



CWHHE CCG Collaborative Safeguarding Annual Report 2016 – 17

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West London CCG

Hammersmith and Fulham CCG

Hounslow CCG

Ealing CCG

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Date:	Version:	Owner:	Comments/summary of changes	Committee approval and Date:
11-08-17	1	Judy Durrant	Sue Pascoe Designated Nurses	
27-8-17	2	Judy Durrant	Sue Pascoe Review of suggested changes	
29-08-17	3	Sue Pascoe	Mary Mullix Sign off	

1. EXECUTIVE SUMMARY

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 identifies areas where improvements or the impact of national policy change will require the CCGs to ensure effective systems are in place to safeguard Adults and Children in the forthcoming year.

There has been considerable progress towards achieving the 2016-17 priorities set in the last Annual Report, key examples of achievements are discussed within the body of the report. An overview of the safeguarding assurance and quality improvement across the NHS commissioning landscape is presented to the respective CCG's Quality and Patient Safety Committees on a quarterly basis with exceptions being reported monthly as required. Therefore this report will not repeat those reports but provide a summary of progress (Appendix 1).

The Governing Body can be assured that during the course of 2016-17 the CCG has effectively discharged its function as core member of the Safeguarding Boards.

At the beginning of the reporting period there were a number of new appointments within the Safeguarding Team. Supported by the Director and the Deputy Director for Quality, Nursing and Safeguarding, the team participated an away day which enabled team members to share their knowledge and experience of the local health landscape, to consider how they develop a consistent, collaborative approach to sharing their expertise of safeguarding, assurance and risk across the lifespan and to work through how best to manage capacity to ensure that team members would be able to provide advice, cover arrangements and support to peers as necessary. Examples of collaborative team activity include:

- The team galvanised when the Joint Team Area Inspection took place in Hounslow, March 2017, team members jointly supported preparations for the inspection. The feedback from the inspectors in relation to the team was positive; the outcome of the inspection is awaited.
- In the three borough CCGs, a complex family requiring Continuing Healthcare required both the Designates for Adults and Children to coordinate Safeguarding work with Adults and Children's services in the local authority and partner agencies to ensure the best outcome for the patient.
- During the 2016-17, the Designated Professionals for Safeguarding Adults, Children and Looked after Children (LAC) across all CWHHE CCGs, Brent, Harrow and Hillingdon (BHH) CCGs collaboratively revised the 2015-16 Safeguarding Health Outcome Framework templates, to ensure that all NWL NHS provider services complete the same quarterly safeguarding report as part of the core quality schedule. This was embedded within the core quality schedule for all providers including those commissioned by Central Contracts with a view to being reported from Q1 in 2017-18.

- Within the three borough CCGs, a review was undertaken of the Designated LAC nursing function which historically has been provided by the local LAC service provider. In order to manage any potential conflict of interest it was agreed that future arrangements will mean that the Designated Nurse LAC will be directly employed within the Three Borough CCGs, mirroring the arrangements in Ealing and Hounslow CCGs. This post will be recruited to 2017-18.
- The West London and Hounslow CCG Safeguarding Team members undertook a 'Deep Dive Audit' at both Chelsea and Westminster and West Middlesex Hospital sites to seek assurance of the safeguarding arrangements following the acquisition.
- Building on work that was undertaken last year, to develop a CCG Procedure for the Suspension of Commissioned Placements in Care Homes/Care Packages Policy for Hounslow, a similar procedure was developed within Central, West London, Hammersmith and Fulham CCGs. This was developed jointly with the three borough local authorities. In Ealing a similar joint procedure is in the process of being finalised which will replace the existing CCG policy. It is due for sign off in 2017-18.
- In Ealing, the Named GP Safeguarding Children has been working 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.
- In Hounslow the Named GP and Designated Nurse for Safeguarding Children continued to build upon the work commenced in 2015-16 relating to Violence Against Women and Girls. A new strategy for 2016-17 details its plans and commitment to reduce the prevalence of all forms of violence against women and girls by increasing reporting, reducing risk and holding perpetrators to account.
- In early 2016, a number of cases were highlighted by the three borough CCG's Continuing Healthcare Team, where patients who had been discharged from hospitals to care homes had died within a short period of time following their arrival at the care home. An audit was undertaken jointly between the Safeguarding Team and the Joint Commissioning Team for Older People and Vulnerable Adults. The clinical findings concluded that there were no overall immediate issues with the pathway. A workshop was held to share the findings of the audit and to identify improvements that could be made in line with the findings. It is proposed to take forward these areas through our existing end of life work and hospital discharge programme during 2017-18.

During the reporting year, the government indicated plans to make legislative changes to safeguarding at a local level based upon the recommendation of the Wood Review (2016), this reviewed the role that Local Safeguarding Children Boards (LSCBs) play in protecting and Safeguarding Children. The partners of the three borough LSCB decided to engage in preliminary discussions to consider how the recommendations could be implemented. Additionally on behalf of the three CCGs, the Deputy Director of Nursing, Quality and Safeguarding facilitated a workshop with health partners of the LSCB to consider a response to the options proposed about how the LSCB might operate in the future. This work contributed to successfully ensuring that a new independent chair was recruited following the retirement of the incumbent independent chair for the LSCB.

At the time of writing the Royal Assent 'Children and Social Work Act' (CSWA) was granted during April 2017. The CSWA will mean changes in regards to safeguarding reforms which will require further statutory guidance by revising the Working Together to Safeguarding

Children and Young People in autumn 2017. The expectation is for all agencies to have put into place all detailed changes by April 2019.

With effect from 1st April 2017, the CCGs of Central London, West London, Hammersmith and Fulham and Ealing acquired delegated responsibility (from NHS England) to commission GP services. Notwithstanding, all Practices (those with full delegation or otherwise) are responsible for ensuring that appropriate internal safeguarding arrangements are in place, relevant policies exist, and staff are appropriately trained to discharge their safeguarding responsibilities. Such requirements form part of an individual Practice's requirements, as a Regulated Provider of Healthcare, by the Care Quality Commission.

This report identifies areas for the work plan for 2017-18 which will also give consideration to the role of the Safeguarding Team and Named GPs in relation to supporting the CCGs of Central London, West London, Hammersmith and Fulham and Ealing who acquired delegated responsibility (from NHS England) to commission GP services.

The priorities for 2017-18 reflect areas where improvements will further ensure that there are effective systems in place to safeguard Adults and Children for the CWHHE CCGs collaborative. These are specific priorities for the CCGs and do not repeat the priorities agreed with each Safeguarding Board although the work will complement and fit into all partnership work.

2. PURPOSE

This Safeguarding Adults and Children Annual Report for 2016-17 provides the Governing Bodies of the CCGs with an overview and summary of Safeguarding activities across NHS Commissioned Health Services and within the CCG during 2016-17.

This report is linked to Objective 1 of the BAF is: "Securing high quality of services for patients and reducing the inequality gap":

- The risk in relation to safeguarding children is that failure to meet statutory responsibilities will lead to poor quality of care.
- The risk in relation to adults is that failure to sustain compliance with the Care Act and NHS England Assurance Framework across all the services that we commission.
- The work of the safeguarding team contributes to the organisational objectives, relevant mitigating actions and the management of risk for contracted activities.

This report identifies the extent to which the CCGs have sought assurance that their commissioned health services, encompassing Continuing Health Care (CHC), Funded Nursing Care (FNC), in partnership with the Safeguarding Boards and local authorities are effectively discharging their safeguarding functions for both children and adults.

It highlights areas where improvements or the impact of national policy change will require the CCGs to ensure effective systems are in place to safeguard children and adults in the forthcoming year.

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

This report reviews the progress and achievements against the priorities carried forward from 2015-16 and the priorities set for 2016-17. This is summarised in Appendix 1.

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collaborative. These are specific priorities for the CCGs and do not repeat the priorities agreed with each Safeguarding Board although the work will complement and fit into all partnership work.

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3. STATUTORY REQUIREMENTS

The Statutory requirements for Safeguarding, Looked after Children (LAC), Child Death Overview Panels (CDOP) and Prevent are detailed in Appendix 2.

The NHS Accountability and Assurance Framework (2015) sets out that CCG's are required to ensure that they have appropriate systems in place for discharging in respect of safeguarding. This report forms part of the CWHHE Clinical Commissioning Group's assurance processes in respect to its statutory Children Act (2004), Section 11 and Care Act (2014) responsibility in relation to safeguarding.

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

Safeguarding remained a core element within the NHS standard contract 2016-17 and commissioners, during the course of the contracting round agreed with their providers, the contract monitoring processes used to demonstrate compliance with statutory safeguarding duties.

4. GOVERNANCE ARRANGEMENTS

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 CWHHE CCGs collaborative Director for Quality, Nursing and Patient Safety, with support from the Deputy Director of Quality, Nursing and Safeguarding and in turn by Assistant Director of Safeguarding.
- The statutory posts of Designated Children's Professionals and Designated Safeguarding Adult and Clinical Quality Managers work together as a matrix team across CWHHE CCGs and under the line management of the Assistant Director for Safeguarding but each post holder is embedded within individual CCGs.

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

- The CCGs comply with the national legislation, statutory guidance and requirements and London Procedures for Safeguarding Children and Adults;
- The Safeguarding Children Policy was ratified/approved by the Governing Bodies during July 2016.
- During the current reporting year the Safeguarding Adult Policy has been reviewed. Revisions will be made and submitted for ratification during 2017-18.

4.3 CCG STAFF TRAINING

- The Safeguarding Team are compliant with the Safeguarding related training and have access to appropriate supervision either on a one to one basis and or via a London peer network.
- Safeguarding children, adults and Prevent training is part of the mandatory training programme for all staff employed by the CCG.

4.4 EFFECTIVE INTER-AGENCY WORKING WITH LOCAL AUTHORITIES INCLUDING 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 through membership of the LSCBs, SABs through the Director for Quality, Nursing and Patient Safety; supported by the Designated Professionals.
- The Managing Director for the respective CCG takes responsibility for organisational membership and representation of the CCGs on HWBBs. The Designated Professionals are required to ensure the MDs are well briefed about Safeguarding issues ahead of these meetings and able to act on any feedback following the meetings. This has been a challenge to achieve and the team will prioritise this in 2017-18.

4.5 ENSURING EFFECTIVE ARRANGEMENTS FOR INFORMATION SHARING

- The CCGs have arrangements in place for sharing information across partner agencies and NHS commissioned services.
- The Designated Professionals attend and participate within the local monthly meetings, quarterly NHSE Safeguarding Network and Designated Professional meetings.
- The Named GPs attend the quarterly NHSE Named GP network meetings.

4.6 ENSURING ACCESS TO THE EXPERTISE OF DESIGNATED PROFESSIONALS FOR SAFEGUARDING

- All of the CCGs had arrangements in place to ensure statutory functions and responsibilities were fulfilled throughout the reporting period.
- There are arrangements for Looked after Children (LAC) Designated Professionals across the CCGs.

- The Designated Professionals produce an Annual Looked after Children Health Report each year, which is presented to Quality and Safety Committees, therefore this will not be repeated in any depth in this report.
- Each CCG has a minimum of one GP Clinical Lead for Children who sit on their Governing Body, their portfolio includes safeguarding children. Additionally, Ealing has a GP clinical lead for safeguarding adults who sits on their Governing Body.
- NHSE funds a Named GP for Safeguarding Children in each CCG. This is not a statutory role, but is detailed as good practice in the NHS Accountability and Assurance Framework (2015). There is a CWHHE CCGs collaborative wide agreement in place that devolves operational accountability for the posts to the individual CCGs and the post holders work alongside the Designated Professionals and wider Safeguarding team.
- Each CCG has a process for escalating Serious Incidents, relating to Safeguarding Adults and Children to NHSE and the Local Safeguarding Boards via the Designates.

4.7 ENSURING ACCESS TO A DESIGNATED ADULT SAFEGUARDING LEAD ROLE AND MENTAL CAPACITY ACT (MCA) LEAD

- The three Designated Adult Safeguarding and Clinical Quality Manager posts, across the 5 CCGs fulfil these responsibilities.

5. SAFEGUARDING BOARDS

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) population.

The Boards do not commission or deliver direct frontline services (though some provide training). Whilst the Board does not direct other organisations, it has a role in making clear where improvement is needed (section 14 of Children Act 2004) and works to hold partners to account whilst board members retain their own line of organisational accountability for safeguarding.

Each Board completes an 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.

Table 1 overleaf outlines each board and its relationship with each CCG and a link to the Board website. The Director of Quality, Nursing and Patient Safety has committed to attending each board meeting once a year as a minimum.

Table 1 Local Safeguarding Boards and links to CCGS

Safeguarding Board	Board Website link	CCG	CCG Executive representatives,	CCG representatives and sub-group members
Three Boroughs Safeguarding Children Board	https://www.rbkc.gov.uk/lscb/	Central, Hammersmith & Fulham, West London CCG	Assistant Director of Safeguarding	Designated Professionals for Safeguarding Children
Three Borough Safeguarding Adults Board	No website to date	Central, Hammersmith & Fulham, West London CCG	Deputy Director of Quality, Nursing and Safeguarding	Designated Safeguarding Adult and Clinical Quality Managers
Hounslow Safeguarding Children Board	www.hscb.org.uk	Hounslow	Assistant Director of Safeguarding on behalf of the CCG exec leads	Designated Professionals for Safeguarding Children
Hounslow Safeguarding Adults Board	Hounslow Safeguarding Adults Board	Hounslow	Deputy Director of Quality, Nursing and Safeguarding	Designated Safeguarding Adult and Clinical Quality Managers
Ealing Safeguarding Children Board	Ealing Safeguarding Children Board	Ealing	Deputy Director of Quality, Nursing and Safeguarding	Designated Professionals for Safeguarding Children Named GP CCG Children's Lead Joint LA and CCG Children's Commissioner
Ealing Safeguarding Adults Board	No website to date	Ealing	Assistant Director of Safeguarding	Designated Safeguarding Adult and Clinical Quality Managers

6. SERIOUS CASE/ADULT REVIEWS (SCR/SARs)

Each CCG has a statutory duty to work in partnership with LSCB/SABs in conducting a SCR/SAR in accordance with Working Together to Safeguard Children (2015) or Care Act (2014). These are defined in Appendix 3.

The CCG Designated Professionals support the Board in the coordination and evaluation of health services inputs into an SCR/SAR and provide professional scrutiny and challenge.

The CCGs support actions following the review are carried out according to the timescale set out by the SCR panel. Tables 2 and 3 in Appendix 3 list the Serious Case Reviews and Serious Adult Reviews completed and published by the Boards in 2016-17.

Learning from SCRs or SARs is shared and built into multi-agency and single agency training and quality measures of activity during the 2016-17 to ensure sustainability.

The health related actions are monitored through the Safeguarding Boards, supported by Designated Professionals and additionally reported through CCG Quality and Safety Committees.

6.1 DOMESTIC HOMICIDE REVIEWS (DHR)

Domestic Homicide Reviews are led by the Community Safety Partnerships. The attendance of both CCGs and NHSE are required at DHR panels to support and enable learning to be embedded across the health economy. During 2016-17 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.

The learning from DHRs is shared by the Community Safety Partnerships with the Boards and relevant partners the purpose of this being to embed learning. The health related actions are supported by Designated Professionals and additionally reported through CCG Quality and Safety Committees.

Table 4 lists the Domestic Homicide Reviews published during 2016-17 in Appendix 3.

7. THE CHILDREN AND SOCIAL WORK BILL 2017

During the reporting year, the government indicated plans to make legislative changes to safeguarding at a local level based upon the recommendation of the Wood Review (2016), which reviewed the role that Local Safeguarding Children Boards (LSCBs) play in protecting and Safeguarding Children.

In summary and background information to the plans:

- The Government is intending to make legislative and administrative changes in relation to:
- Changing the statutory structure of Local Safeguarding Children Boards
- Changing the multi-agency working for Safeguarding Children through the Children and Social Work Bill,
- Establishing a National Child Safeguarding Practice Review Panel in relation to new arrangements replacing the existing system of serious case reviews
- Amending arrangements for child death overview panels (CDOPs)

All the Safeguarding Children Boards are considering how the changes and structures might be enacted.

The partners of the three borough LSCB decided to engage in preliminary discussions resulting in a local response paper "*Developing a Local Safeguarding Arrangement in the Context of the Alan Wood Review and the Government's Response*".

Additionally on behalf of the three CCGs, the Deputy Director of Nursing, Quality and Safeguarding facilitated a workshop with health partners of the LSCB to consider a response to the options proposed about how the LSCB might operate in the future.

In terms of outcomes partners noted that the strength of the current arrangements is that they allow a local focus on safeguarding, to meet the needs in that locality and build up local relationships and trust. They also enable the CCGs to see the strategic working of Provider Safeguarding Leads across the partnership and provide them with a real sense of how the whole health and social care economy addresses safeguarding, which assists in providing assurance.

This work contributed to successfully ensuring that a new independent chair was recruited following the retirement of the incumbent independent chair for the LSCB and a review of all existing subgroups to ensure that they are fit for purpose and making effective use of the available resource.

The Royal Assent was granted for The Children and Social Work Act (CSWA) in April 2017. This will mean changes in regards to safeguarding reforms which will require further statutory guidance by revising the Working Together to Safeguarding Children and Young People, which is due to happen in autumn 2017.

The expectation is for all agencies to have put into place all detailed changes by April 2019.

8. CHILD DEATH OVERVIEW PANELS – CDOP

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 current arrangements remain unchanged in each borough for this reporting period and each CDOP provides an Annual report to each LSCB.

8.1 THREE BOROUGH (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 here, as it is a function directly provided and administered by the Safeguarding Team.

The Child Death Overview Annual report for 2016-17 has been submitted to the LSCB, quarterly reports were submitted throughout the year and the Annual Report for Child Death is reported to Central London CCG's Quality and Safety Committee.

The Deputy Director of Public Health for Westminster chairs the panel. A Specialist Nurse employed by the CCGs takes responsibility for the coordination of the CDOP process working alongside the Designated Doctor for Unexpected Child Death. The Designated Nurse for Safeguarding also sits on the panel.

9. LEARNING DISABILITY MORTALITY REVIEWS (LeDeR)

As a result of the confidential Inquiry into Premature Deaths of People with Learning Disabilities (CIPOLD, University of Bristol 2013) which identified that nearly a quarter of people with learning disabilities were younger than 50 when they die and a third of all deaths were linked to poor health care NHSE commissioned the University of Bristol to undertake a mortality review programme (LeDeR) in 2015.

From 01 May 2017 all deaths of adults with learning disabilities and /or autism aged 17-74 will require a mortality review. This work will align with the work of the Child Death Review Process.

The purpose of the review is to determine if there are any areas of concern in relation to the care of the person who has died or if any further learning could be gained from a multi-agency review of the death that would contribute to improving practice.

NHS Trusts are required to have robust and adapted governance processes to accommodate leading the review and reporting of deaths.

The guidance requires that "Commissioners should use information from providers from across all deaths, including serious incidents, mortality reviews and other monitoring, to inform their commissioning of services. This should include looking at approaches by providers to involving bereaved families and carers and using information from the actions identified following reviews and investigations to inform quality improvement and contracts.

This will be a priority to ensure consistency across CWHHE CCGs in 2017-18.

10. VIOLENCE AGAINST WOMEN AND GIRLS PARTNERSHIP

The aspiration of the Pan London 'Violence Against Women and Girls' (VAWG) Strategy is to have a clear understanding of the issues affecting the wellbeing of women, girls and other vulnerable members of our communities. It is led by the Safer Community Partnerships across each borough.

There is some variation in CCG representation in the VAWGs, in order to ensure that health provision is aligned to and joined up with the priorities of the VAWG and the LSCBs, SABs and H&WBs.

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 linking with their adult safeguarding colleague and others in the CCG, to ensure VAWG work is aligned across the lifespan as necessary.

In Ealing, the Named GP Safeguarding Children has been working 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.

In Hounslow the Named GP and Designated Nurse for Safeguarding Children continued to build upon the work commenced and reported on in 2015-16.

The Hounslow VAWG have developed a new strategy plan for 2016/17 which details its plans and commitment to reduce the prevalence of all forms of violence against women and girls by increasing reporting, reducing risk and holding perpetrators to account.

In the Three boroughs, the Designated Nurse and Quality Manager for Safeguarding Adults has taken the lead for VAWG borough and is working closely with the Designated Nurses for Safeguarding Children arranged for Domestic Abuse Awareness sessions to be delivered to CCG staff, these will take place in 2017-18

11. LOOKED AFTER CHILDREN (LAC)

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

Throughout 2016-17 each CCG has had its statutory posts in place.

Because of localisation of arrangements reporting arrangements vary in each CCG.

The Designated Professionals for LAC present an Annual Report to the Quality and Safety Committees of each CCG.

11.1 THREE BOROUGH (WESTMINSTER, HAMMERSMITH AND FULHAM, KENSINGTON AND CHELSEA)

A review was undertaken during 2016-17 of the Designated LAC Nursing function and due to the conflict of interest posed by the post holder being employed by the local LAC service. It has been agreed that future post holders will be directly employed within the three borough CCGs, mirroring the arrangements in Ealing and Hounslow CCGs. It is intended that the post will be recruited to 2017-18.

There will be a similar review of arrangements for the Designated Dr for LAC in 2017-18.

11.2 HOUNSLOW

Hounslow CCG directly employs their Designated LAC Nurse. Hounslow and Richmond Community NHS Trust appointed a new Designated Dr for LAC during the reporting period.

The Designated Safeguarding and LAC professionals and Hounslow Local Authority carried forward a joint LAC action plan in 2016-17, 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.

11.3 EALING

Ealing CCG directly employs both their Designated LAC Nurse and Designated Doctor for LAC.

11.4 KEY ACHIEVEMENTS WITHIN THE 2016 – 17:

Each CCG can all be assured that progress has been made in the delivery of services relating to LAC within 2016-17.

- The key performance indicators for LAC were agreed between all Designated Safeguarding Children and LAC Professionals across eight CCGs within North West London and were added to the core quality schedule as part of the Safeguarding Health Outcomes Framework to ensure reporting requirements are consistent across all NWL providers in relation to the statutory requirements for LAC.

- Following the successful negotiation and agreement of the LAC reporting requirements across NWL, a Designated LAC Professional Forum was established in partnership with the Designated Nurses for Safeguarding Children. The purpose of this group is to promote support and develop good and consistent practice with their designated duties and functions across the NWL area.

This group has met quarterly during 2016-17 and established a work plan to develop consistent assurance tools and approaches to use with providers. This work will be reported in respective CCG Annual LAC Reports.

12. RADICALISATION, CONTEST AND PREVENT – NATIONAL AND LOCAL CONTEXT

12.1 CONTEST

Contest¹ is the United Kingdom's Counter terrorism strategy and aims to reduce the risk to the UK and its interests overseas from terrorism. Contest, Prevent and Channel are defined in Appendix 4.

12.2 Prevent (including the Prevent Duty 2015)

The Prevent Duty applies across all of CWHHE CCGs and its Public Sector funded Organisations/Providers. UK Local Authorities are categorised by the Home Office on the basis of risk being either 'Priority' or 'non-priority' areas.

There are 21 Priority Areas across London and 13 non-Priority Areas². The CWHHE Boroughs identified as being a 'Priority' area are:

- Ealing
- Hammersmith and Fulham
- Royal Borough of Kensington and Chelsea
- Westminster
- Hounslow

12.2.1 Prevent Training Compliance

In 2015, NHS England released the Prevent Training and Competencies Framework. This Document set Health organisations a 3 year target for to achieve a staff training compliance rate for WRAP³ of 85% (by March 2018). In terms of the Prevent Basic Awareness training there is not currently a national target.

End of Q4 2017 training compliance figures for (both for CCGs and their Provider Trusts) can be found in **Appendix 4 (Page 50-51)**.

12.3 CHANNEL (INCLUDING THE CHANNEL DUTY 2015)

Across CWHHE CCGs, a Channel Panel exists within each Borough, often led by Home Office directly funded roles hosted within their retrospective Local Authority.

'Channel' uses a multi-agency approach to protect people by:

¹ [Contest, HM Government \(Updated 2016\)](#)

² [London Councils, Counter-Extremism Strategy \(2015\)](#)

³ Workshop to Raise Awareness of Prevent

- Identifying individuals at risk;
- Assessing the nature and extent of that risk;
- Developing the most appropriate support plan for the individuals concerned.

12.4 IN THE 2016–2017 YEAR, CWHHE CCGS HAVE CONTINUED TO DEMONSTRATE COMPLIANCE WITH BOTH THE PREVENT AND CHANNEL DUTIES BY:

- Having the Designated Safeguarding Adults and Clinical Quality Manager as the Named Lead for Prevent within each of the CCGs.
- The CWHHE Prevent Leads remain members of their retrospective Prevent Boards within their areas.
- Channel Panels across CWHHE have Mental Health Trusts are part of its core membership.
- Prevent continues to be part of mandatory training for all CWHHE CCGs Staff.
- Continuing to support Provider Trusts in fulfilling their Prevent obligations as set out in the National NHS Standard contract⁴.
- Engaging with the London Region wide approach to Prevent in ensuring that, there is awareness, training, and an effective response to related concerns within NHS commissioned services.

12.5 KEY ACHIEVEMENTS WITHIN THE 16-17 YEAR:

- The CCG Safeguarding Adults Policy has been reviewed and updated (for implementation in the 17-18 year) to ensure compliance in relation to when concerns may be identified and/or raised about direct CCG employees.
- Channel Panels across CWHHE have assured the CCGs that Health Providers are engaged in the Channel Process and Mental Health Trusts are part of its core membership.
- A number of additional training and awareness events have been carried out across CWHHE CCGs, invites have been extended to member practices in order to support their knowledge base in this area.
- In addition to the NHS England Standard Contract Prevent Requirements, the NW London CCGs Safeguarding Health Outcomes Framework additionally now sets out Provider reporting requirements thus strengthening related contractual performance monitoring.

12.6 KEY DEVELOPMENTS FOR THE 2017 – 18:

- Work towards integration of the CCG Safeguarding Policies (Adults and Children) to ensure a cohesive 'across the life span' message in relation to Prevent and ensuring consistency between CWHHE Safeguarding Adults and Children's Policies.

⁴ [NHS England: NHS Standard Contract](#)

- In conjunction with the Statutory Leads and the Safeguarding Boards, strengthen professional awareness of referral routes in relation to; raising a 'Prevent' related concern, a 'Channel' referral and what must remain a Child Protection or Adult Safeguarding referral or a concurrent referral..
- Support the CWHHE Central Contracts team in strengthening contracting assurance requested from smaller volume contracts, in particularly those operating within 'Priority Areas' and/or who are working with populations who may have a higher risk of being drawn into extremism.
- On an advisory basis, continue to support Provider Trusts who are failing to demonstrate progression in relation to their Prevent training compliance. In order to ensure appropriate oversight is applied within contractual meetings, this work will be undertaken jointly with Contract Leads
- Internally, continue to support signposting CCG employees to WRAP training available (often via the Prevent Coordinators hosted in Local Authorities) and continue to work alongside Human Resources in driving compliance for basic awareness.
- Work with Human Resources to better capture internal CCG rates of Prevent Training compliance, particularly for the CCGs of Central London, West London and Hammersmith and Fulham (see appendix xx, page xx).
- Ensure the CWHHE Mandatory training policy is reflective of the revised (in the 2017 – 18 year) NHS England Prevent Training and Competencies Framework.

13. CWHHE CCG COLLABORATIVE ACHIEVEMENTS

13.1 DEVELOPMENT OF THE SAFEGUARDING TEAM

At the beginning of 2016 following some team members leaving their roles, the Deputy Director of Safeguarding and two new Designated Nurses for Safeguarding Children were appointed in the three central CCGs, and a new Designated Safeguarding Adults and Clinical Quality Manager was appointed to the three central CCGs.

Supported by the Director and the Deputy Director for Quality, Nursing and Safeguarding, the Safeguarding Team for all CWHHE CCGs participated in team building activities; including individual team-working profiles and an away day. This enabled team members to consider how they developed a consistent, collaborative approach to sharing their expertise of safeguarding across the lifespan for each CCG and helped to work though how to manage capacity and to ensure that team members would be able to provide advice, cover arrangements and support to peers as necessary.

13.2 EXAMPLES OF ACHIEVEMENTS IN 16-17 INCLUDE:

- The team galvanised and supported each other to work in the preparation and necessary review of the 'cases' needed for the Joint Team Area Inspection in Hounslow.
- Within the three boroughs, a complex family requiring Continuing Healthcare required both the Designates for Adults and Children to coordinate the work in partnership with Adults and Children's social care and partner agencies to ensure the best outcome for the patient.

- During 2016-17, two team members were supported to undertake Masters in Safeguarding and two completed their MScs, this has supported team members to underpin their skills and knowledge with a deeper theoretical base, enabling greater confidence in their roles.
- Team members have continued to input at Clinical Quality Group (CQG) meetings for trusts, large contracts and others as requested to provide a level of expert scrutiny in the assurance process for Safeguarding and wider quality concerns in conjunction with the CCG's Assistant Director of Quality.

13.3 DEVELOPMENT OF A NORTH WEST LONDON (NWL) SAFEGUARDING HEALTH OUTCOMES FRAMEWORK (SHOF)

During the 2016-17, the Designated Professionals for Safeguarding Adults, Children and Looked after Children across all CWHHE CCGs, Brent, Harrow and Hillingdon (BHH) CCGS collaboratively revised the 2015-16 SHOF templates to ensure that all NWL NHS provider services complete the same quarterly safeguarding report as part of the core quality schedule. This was embedded within the core quality schedule for all providers for a two year reporting period 2017-19, including those commissioned by Central Contracts with a view to being reported from Q1 in 2017-18.

13.4 'DEEP DIVE AUDIT' AT CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST (CWHT)

The West London and Hounslow CCG Safeguarding Team members undertook a 'Deep Dive Audit' at both hospital sites to seek assurance of the safeguarding arrangements following the acquisition. The findings were reported through the Quality and Safeguarding Committees of both West London and Hounslow CCGs.

As part of the recommendations from the Deep Dive the Trust are reviewing their safeguarding team, including roles and team structure, across both of their sites.

The Designated Nurses for Safeguarding Children, West London CCG and Hounslow CCG are currently working with the Named Nurses and Consultant Midwife to develop a supervision audit tool.

The Designated Nurses for Safeguarding Children are also working to help develop a universal referral form into Children's social care and are supporting the team to review their safeguarding training to ensure it is in line with Intercollegiate Guidelines (2014) and will equip staff with the knowledge and skills for their safeguarding activity.

The Designated Nurses have met with the Director of Nursing and Named Professionals, for CWHT, to discuss the safeguarding training action plan. Attainment of the key performance indicators has proved challenging, the on-going work associated with this continues to be pursued through the Clinical Quality Group for CWFT

- Development for 2017-18 will be to undertake a programme of similar activity with identified providers around agreed themes.

14. ADULT ACHIEVEMENTS AND AREAS

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.

14.1 NURSING HOMES AND CARE PACKAGES

Commissioning arrangements for Nursing Home Providers vary across CWHHE CCGs, some are commissioned via spot and other block contract arrangements and some are directly commissioned by individual CCGs and others in collaboration with the local authorities.

Whilst the CCGs support driving quality and safeguarding standards within such provision the respective local authority holds the statutory responsibility to lead on any safeguarding concerns, and the Care Quality Commission to ensure all Providers meet the regulatory set requirements and request an action plan when inspections show these standards are not being met.

The CWHHE CCGs Designated Adult Safeguarding and Clinical Quality Managers support Continuing Healthcare Commissioning Managers including specialist commissioners for Mental Health long term placements in being kept updated of local and national quality, safety and safeguarding intelligence.

Across CWHHE CCGs collaborative, each Local Authority has arrangements in place with the CCGs, CQC and other relevant statutory agencies to share provider information in relation to quality of care and safeguarding concerns. The purpose of these groups is to triangulate information, patterns, trends and themes in a way that informs commissioners of any concerns in advance of them having an impact on the safety of patients.

The challenges faced within the current nursing home and domiciliary care landscape have required the Designated Safeguarding Adults and Clinical Quality Managers to do a significant amount of work to support enhancing the quality and safety of care within nursing homes and other care providers by:

- Representing the CCG through proactive attendance at Local Authorities Information Sharing Panels and/or Quality Assurance Groups. At these meetings multi-agency responses to concerns are agreed.
- Providing clinical support, safeguarding and quality expertise to Joint Operational Groups (JOGs) or contract meetings jointly attended by the Local Authority and CCG. Where such arrangements exist.
- Attend Local Authority led Provider Concerns meetings, when concerns relate to Providers which the CCG commission within their geographical boundaries.
- When requested, support the CCGs Commissioning Managers in obtaining updates from Local Authorities and/or CCGs outside of CWHHE when Provider Concerns exist.
- Supporting the Local Authorities in undertaking safeguarding and quality focused visits to providers, providing recommendations to the provider directly and into any related Provider Concerns Process.
- Being a source of safeguarding expertise to CCGs Commissioning Managers and CHC Clinical Leads for individual, more complex safeguarding cases.
- Additionally the Designated Safeguarding and Clinical Quality Managers have undertaken supportive quality visits to the care homes providing advice, guidance and supportive supervision to help staff manage these challenges. The outcome of this intensive work has enabled the CCGs to have oversight of the care provided and prevented the movement of patients from nursing homes.
- Providing reports to the CCGs Quality and Safety Committees when Commissioned Providers within the CCGs boundaries are under a Provider Concerns process.

14.2 CCG PROCEDURE FOR THE SUSPENSION OF COMMISSIONED PLACEMENTS IN CARE HOMES / CARE PACKAGES

- Building on work that was undertaken last year to develop a CCG Procedure for the Suspension of Commissioned Placements in Care Homes/Care Packages Policy for Hounslow, a similar procedure has now been developed within Central, West London, Hammersmith and Fulham CCGs. This was developed jointly with the three borough local authorities.
- A similar procedure is in the process of being written jointly with Ealing local authority and once finalised will replace the current CCG procedure.

14.3 KEY AREAS FOR DEVELOPMENT IN THE 17 – 18 YEAR

- Finalise the joint (Local Authority/CCG) Provider Concerns guidance in Ealing.
- Review team capacity with regards to supporting/driving quality improvements within nursing homes and domiciliary providers..
- Alongside wider CWHHE CCGs Quality Team colleagues, support the training and development of Nursing Home staff (whilst recognising the individual Providers responsibility) in key areas such as hydration and infection control.

14.4 AUDIT OF DEATHS IN CARE HOMES FOLLOWING DISCHARGE FROM HOSPITAL 2016

In early 2016, a number of cases were highlighted by the three borough's Continuing Healthcare Team, where patients who had been discharged from hospital sites to care homes had died shortly after their arrival at the care home.

These cases raised concern about the nature and timeliness of discharges from hospital for people at end of life stage, the pressures placed on the care homes and local GPs in supporting these discharges, and the quality of end of life provision and experience for these patients and their families.

An audit was undertaken jointly between the CWHHE CCGs Quality and Safeguarding team and the Joint Commissioning Team for Older People and Vulnerable Adults.

This focused on three main areas:

- Person centred choice in respect of place of death
- Quality of transfer from hospital to nursing homes
- Scrutiny of care experience

The clinical findings concluded that there were no overall immediate issues with the pathway. A workshop was held to share the findings of the audit and to identify improvements that could be made in line with the findings.

A particular focus on improving documentation supporting the end of life care (EOLC) pathway and discharges; to enable further training around EOLC and difficult conversations; and to have clear escalation routes for when issues occur. It is proposed to take forward these areas through our existing EOLC groups and programmes as well as our hospital discharge programme during 2017-18.

15. THE MENTAL CAPACITY ACT (MCA) AND DEPRIVATION OF LIBERTY SAFEGUARDS

The Mental Capacity Act (2005) including the Deprivation of Liberty Safeguards (DoLS) (2007) provide a statutory framework to empower and protect people (aged 16 and over) who may lack capacity to make decisions for themselves. Where required, both the MCA and DoLS provide health and social care workers with a legal framework for making decisions on an individual's behalf. This applies whether the decisions are everyday matters or life-changing events.

Within their portfolio, the CWHHE Designated Adult Safeguarding and Clinical Quality Managers are the MCA Leads for their nominated CCG(s).

The CWHHE CCGs MCA Leads have continued to:

- Support Commissioning Managers and Contract Leads in obtaining assurances that commissioned services evidence that they are providing care which is compliant with the MCA.
- Critically analyse related provider reports (for example at contract meetings) and provide supportive advice to improve MCA compliance and reporting frameworks.
- Work closely with multi-agency partners at intelligence sharing meetings with regards to any intelligence received which would suggest a particular Provider is not complying with the MCA.
- Ensure CCGs are kept updated with regards to any proposed developments to relevant statutory and legal mandate. In doing so, continue to raise awareness of the MCA for amongst wider CCG colleagues.
- Be available as a source of advice and guidance for specific complex cases – both to internal CCG colleagues and to member practice staff.
- Ensure CCGs are kept apprised of any statutory delays to DoLS authorisations (responsibility of the Local Authorities) which may risk unlawful care being provided.
- Participated in a CWHHE CCGs health sector wide research project with a focus on health workers understanding of the MCA (section 16.2).
- Provide advisory support to commissioned services whereby MCA concerns have been identified.
- Where appropriate, the Designated Safeguarding and Clinical Quality Managers have undertaken 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.

16. INVOLVEMENT IN RESEARCH

16.1 | HYDRATE RESEARCH PROJECT

With support from CWHHE, the University concluded their research within two Nursing Homes (one in Ealing and the other in Hammersmith and Fulham) in relation to hydration, with its key objectives being:

- Increase the number of residents consuming minimum daily fluid intake of 1500ml

- Collaborate with staff, residents, their families to support hydration of the frail elderly
- Reduce morbidity associated with dehydration
- Improve experience and quality of life of residents
- The research found key areas to increase the hydration of Resident's within a Nursing Home were:
- Type of containers/cups used for serving drinks (to make them easier for a Resident to hold)
- Drinks menu increased the types of fluids available (including fruit juice)
- Residents offered more choice - even if drinks menu not always used
- Staff often assumed erroneously what resident's preferred to drink

During 2017, the research team presented their findings at a London wide NHS England Forum, Ealing Local Authority Provider Forum and Ealing CCG Quality and Safety Committee. It is our intention to publish the findings.

16.2 NEW BUCKS UNIVERSITY MENTAL CAPACITY ACT (MCA) RESEARCH PROJECT

In collaboration with CWHHE CCGs, NHS England commissioned Bucks New University to undertake a research project looking at Health Sector staffs awareness and knowledge of the Mental Capacity Act (MCA). The Project has included staff working across the Health Sector within CWHHE, including both Acute and Community Trusts and Nursing Homes. One outcome of the project is to create a bespoke e-learning resource for CQC Registered Providers across CWHHE to access for free. During 2015 – 16 the project has created a number of scenario based training videos/materials based on feedback and the analysis from the earlier stages of the project. During 2016 – 17 year, the project will be undertaking consultation with statutory colleagues, Providers and individual users before rolling out the training upon the Project completion.

17. CHILDREN ACHIEVEMENTS AND AREAS FOR DEVELOPMENT ACROSS CWHHE

17.1 THE CHILD PROTECTION – INFORMATION SHARING (CP-IS) PROJECT

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

Supporting the roll out of the Child Protection – Information Project (CP-IS). 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 and Walk-In clinics.

Within 2016-17 the provider organisations, which provide unscheduled care services across the CWHHE CCG Collaborative, have begun to implement CP-IS although the roll-out of CP-IS is staged. Local authorities are required to submit information initially with the aim of 80% engagement of NHS funded unscheduled health care settings by April 2018.

The Designated Nurses for Safeguarding Children will continue to support this on-going multi-agency change process and will continue to support implementation in 2017-18

18. FEMALE GENITAL MUTILATION (FGM)

The Safeguarding Team across each CCG have been proactive in raising awareness across the multi-agency professional networks about the Mandatory FGM reporting practice requirements and statutory duties and related practice requirements for under 18s to the police.

18.1 CENTRAL, WESTMINSTER, HAMMERSMITH AND FULHAM CCGs

During 2016 -17 Imperial Healthcare NHS Trust partnered with the three borough Children's Services and 'Midaye' a community grassroots organisation, to run a pilot FGM clinic for victims of FGM. The project was funded by the Department for Education and the Mayor's Office for Policing and Crime and brought together a multidisciplinary team to safeguard children and improve women's access to FGM services.

The joint initiative formed a unique partnership between health, social care and community engagement aiming to support pregnant women and to help prevent FGM happening in the future.

The clinics were run at Queen Charlotte's and St Mary's Hospitals. Although the pilot end at the end of March 2017 Imperial Charity Foundation continues to fund the health advocates and the specialist FGM social worker is now funded by the three boroughs for the remainder of 2017.

The main objectives of the project were to:

- Identify girls that may be at risk of FGM
- Improve referral pathways between maternity and social care
- Develop closer consultation with the community to unblock barriers and demonstrate their valued role in the process of ending FGM.

The FGM specialist midwives worked closely with the specialist FGM Social Worker, Counsellors and Health Advocates to build trust with the women and to reassure them of the social worker's aim of supporting them rather than removing children from their care.

Evaluation and impact of the project

- Significant increase in the number of women attending - all pregnant women receiving an FGM clinic appointment were telephoned by the Health Advocates and encouraged to attend their appointment
- Girls Under 18 who were identified as having FGM were referred under the Mandatory Reporting Duty.
- Increased numbers of women with FGM referred to Children's Services.
- Noticeable improvement in the engagement of women on educating extended family members of the health consequences of FGM.
- Training and advice provided by the specialist social worker social workers in the three boroughs and neighbouring boroughs to ensure that families are treated sensitively.
- Women with post-traumatic stress disorder who accessed counselling reported they found having a counsellor present during deinfibulation procedure very beneficial.

- Increased awareness in communities that practice FGM with open discussions being held on the impact of FGM on women and the community ensuring continued dialogue with the community.
- Better trust and understanding from women around the support children's services offer and also about the different types of FGM.

18.2 JOINT AREA TEAM INSPECTION (JTAI) IN HOUNSLOW

A Joint Area Inspection (JTAI) focusing on the inter-agency approach of services towards Domestic Abuse was undertaken in the Borough of Hounslow in March 2017. JTAs are carried out under section 20 of the Children Act (2004) by inspectors from Ofsted, Care Quality Commission, Her Majesty's Inspectorate of Constabulary and Her Majesty's Inspectorate of Probation.

At the time of writing the CCG is awaiting the outcome of the inspection.

The health issues specific to Hounslow will be incorporated into the HSCB action plan and will additionally be reported directly to the Quality and Patient Safety Committee.

This was the first JTAI inspection methodology in any of the CWHHE CCGs localities and the Safeguarding team have developed a flowchart of the process to assist peers in readiness for future inspections across CWHHE.

19. SAFEGUARDING COMMISSIONING ASSURANCE FROM PROVIDERS

The CCGs commission services from a range of organisations; this report focuses on the main contracts with NHS Acute, Community and Mental Health Trusts, which the CCG Safeguarding Designated Professionals support.

The CCGs can be assured that there is oversight and scrutiny of the NHS provider safeguarding activity and compliance from where they commission services.

The effectiveness of the safeguarding system has been assured and regulated by a number of bodies and mechanisms. These include:

- Provider internal assurance processes and Board accountability
- The Local Safeguarding Boards
- External regulation and inspection - CQC and Monitor
- Locally developed peer review and assurance processes
- Effective commissioning, procurement and contract monitoring
- All regulated health and social care services, now including every General Practice are required to comply with the Care Quality Commission essential Standards for Quality and Safety that include safeguarding standards (Regulation 13)
- CWHHE CCGs performance managed each provider organisation via formal Director led contract review meetings.

In addition the following arrangements have been in place to strengthen the CWHHE CCG assurance processes

- Designated Leads attend Provider Trusts internal Safeguarding Committees when invited, where they challenge, feedback and support on areas for development or improvement in an advisory capacity.
- Joint commissioner/provider quality contract meetings considered safeguarding issues/priorities and receive updated actions plans from SCR/SARS
- Systematic review of Serious Incident reports
- 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. 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.

Table 7 overleaf provides a summary that the Governing Bodies can be assured that providers have in place arrangements to monitor and report against 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 95%) Levels 1-3 need reporting for children, level 1 for adults although some trusts have developed training to level 2 and 3.

Issues relating to compliance are addressed within the CCG Contract monitoring arrangements.

It is noted that most NHS Provider Trusts with the exception of CNWL and the CCG were significantly challenged in meeting the required compliance levels for uptake of Safeguarding training for children and adults.

The Safeguarding Team will be working closely to provide support and oversight of the providers by setting a trajectory to achieve their 95% training trajectory challenges within 2017-18.

Summary of assurance for NHS Provider Trusts across CWHHEE CCG Collaborative								
Name of Provider	Lead/Associate Commissioner	Board leadership 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 2016-17 was 90%	Safeguarding Adult training contractual requirement for 2016-17 was 90%	MCA/DOLs
Central London Community Healthcare NHS Trust	Central London CCG	Assured	Assured	Assured	Assured	Level 1 96%	Level 1 96%	90%
						Level 2 89%	Level 2 87.4%	
						Level 3 84%		
						Level 4 100%		
Central North West London Mental Health Trust RBKC	Harrow/ West London CCG	Assured	Assured	Assured	Assured	RBKC Level 1 93%	Level 1 89%	NR
						RBKC Level 2 & 3 96%		
						Westminster Level 1 97%		
						Westminster Level 2& 3 91%		
Chelsea and Westminster NHS Foundation Trust	West London CCG / Hounslow CCG	Assured	Assured	Assured	Assured	Level 1 89%	Level 1 87%	NR
West Middlesex Hospital CWFT	West London CCG / Hounslow CCG	Assured	Assured	Assured	Assured	Level 1 89%	Level 1 87%	NR
						Level 2 60%	Level 2 55%	
						Level 3 75%	Level 3 25%	
						Level 4 100%	Level 2 67%	
Imperial College Healthcare NHS trust	H&F CCG	Assured	Assured	Assured	Assured	Level 1 81%	Level 1 81%	NR
						Level 2 87%	Level 2 87%	
						Level 3 84%	Level 3 100%	
						Level 4 100%		
Hounslow and Richmond Community Healthcare NHS Trust	Hounslow CCG)	Assured	Assured	Assured	Assured	Level 1 94%	Level 1 93.33%	90.45
						Level 2 88%	Level 2 94.27%	
						Level 3 96%		
						Level 4 80%		
West London Mental Health Trust	Ealing CCG/ Hounslow /H&F CCGs	Assured	Assured	Assured	Assured	Level 1 99%	Level 1 85.4%	NR
						Level 2 90%	Level 2 77%	
						Level 3 80%	Level 3 31.25%	
						Level 3 Specialist 57%		
NHS 111	Hounslow CCG lead for NWL	Assured	Assured	Assured	Assured	Level 4 100%		99.4
						Level 1 NR	Level 1 99.7%	
						Level 2 NR	Level 2 100%	
						Level 2 NR		
London North West Healthcare NHS Trust	Brent/Harrow/Hillingdon/ Ealing CCGs	Assured	Assured	Assured	Assured	Level 1 86.33%	Level 1 82.48%	27%
						Level 2 79.26%	Level 2 76.31%	
						Level 3 79.06%	Level 3 97.22%	
						Level 4 NR		
Royal Brompton and Harefield Hospitals NHS Trust	NHSE/ within West Central London CCG	Assured	Assured	Assured	Assured	Level 1 96%	NR	NR
						Level 2 89%		
						Level 3 84%		
						Level 4 100%		

19.1 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 2016-17, the Safeguarding Team has asked to be consulted on the development of these contracts. Embedding the single SHOF reporting framework into the core quality schedule has ensured across eight CCGs from 2017-18 will support progress to monitor the centrally held contracts, from a safeguarding perspective and will continue to be a priority within 2017-18.

The Safeguarding team will address this work with the Central Contracts Team.

19.2 NHS 111

The 111 services commissioned by the CWHHE CCGs are monitored via each contractor's contract monitoring meetings.

As part of the standard NHS contract the services are expected to comply with national safeguarding requirements.

Care UK provides 111 services for Ealing and Hounslow, with the lead CCG as Hounslow for the outer NW London with the exception of Hillingdon. The Designated Nurses for Safeguarding Children and Adults for Hounslow attend the contract-monitoring meeting on behalf of both CCGs.

The 111 services for Central London, West London, Hammersmith and Fulham were provided by London Central West Unscheduled Care Collaborative (LCW), The Designated Nurses for Safeguarding Adults and Children Central London CCG attend the contract-monitoring meeting on behalf of each CCG.

19.3 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 awarded to new providers. The Safeguarding Team provides support oversight and scrutiny that the services are statutorily compliant with Safeguarding processes.

20. CONCLUSION

Throughout this Annual Report, the key achievements and progress made towards the priorities of 2016-17 have been discussed and highlighted.

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 from 2015-16 were carried forward for 2016-17 and will remain business as usual going forward.

CWHHE CCGs can be assured that safeguarding statutory requirements for both Adults and Children are being met.

The priorities for 2017-18 reflect areas where improvements will further ensure that there are effective systems in place to safeguard Adults and Children for the CWHHE CCGs. These are specific priorities for the CCGs and do not repeat the priorities agreed with each Safeguarding Board although the work will complement and fit into all partnership work.

21. PRIORITIES FOR 2017-18 FOR SAFEGUARDING

In addition to working in partnership to achieve the priorities set by the Safeguarding Boards and other external partners, the CWHHE CCG Collaborative will work together to:

CWHHE CCGs PRIORITY AREAS FOR 2017-18

CCG safeguarding and promoting the welfare of Children and Adults

- Strengthen the Safeguarding intelligence sharing within the CCGs and Health and Well-being Boards by; establishing monthly meetings between the Safeguarding team and MDs of the CCGs to ensure information is shared effectively ahead of and after Health and Well-being Boards
- Raise awareness of and deliver (where appropriate) training pertaining to Safeguarding within each CCG
- Review and provide advice on the safeguarding contractual requirements for providers within the primary care delegate commissioning including support to monitor the centrally held contracts, from a safeguarding perspective.
- Further strengthen the monitoring of safeguarding children activities in General Practice. NHSE guidance is awaited about their role in safeguarding for 2017-18 in relation to delegated commissioning.
- Align the work of the Named GPs to the Safeguarding Team for mutual support and collaborative outcomes
- Align the work of the Designated to the Safeguarding Team for mutual support and collaborative outcomes
- 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.

Children and Social Work Act 2017

- To work in close partnership with each LSCB and partners to identify how this will be implemented in each board area.
- Progress will be reported by the Safeguarding Team to each CWHHE CCG Collaborative Quality and Safety Committee and / or individual CCG Quality Committees as required through the quarterly reports or exception reports during 2017-19.

The expectation is for all agencies to have put into place all detailed changes by April 2019.

Child Death Overview Panel (CDOP)

- To collaborate and maintain partnerships with the CDOPs until the CSWA changes are agreed and develop action plan to manage transition.

Serious Case Reviews (Children)
<ul style="list-style-type: none"> • In partnership with the LSCBs, strengthen individual and organisational learning in practice from SCRs, until the CSWA changes are agreed and develop action plan to manage transition. • The outcomes are built into the training provision and quality measures of activity during the 2017-18 to ensure sustainability. Designated Nurses supervision meetings will monitor these with the Named Professionals for Safeguarding Children in each provider. • Progress for health related actions in SCR will be monitored by the LSCBs and reported through the CCG Quality Committees within the Safeguarding quarterly reports during 2017-18 until the CSWA changes are agreed and develop action plan to manage transition.
Serious Adult Case Reviews and Domestic Homicide Reviews (SAR)
<ul style="list-style-type: none"> • Progress for health related actions in SARs will be reported through the CCG Quality and Safety Committees within the Safeguarding quarterly reports. • Progress against learning from SARs 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.
Female Genital Mutilation (FGM)
<ul style="list-style-type: none"> • From a safeguarding perspective support, advise and influence the coordination of a CWHHE CCGs 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
Learning Disability Mortality Review (LeDeR)
<p>The guidance requires that “Commissioners should use information from providers from across all deaths, including serious incidents, mortality reviews and other monitoring, to inform their commissioning of services. This should include looking at approaches by providers to involving bereaved families and carers and using information from the actions identified following reviews and investigations to inform quality improvement and contracts etc.”</p> <p>This will be a priority to ensure consistency across CWHHE CCGs in 2017-18.</p>
PREVENT
<ul style="list-style-type: none"> • Work towards integration of the CCG Safeguarding Policies (Children and Adults) to ensure a cohesive ‘across the life span’ message in relation to Prevent and ensuring consistency between CWHHE CCGs Safeguarding Children’s and Adult Policies. • In conjunction with the statutory leads and the Safeguarding Boards, strengthen professional awareness of referral routes in relation to; raising a ‘Prevent’ related concern, a ‘Channel’ referral and what must remain a Child Protection or Adult Safeguarding referral.. • Support the CWHHE CCGs Central Contracts team in strengthening contracting assurance requested from smaller volume contracts, in particularly those operating within ‘Priority Areas’ and/or who are working with populations who may have a higher risk of being drawn into extremism.

PREVENT (continued)

- On an advisory basis, continue to support provider trusts who are finding it challenging to demonstrate progression in relation to their Prevent training compliance.
- Internally, continue to support signposting CCG employees to 'WRAP' training available (often via the Prevent Coordinators hosted in local authorities)

Work alongside Human Resources in driving compliance for basic awareness

Violence Against Women and Girls (VAWG)

- Ensure representation by the Safeguarding Team at the each VAWG and participation in work, which impacts on health outcomes.
- Ensure each Named GP and CCG is briefed on engagement to promote VAWG activity.
- 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).

SAFEGUARDING CHILDREN

- Recruit to the role of a Designated Nurse for LAC within Central, Westminster and Hammersmith and Fulham CCGs.
- Review the role, function and provision of the arrangements for a Designated Doctor for LAC within Central, Westminster and Hammersmith and Fulham CCGs in partnership with the Children's Commissioner.
- Review the arrangements for implementing the health plans for Children Looked After who are placed out outside of the CWHHE CCGs boroughs.
- Strengthen the quality assurance of the health provision for Looked after Children and reporting to the CCGs Quality and Patient Safety Committees.
- Continue to monitor the effectiveness of CAMHS services to meet the needs of the local population and challenge NHSE specialist commissioning 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 and young people with high levels of vulnerability.
- Ensuring voice of the child, develop mechanisms for collection and feedback of children and families views and experience.

Provider Assurance

- For the Designated professionals to continue to monitor provider trusts safeguarding arrangements and compliance, offering support and assisting in quality and deep dive audits.
- 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 contracting arrangements.
- Monitor 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 Central Contracts.

Provider Assurance (continued)

- Designated Nurses supervision meetings with the Named Professionals for Safeguarding in each provider.
- Development for 2017-18 will be to undertake a programme of deep dive/audit visits with identified providers around agreed themes.
- Monitor the effectiveness of Safeguarding arrangements within WMUH during the transition phase of the trust joining with Chelsea and Westminster Foundation NHS Trust.

Safeguarding Adults

- Finalise the joint (Local Authority/CCG) Provider Concerns guidance in Ealing.
- Review team capacity with regards to supporting/driving quality improvements within Nursing Homes.
- Alongside wider CWHHE CCGs Quality Team colleagues, support the training and development of Nursing Home staff (whilst recognising an individual Providers responsibility) in key areas such as hydration and infection control.

22. APPENDIX 1: SUMMARY OF LAST YEAR'S PRIORITIES TO SAFEGUARDING AND PROMOTE THE WELFARE OF CHILDREN AND ADULTS

PRIORITY AREAS FOR 2016 – 17	PROGRESS
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.	Achieved and promoted as business as usual, working with HR to ensure training is recorded on ESR, see section 4.3
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	In development. NHSE guidance awaited in regard to NHSE role in safeguarding for 2017-18. See section 3
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.	The Safeguarding Health Outcomes Framework was agreed by CWHHE CCGs and Brent, Harrow, Hillingdon CCGs to be part of the quality schedule in all on-going and new contracts from April 2017. See section 12.3
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.	This is an on-going challenge for providers and business as usual in monitoring providers through CQG and contract monitoring meetings. See table 7 section 19
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.	Achieved and business as usual, the Q1 2017-18 quarterly SHOF will be utilised from Q1. See section 13.3
For the Designated professionals to continue to monitor provider trusts safeguarding arrangements and compliance, offering support and assisting in quality and deep dive audits.	This is an on-going challenge for providers and business as usual in monitoring providers through CQG and contract monitoring meetings. See section 13.4

PRIORITY AREAS FOR 2016 – 17	PROGRESS
Monitor the effectiveness of Safeguarding arrangements within WMUH during the transition phase of the trust joining with Chelsea and Westminster Foundation NHS Trust.	Achieved and business as usual although scrutiny will still be required in relation to training. See section 13.4
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).	Partially achieved. Discussed with trusts at local safeguarding committees and work with Safeguarding Adults Boards and VAWGs. See section 10
Ensure representation by the Safeguarding Team at the Three Boroughs VAWG and participation in work, which impacts on health outcomes.	Achieved and business as usual, see section 10
CHILDREN AND SOCIAL WORK ACT 2017 FORMERLY THE WOOD REPORT SEE SECTION 7	
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.	The three borough LSCB considered this and the Three Borough CCGs,
Progress will be reported by the Safeguarding Team to each CCG quality committee through the quarterly reports or exception reports during 2016-17.	To be rolled into 2017-18
Incorporate items that support achievement of each LSCB's business plans as part of the safeguarding priorities	To be rolled into 2017-18
THREE BOROUGH CDOP 2016-17. SEE SECTION 8	
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.	In development, awaiting panel approval by CDOP panel and LSCB

PRIORITY AREAS FOR 2016 – 17	PROGRESS MADE
Collaborate with the CDOP to identify topics for research and develop a work stream to support this.	Starting to generate audits for 17-18
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.	Waiting for LSCB to upload website information
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.	On-going through LSCB updates and CDOP annual report.
EMBEDDING THE LEARNING FROM SERIOUS CASE REVIEWS, ADULT REVIEWS AND DOMESTIC HOMICIDE REVIEWS. SEE SECTION 6	
In partnership with the LSCBs, SABs and Safer Partnership arrangements, strengthen individual and organisational learning in practice from SCRs, SARs and DHRs.	Achieved and business as usual in partnerships with Safeguarding Boards
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.	In progress, this will be on-going
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.	In progress, this will be on-going
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.	In progress, this will be on-going
Progress for health related actions in SCR/SAR's will be reported through the CCG Quality Committees within the Safeguarding quarterly reports.	In progress, this will be on-going

FGM. SEE SECTION 18	
From a safeguarding perspective support advise and influence the coordination of a CWHHE CCGs 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	Progressed and escalated by Ealing CCG in year. Being taken forward at NWL CCG level 16-17 and 17-18.
PREVENT. SEE SECTION 12.2	
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	Partially achieved, Adult Safeguarding Policy is being updated. HR does not record WRAP training for clinical CCG staff, Prevent training is recorded for all staff.
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	Achieved and business as usual
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	Achieved and business as usual
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.	Achieved see section 11.1
Review the arrangements for implementing the health plans for Children Looked After who are placed out outside of the CWHHE CCGs boroughs	In progress across each CCG,
Strengthen the quality assurance of the health provision for Looked After Children and reporting to the CCGs Quality and Patient Safety Committees.	Achieved and business as usual
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.	In progress, this will be on going in 2017-18. Provider services utilise friends and family test and service user feedback tools, as do the local authorities, work to triangulate this needs greater consideration and will be rolled forward

PRIORITY AREAS FOR 2016 – 17	PROGRESS MADE
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.	In progress CAMHS remain a priority across NWL, this will be rolled forward to 2017-18
Ensure effective, proportionate, multi-agency responses to safeguarding issues, which affect children & young people with high levels of vulnerability.	Achieved in partnerships with Safeguarding Boards and business as usual, the detail will be in LSCB reports, see section 5
Continue to work across the health economy and with multi-agency partners, to raise awareness of changes to national legislation and safeguarding guidance.	Achieved and business as usual. Designated Nurses for safeguarding children's work with public health in relation to Universal Children's services.
SAFEGUARDING ADULTS. SECTIONS 5 AND 14	
Incorporate the SABs business plans as part of the safeguarding priorities.	Achieved and business as usual in partnership with SABs. See section 5
Monitor MCA and PREVENT training compliance across commissioned services within the contract monitoring process.	Achieved and business as usual in partnership with commissioners in providers clinical quality meetings. See section 12
Consider the design and procurement of services for patients with a learning disability requiring assessment and treatment.	This work is led by the LD Commissioning Managers and supported by the Designated Professionals as necessary.
Review the effectiveness of the CCGs in commissioning services that are compliant with the statutory requirements for DoLS	Achieved in partnership with local authority through each areas quality monitoring groups
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.	Achieved as these arise, the Designated Professionals support commissioners with these incidents as these occur.
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.	Achieved through monitoring of SHOF at CQGs and SAB meetings

PRIORITY AREAS FOR 2016 – 17	PROGRESS MADE
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.	Achieved in partnership with local authority through each areas quality monitoring groups
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.	Achieved through local authority multi-agency quality meetings
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.	Achieved in partnership with local authority through each areas quality monitoring groups
Continue to monitor the evidence provided in relation to the care and treatment of patients within the Transforming Care cohort to ensure that appropriate placements are commissioned.	This is led by the LD commissioning post holders in each CCG who seek support of the Designated Professionals as the required. The Designated Professionals will offer support and scrutiny for new and revised Service specifications.
<p>Review potential capacity constraints of current post holders in relation to matters pertaining to Adult Safeguarding, Clinical Quality, Mental Capacity Act and Prevent.</p> <p>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.</p>	<p>In progress and will be rolled forward to 2017-18</p> <p>The Designates and Assistant Directors work in partnerships in each CCG and will be establishing additional monthly team meeting in 2017-18 to share intelligence to improve partnership working.</p>

CWHHE PRIORITY AREAS FOR 2015 -16 FOR SAFEGUARDING ADULTS	ACTIVITY AGAINST PRIORITIES
The CWHHE Collaborative CCGs will work together to:	
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. See sections 3 and 4
Central London CCG/West London CCG/Hammersmith and Fulham CCG	
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
Hounslow CCG	
Monitor the effectiveness of safeguarding arrangements within WMUH during the transition phase of the trust joining with Chelsea and Westminster Foundation NHS Trust	Achieved and business as usual, although focus remains on the training compliance with the trust. See section 13.4
Ealing CCG	
Continue to work as a statutory member of the SAB to develop effective sub groups.	Achieved and business as usual
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.	Achieved in partnership with SAB through the quality monitoring group
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.	Achieved in partnership with SAB through the quality monitoring group

CWHHE PRIORITY AREAS FOR 2015 -16 FOR SAFEGUARDING CHILDREN	Activity against priorities
The CWHHE CCG Collaborative will work together to:	
Review the current health services and ascertain what gaps there are in services across CWHHE CCGs to treat victims of Female Genital Mutilation both adult and children.	Being progressed at NWL CCGs level 16-17 , this will continue to be business as usual in 17-18 Section 18
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.	This will continue to be a priority in 2017-18
Central London CCG / West London CCG / Hammersmith and Fulham CCG	
Improve the Board's effectiveness in reducing harm to children	On-going partnership work with Safeguarding board 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 with Safeguarding board and will be further developed in 2016-2017.
Seek evidence from local health organisations, initially health visiting, of how advice is provided to families in relation to GP registration.	In progress in partnership with Local Authority Public Health Department will be carried over in 2016-2017. The local authority will be re-procuring this service in 2016-17 therefore this will continue to be a priority in 2017-18
Ealing CCG	
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. This will be reported in the Ealing LAC Annual report.

23. APPENDIX 2: DEFINING SAFEGUARDING STATUTORY REQUIREMENTS

Safeguarding and accountability of the NHS is guided by the revised NHS Safeguarding Assurance and Accountability Framework (2015).

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.

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 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.

23.1 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.

23.2 LOOKED AFTER CHILDREN

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.

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 requirement for an Annual Report to be produced by each CCG, to provide assurance 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 Quality and Safety Committees as part of internal governance arrangements. 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.

23.2 CHILD DEATH OVERVIEW PANEL

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: appendix

- 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
- 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
- Each CDOP is required to complete an Annual Report. CDOP Annual Reports are available on the individual LSCB websites.
- The arrangements for the Provision of a Designated Dr for Unexpected Death in Childhood is a CCG requirement, each CCG is compliant with this arrangement.

23.3 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 ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action.

23.4 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 adult's boards, including the local authority, NHS and police, which will develop, share and implement a joint safeguarding strategy
- Carry out safeguarding adult's 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.

24. APPENDIX 3: SERIOUS CASE/ADULT REVIEWS (SCR/SARs)

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. When completed the SAB is required to publish the report.

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.

24.1 TABLE 2 LISTS THE SERIOUS CASE REVIEWS PUBLISHED DURING 2016-17.

Table 2: List of Serious Case Reviews Undertaken Within CWHHE CCG LSCBs 2016-17		
SCR Web link to the reports	Originating Borough	Publication Date
Baby Rose https://www.rbkc.gov.uk/pdf/Baby%20Rose%20SCR%20September%202016%20Version%20FINAL%20docx.pdf	Hammersmith and Fulham	September 2016
Clare and Ann https://www.rbkc.gov.uk/subsites/lscb/aboutus/publications/seriouscasereviews.aspx	Kensington and Chelsea Westminster, Hammersmith and Fulham	January 2017
Anita B https://media.inzu.net/a45a11eab03e0ad1a0cd1da42d4db25/mysite/downloads/485_HSCB_Serious_Case_Review_Anita_B.pdf	Hounslow	September 2016

24.2 TABLE 3 LISTS THE SERIOUS ADULT REVIEWS PUBLISHED DURING 2016-17.

Table 3 List of Serious Adult Reviews Undertaken Within CWHHE boroughs 2016-17		
SAR	Originating Borough:	Publication Date:
Anon	Ealing	To be confirmed

24.3 DOMESTIC HOMICIDE REVIEWS (DHRs)

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 attending a DHR panels to support and enable learning to be embedded across the health economy. Designated Nurses and Designated Safeguarding and Clinical Quality Managers in the Safeguarding Team represent the CCGs to provide advice relating to the health perspective to the panel.

24.4 TABLE 4 LISTS THE DOMESTIC HOMICIDE REVIEWS PUBLISHED DURING 2016-17.

Table 4 List of Domestic Homicide Reviews Undertaken Within CWHHE Borough 2016-17		
DHR	Originating Borough:	Publication Date:
Two DHRs https://www.ealing.gov.uk/info/201149/crime_prevention/716/safer_communities_team/2	Ealing	There will be two published in 17-18 (following Home Office approval).
DHR of Robert and Clare https://www.rbkc.gov.uk/community-and-local-life/community-safety/domestic-homicide-review	Hammersmith and Fulham	January 2017

25. APPENDIX 4: RADICALISATION, CONTEST AND PREVENT CONTEXT

25.1 CONTEST

Contest⁵ is the United Kingdom's Counterterrorism strategy and aims to reduce the risk to the UK and its interests overseas from terrorism.

Contest has four work streams;

Pursue: to stop terrorist attacks

Prevent: to stop people becoming terrorists or supporting terrorism

Protect: to strengthen the UK's protection against a terrorist attack

Prepare: to mitigate the impact of a terrorist attack

25.2 PREVENT (INCLUDING THE PREVENT DUTY 2015)

Prevent is part of Contest.

The Department of Health has pledged Health Sector support in terms of identifying those who may be susceptible to (or are already) being drawn into terrorism and extremism enabling onward referring for expert support^{14,6}.

25.3 CHANNEL (INCLUDING THE CHANNEL DUTY 2015)

'Channel' is a Government led programme, which focuses on providing early support to people who are identified as being drawn into any form of terrorism. Channel is about ensuring that individuals of any faith, ethnicity or background receive support before those that would want them to embrace terrorism could exploit them, and before they become involved in criminal terrorist related activity.

- **TABLE 5. INDIVIDUAL CCGS PREVENT TRAINING COMPLIANCE RATE (AS OF END OF Q4 2016-17)**

Clinical Commissioning Group	Workshop to Raise Awareness of Prevent (WRAP) ⁷	Basic Awareness ⁸
Central London	Not reported	69%
West London	Not reported	60%
Hammersmith & Fulham	Not reported	78%
Hounslow	80%	91%
Ealing	87.5%	90%

⁵ [Contest, HM Government \(Updated 2016\)](#)

⁶ [The health sector contribution to HM Government's Prevent strategy: guidance for healthcare workers, Department of Health 2011](#)

⁷ Required for staff in 'front facing' roles such as clinical members of staff with direct patient contact.

⁸ Required for all CCG staff

NB: WRAP training within the CCGs are not recorded on ESR therefore for 2016-17 it is not possible to report each CCG consistently. During 2017-18 the Safeguarding Team will seek to ensure it is recorded on individuals ESR records.

26.0

TABLE 6 INDIVIDUAL PROVIDER TRUST TRAINING COMPLIANCE RATE (AS OF END OF Q4 2016-17)

Provider Trust	Lead CCG Commissioner	Workshop to Raise Awareness of Prevent (WRAP)^[1]	Basic Awareness^[2]
CLCH	Central London	84%	92%
CNWL	Harrow	85.8	70%
LNWHT	Brent (Acute) Ealing (Community)	72%	#
WLMHT	Ealing	84%	#
C&W	West London*	25%	87%
WMUH	Hounslow*	80%	80%
IMPERIAL	Hammersmith & Fulham	43%	72%
HRCH	Hounslow	75%	90%

*Joint Lead CCG Commissioning Arrangements are in place

All staff at LNWHT and WLMHT is required to have WRAP training (no basic awareness is offered)

^[1] Required for staff in 'front facing' roles such as clinical members of staff with direct patient contact.

^[2] Required for all other staff