation to matters pertaining to Adult Safeguarding, Clinical Quality, Mental Capacity Act and Prevent. In doing so strengthen existing relationships with the AD's for Quality to enable them to drive the safeguarding agenda at CQG meetings where it will not always be possible for a DASM to attend.

### 23. APPENDIX 1 SUMMARY OF LAST YEAR'S 2015-15 PRIORITIES

CWHHE PRIORITY AREAS FOR 2015 -16 FOR SAFEGUARDING ADULTS	ACTIVITY AGAINST PRIORITIES
<b>The CWHHE Collaborative CCGs will work together to:</b>	
Approve the safeguarding adults policy	Achieved in each CCG.
Review the job description and function of the Safeguarding Leads to ensure compliance with the Care Act 2014.	Achieved
Develop the job plan of the Safeguarding Leads to incorporate the development of a quality improvement framework for Care Providers in light of the risks highlighted in Care Homes and other providers.	Arrangements reviewed and are in place, within Provider Organisations in each CCG
Strengthen the monitoring of MCA and PREVENT training compliance across commissioned services within the contract monitoring process.	Arrangements reviewed and are in place, within Provider Organisations in each CCG
Monitor the impact of the joint role of safeguarding and MCA within the CCGs and local providers on the experience of patients.	On-going, obtaining assurance from providers quality reports
Develop a PREVENT strategy and ensure that the quarterly submissions to NHS England in relation to PREVENT demonstrate progress aligned to the strategy.	Achieved, in Safeguarding policy and business as usual
Triangulate the evidence of training compliance with monthly activity data and serious incidents across commissioned services to identify any areas of risk and address with the services concerned.	Achieved in each CCG through provider reports
Consider the design and procurement of appropriate local services for those patients with a learning disability requiring assessment and treatment.	Designated Adults Safeguarding Managers working within commissioners as business as usual
Review the effectiveness of the CCGs in commissioning services that are compliant with the statutory requirements for DoLS.	Safeguarding Team working with LA's, commissioners and providers

Establish a framework to ensure that the CCGs are effectively discharging their functions for identifying patients deprived of their liberty and arranging timely applications to the court of protection.	part of policy working effectively with local author
Review the impact of the health system changes across North West London on the welfare of those adults who are at risk of abuse or neglect.	Designated Adults Safeguarding managers working across CWHHE & BHH, business as usual
Review the safeguarding requirements of providers within the co-commissioning of primary care	Designated Adults Safeguarding managers working across CWHHE & BHH, rolled forward to 2016-17
Review arrangements for sharing information with the SABs to ensure that they are compliant.	Achieved and business as usual
Ensure that safeguarding adults is included within the Quality Schedules for the Central Contracts.	Achieved and business as usual
<b>Central London CCG/West London CCG/Hammersmith and Fulham CCG</b>	
Monitor the impact of the tri-borough Suicide Prevention Strategy on raising awareness of services across the area.	in progress and rolled forward to 2016-17
Work with the SAB to review the effectiveness of local safeguarding arrangements for the homeless population in light of the Care Act 2014	in progress and rolled forward to 2016-17
Ensure that learning from DHRS and SARs are assimilated into the contracting of services	in progress and rolled forward to 2016-17
<b>Hounslow CCG</b>	
Continue to ensure that those patients with a learning disability are provided with appropriate care and support services within the community	Designated Adults Safeguarding Managers working within commissioners
Work with the Local Authority to ensure that the care packages provided for patients with care and support needs are effective in maintaining the welfare of the patients.	Designated Adults Safeguarding Managers working within commissioners
Monitor the effectiveness of safeguarding arrangements within WMUH during the transition phase of the trust joining with Chelsea and Westminster Foundation NHS Trust	in progress and rolled forward to 2016-17

Continue to oversee the evidence provided in relation to the care and treatment of patients within the assuring transformation cohort to ensure that appropriate placements are commissioned.	Designated Adults Safeguarding Managers working within commissioners
<b>Ealing CCG</b>	
Continue to work as a statutory member of the SAB to develop effective sub groups.	Achieved and sub groups in progress of development
Work with the other statutory members of the SAB to establish a clear system for undertaking Safeguarding Adult Reviews that are compliant with the Care Act Guidance 2014.	in progress and rolled forward to 2016-17
Strengthen joint working with the Local Authority to improve the quality of Care Home provision across Ealing, including contributing to safeguarding enquiries leading to provider concern.	in progress and rolled forward to 2016-17
Continue to monitor the evidence provided in relation to the care and treatment of patients within the assuring transformation cohort to ensure that appropriate placements are commissioned.	in progress and rolled forward to 2016-17



<b>CWHHE PRIORITY AREAS FOR 2015 -16 FOR SAFEGUARDING CHILDREN</b>	<b>Activity against priorities</b>
<b>The CWHHE CCG Collaborative will work together to:</b>	
Work with the LSCBs and the Health and Wellbeing Boards to explore the impact of changes in the commissioning of health visitors and redesign of school nursing services on the wider health system.	Achieved in each CCG. This is now business as usual
Implement the requirements of the revised NHS England Accountability and Assurance Framework when it is published during 2015.	Achieved in each CCG and assurances demonstrated in the NHSE Deep Dive
Review the arrangements for implementing the health plan for Children Looked After who are placed out outside of the CWHHE boroughs.	Arrangements reviewed and are in place, within Provider Organisations in each CCG
Strengthen the quality assurance of the health provision for Children Looked After and report to the Quality and Patient Safety Committees.	Included within Safeguarding quarterly reporting arrangements in each CCG
Revise the contractual arrangements for the Designated Doctors and Named GPs across the collaborative to ensure that the arrangements are robust and represent good employment practice as set out in the NHSE Accountability Framework	Achieved in each CCG.
Review the current health services and ascertain what gaps there are in services across CWHHE to treat victims of Female Genital Mutilation both adult and children.	Initial review achieved. Progressed and escalated by Ealing CCG in year. Being taken forward at NWL CCG level 16-17 and 17-18.
Map the ways in which the CCGs engage with children and young people to seek their views on services and demonstrate to the LSCBs the type of engagement CCGs have with young people.	Specific work undertaken by SHAF for Ealing CCG for Paediatric inpatient and A&E service transition
Review the safeguarding requirements of providers within the primary care co-commissioning.	Achieved in each CCG. Safeguarding Leads have provided input and challenge
Change the representation at LSCBs on behalf of the Director for Quality, Nursing and Patient Safety, with the Designated Professionals taking an active role in supporting the work across the LSCB to ensure the CCGs meet their statutory requirements	Achieved in each CCG. This is now business as usual

Revise the quality schedules to ensure that providers are clear on the requirements to submit quarterly reports	Achieved and the Safeguarding Outcomes Framework implemented
Continue to monitor the effectiveness of CAMHS services to meet the needs of the local population and challenge NHSE in relation to tier 4 where emergency care is not available.	Achieved in year in each CCG. Additionally rolled over to 16-17
<b>Central London CCG / West London CCG / Hammersmith and Fulham CCG</b>	
Strengthen the alignment of the CCG plans with the LSCB priorities for 2015-16:	Achieved.
Continue to deliver the core business of the Board at high quality	Achieved and on going.
Improve the Board's effectiveness in reducing harm to children	Partly achieved on-going work for 2016-2017
Ensure effective, proportionate, multi-agency responses to safeguarding issues which affect children & young people with high levels of vulnerability	On-going work and will be further developed in 2016-2017.
Work with the Acute and Mental Health Trusts to ensure that training compliance improves and learning from cases is being taken forward	On-going work with the acute and mental health trusts.
Seek evidence from local health organisations, initially health visiting, of how advice is provided to families in relation to GP registration.	In progress will be carried over in 2016-2017.
<b>Hounslow CCG</b>	
Ensure that safeguarding arrangements are robust within WMUH during the transition period of joining with Chelsea and Westminster Foundation NHS Trust.	Achieved
Review the effectiveness of the engagement of health services in working as part of the Multi- Agency Risk Assessment Conference process for those living with domestic abuse.	On-going work Health represented at Multi-Agency Risk Assessment Conference
Implement the learning from the current serious case review into commissioning robust services across Hounslow.	On-going as SCR just published September 2016 review progress in 2016-2017
Work with the LSCB to review the effectiveness and sustainability of the Child Death Overview arrangements currently joined with Richmond and Kingston.	On-going work Hounslow no longer with Richmond and Kingston CDOP. Reviewing CDOP process 2016-2017
Complete the recruitment of the Designated Professionals for Children Looked After (CLA) in Hounslow and Ealing	Achieved in Hounslow

<b>Ealing CCG</b>	
Complete the recruitment of the Designated Professionals for Children Looked After (CLA) in Hounslow and Ealing	Achieved in Ealing
Develop a LAC quality assurance framework to encompass those placed within and outside of the borough to ensure that there is a consistently good standard of practice in place to meet the health needs of this population.	In progress and will be carried over for 2016-17. Specific quality assurance work undertaken, in reporting year for children based in Kent and Essex.

## 24. APPENDIX 2

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### **WORKING TOGETHER TO SAFEGUARD CHILDREN 2013 (REVISED MARCH 2015)**

Local Authorities have the principal accountability for safeguarding and promoting the welfare of all children and young people in their area, all agencies have a duty under the Children Act 1989 and section 11 Children Act 2004 to ensure that all functions take into consideration the need to safeguard and promote the welfare of children.

Working Together to Safeguard Children (2015) defines Safeguarding as:

- Protecting children from maltreatment;
- Preventing impairment of children's health or development;
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children to have the best outcomes.

The statutory framework sets out what is required of professionals and to help them understand the roles of other agencies in safeguarding children. The guidance identifies what individuals and organisations are legally required to undertake to safeguard children.

The guidance sets out the systems that need to be in place to safeguard children including:

- Ensuring that the child's needs are paramount
- Early recognition of children's needs and risk of harm posed by abusers or potential abusers
- Effective information sharing between professionals and with children's social care.
- The requirement to have in place high quality professionals who are able to use their expert judgement to put the child's needs at the heart of the safeguarding system.
- Robust engagement with the system to ensure that actions are taken to safeguard and promote a child's welfare.

The framework clarifies the expectations of CCGs and providers to engage with the safeguarding children system and recognises the role of the Designated Professionals in providing advice to the local health economy, LSCB, NHS England and other agencies.

## 25. APPENDIX 3

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### **SAFEGUARDING ADULT STATUTORY REQUIREMENTS (THE CARE ACT 2014)**

The Care Act 2014 sets out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect. In October 2014, the Department of Health published statutory guidance for the implementation of the Care Act 2014. Chapter 14 of the guidance replaces the No Secrets (2000) guidance that had formed the framework for safeguarding adults previously.

The Care Act Statutory Guidance (DH, 2014) defines safeguarding adults as:

*'Protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.'*

The guidance requires health organisations to promote the adult's wellbeing in their safeguarding arrangements. However, the guidance also states that:

Safeguarding is not a substitute for:

- Providers' responsibilities to provide safe and high quality care and support;
- Commissioners regularly assuring themselves of the safety and effectiveness of commissioned services;
- The Care Quality Commission (CQC) ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action (Care Act Guidance, 2014)

The Local Authorities' functions are to:

- Lead a multi-agency local adult safeguarding system that seeks to prevent abuse and neglect and stop it quickly when it happens
- Make enquiries, or request others to make them, when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed
- Establish safeguarding adults boards, including the local authority, NHS and police, which will develop, share and implement a joint safeguarding strategy
- Carry out safeguarding adults reviews when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the local authority or its partners could have done more to protect them
- Arrange for an independent advocate to represent and support a person who is the subject of a safeguarding enquiry or review, if required.

## 26. REFERENCES

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<https://www.rbkc.gov.uk/subsites/lscb/aboutus/seriouscasereviews.aspx>

[https://www.london.gov.uk/sites/default/files/Pan-London%20Strategy%20on%20Violence%20against%20Women%20and%20Girls%202013\\_17.pdf](https://www.london.gov.uk/sites/default/files/Pan-London%20Strategy%20on%20Violence%20against%20Women%20and%20Girls%202013_17.pdf)

HM Gov. (2015) Working Together to Safeguard Children

<https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation>

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[www.legislation.gov.uk/ukpga/1989/41/part/III/crossheading/duties-of-local-authorities-in-relation-to-children-looked-after-by-them](http://www.legislation.gov.uk/ukpga/1989/41/part/III/crossheading/duties-of-local-authorities-in-relation-to-children-looked-after-by-them)

<https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2015/12/mazars-rep.pdf>

## 27. GLOSSARY

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CCG Clinical Commissioning Group

CQG Clinical Quality Group

CSE Child Sexual Exploitation

DASM Designated Adults Safeguarding and Clinical Quality Manager

DoLS Deprivation of Liberty Safeguards

LAC Looked After Children also known as CLA Children Looked after

LSCB Local Safeguarding Children's Board

SAB Safeguarding Adults Board

SAR Safeguarding Adults Review

SCR Safeguarding Children's Review

SHOF Safeguarding Health Outcomes Framework

SysTmOne An electronic health record