

Safeguarding Children and Adults

Annual Report 2016 – 2017

July 2017



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1. Introduction

This report reviews the work undertaken by NHS Nene and NHS Corby Clinical Commissioning Groups (CCGs) safeguarding team during 2016-2017.

2. Purpose

The purpose of the report is to provide assurance to NHS Nene and NHS Corby Clinical Commissioning Group governing bodies that the CCGs have discharged their statutory responsibility to safeguard the welfare of children and adults.

The report also identifies progress against the recommendations from the 2015/16 annual report and other key areas of activity. Planned areas for development during 2017/18 are outlined. The report will be shared with the Northamptonshire Safeguarding Children Board (NSCB) and the Northamptonshire Safeguarding Adults Board (NSAB).

3. Key Achievements 2016-2017

The achievements for 2016-2017 include:

- Working with the wider safeguarding partnership, successful completion of the work of the Improvement Board.
- Strengthening of the safeguarding team with the appointment of a new GP Named Doctor, and new posts of Lead Nurse for general practice, and safeguarding team administrator.
- Development and launch of a substantive draft safeguarding manual for primary care.
- Successful delivery of the first Northamptonshire safeguarding week, with strongly positive evaluations from participants.
- Increased compliance with safeguarding training for all CCG staff.
- Children's safeguarding quality assurance exercise undertaken by the Designated Nurse with out of hours and independent hospitals, using the NSCB Section 11 (s11) audit tool.
- Continuing engagement with the Multi-Agency Safeguarding Hub (MASH) strategic management group, with a move towards a focus on improving effectiveness through streamlining processes, and case prioritisation.
- Establishment of local reporting arrangements from providers to the CCGs of the numbers of women presenting to health services (primarily maternity services) who have undergone female genital mutilation (FGM).
- Increased information sharing and intelligence within the broader CCGs quality team and safeguarding professionals to triangulate information to identify emerging safeguarding issues.
- Domestic abuse training across the health economy for adults and children's safeguarding professionals.
- Hosted a well-attended, positively evaluated countywide domestic abuse conference
- Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) training programme for staff across the health economy.
- Strengthened quarterly Safeguarding Forums for General Practice.
- Review and alignment of the Adult Safeguarding and Serious Incident (SI) Investigation processes in conjunction with the local authority and provider organisations.

- Development of a template for Section 47 (s47) Case Conference Reports for general practice to reduce duplication and improve ease of completion.

4. Areas for Development for 2017/2018

- Implementation of the Child Health Information Sharing Project across urgent care providers in Northamptonshire.
- Full launch of the GP Safeguarding Manual.
- Develop a comprehensive primary care adult and children safeguarding training strategy, with training programmes and resources for practice safeguarding leads.
- Participating in the NSCB s11 audit.
- Continue to progress towards the target of full compliance in safeguarding training for CCG staff.
- FGM - Priorities will include further awareness raising including through training to general practice teams, improving data collection, and mapping of clinical pathway.
- To review the general MASH arrangements with peers to develop core standards and key performance indicators (KPIs).
- Continuing work on improving practice and embedding MCA/DoLS.
- Continue to work with the Commissioning Support Unit (CSU) to ensure that Continuing Healthcare (CHC) community patients have the correct legislation in place to support the care being provided in relation to DoLS.
- Training and awareness raising of the requirement for judicial DoLS to be considered as appropriate for both adults and children.
- Improved process for safeguarding information sharing across general practice.
- Develop and implement a modular train the trainer safeguarding programme for general practice.
- In conjunction with the Sunflower Centre develop of a domestic abuse risk assessment framework for general practice to pilot as an alternative to the Domestic Abuse Stalking and Harassment (DASH) assessment.
- Pilot programme for voluntary agency domestic abuse advisors to be available in GP practices within each locality.

5. Statutory Frameworks and National Policy Drivers

5.1 NHS Accountability Framework: Safeguarding Vulnerable People in the NHS: Accountability and Assurance (NHS England)

The Accountability Framework sets out the safeguarding roles, duties and responsibilities of all organisations responsible for commissioning NHS health and social care, and the legal framework for safeguarding as it relates to the various NHS organisations in order to support them in discharging their statutory requirements to safeguard children and adults.

It promotes the principles of empowerment and autonomy for adults, including those who lack capacity, and expresses the expectation that safeguarding is everybody's business and that the safety and well-being of those in vulnerable circumstances is at the forefront of NHS core business.

5.2 Working Together to Safeguard Children 2015

There has been a minor amendment to update the definition of child sexual exploitation (CSE). A major review of this guidance is anticipated late in 2017.

5.3 The Care Act 2014

The Care Act 2014 sets out a clear legal framework for how local authorities and partners should work together to protect adults at risk of abuse or neglect. The Act became effective from April 2015. It sets out statutory responsibilities for the integration of care and support between health and local authorities. Local authorities have statutory responsibility for safeguarding. In partnership with health they have a duty to promote wellbeing within local communities. Clinical Commissioning Groups are working in partnership with local authorities.

The Act provides the first statutory framework for adult safeguarding, and sets out key responsibilities of local authorities and partners. Making safeguarding personal is a key aspect of the Care Act. As far as possible, the adult about whom there is a concern should be involved from the beginning of the safeguarding process, informed of concerns and consulted to establish their views and wishes. Safeguarding should not simply be a disempowering, controlling process that happens to a person. Safeguarding should be empowering and supportive.

Statutory duties:

- Safeguarding Adults Boards (SABs) must be created in every area.
- Each local authority has a duty to carry out enquiries where it suspects that an adult is at risk of abuse or neglect.
- Each SAB must include the local authority, NHS, CCGs and the police to co-ordinate activity to protect adults from abuse and neglect.
- A duty is placed on the organisations making up the SAB to co-operate with one another and if they are unable to do so they must explain why in writing.
- SABs must carry out safeguarding reviews into cases where someone dies and there is a concern about how authorities acted, to ensure that lessons are learnt.

6. NHS Governance and Assurance Arrangements for Safeguarding at NHS Nene and NHS Corby CCGs

6.1 Executive accountability for the CCGs

Under the NHS Safeguarding Accountability Framework, CCGs as commissioners of local health services need to assure themselves that the organisations from which they commission have effective safeguarding arrangements in place. Safeguarding is also highly relevant to the domains within the NHS Outcomes Framework 2016/2017 and is a fundamental requirement for registration and compliance with the Care Quality Commission.

CCGs are required to have a clear line of accountability for safeguarding, properly reflected in the CCG governance arrangements, with a named executive lead to take overall leadership

responsibility for the organisations' safeguarding arrangements. It is acknowledged that there have been some changes to this structure during this reporting period (see Appendix 1).

6.1 Safeguarding Team Structure

CCGs are responsible for securing the expertise of Designated Professionals on behalf of the local health system, recognising that the Designated Professionals undertake a whole health economy role. It is crucial that Designated Safeguarding Professionals play an integral role in all parts of the commissioning cycle, from procurement to quality assurance. CCGs need to demonstrate that their Designated Professionals are embedded in the clinical decision making of the organisation, with the authority to work within local health economies to influence local thinking and practice.

Safeguarding forms part of the NHS standard contract and CCG commissioners need to agree with their providers what contract monitoring processes are used to demonstrate compliance with safeguarding duties. Assurance may consist of assurance visits, s11 Audit and attendance at provider safeguarding committees.

CCGs are also required to ensure that they participate effectively in inter-agency working with local authorities, the police and third sector organisations, which includes appropriate arrangements to cooperate with local authorities in the operation of Local Safeguarding Children's Boards (LSCBs), and SABs and Health and Wellbeing Boards.

6.2 CCG Governance framework

Assurance on how the CCGs are meeting their statutory safeguarding responsibilities is provided to the Accountable Officers and CCG Governing Bodies through reporting to the bi-monthly Joint Quality Committee (this is also taken directly to Governing Bodies), and through the presentation of an Annual Safeguarding Report.

The CCG Governing Bodies have agreed a quality assurance framework for monitoring and challenging quality, including safeguarding, and the identification of any concerns, including safeguarding concerns, arising in providers.

A bi-monthly quality report is prepared which includes safeguarding assurance, progress against agreed action plans, and additionally against Adult and Children's Safeguarding Boards/Improvement Board actions plans.

In addition, Serious Case Reviews and Safeguarding Adult Reviews are presented to quality committee, where learning is shared.

7. Partnership Working and Assurance

7.1 Safeguarding strategy and associated action plan

The CCGs, in recognising their role to ensure the health economy works together, agreed a new Safeguarding Strategy with providers and this was endorsed by the CCGs Joint Quality Committee in June 2016.

The Strategy identifies key safeguarding priorities upon which the Northamptonshire NHS safeguarding action plan was developed. Good progress has been made in completing the actions of the Northamptonshire NHS safeguarding action plan with the majority of actions closed and the few remaining actions are now being monitored via exception reporting.

7.2 Accountability

The following framework of meetings demonstrates the CCGs' accountability and provider arrangements for monitoring safeguarding and partnership working.

7.2.1 Health Strategic Safeguarding Forum

The strategic and operational planning, delivery and monitoring of all NHS safeguarding activity is managed through the Health Strategic Safeguarding Forum, which initially met monthly, moving to quarterly, with the first quarterly meeting convened in May 2017. There was a delay in the first quarterly meeting taking place due to changes within the Executive chair role and the requirement to change the focus of the forum. The forum now combines children's and adults safeguarding with a refresh of the Terms of Reference due in the next quarter.

Membership comprises of executive leads from commissioned services that are accountable for safeguarding within their own organisations. This approach ensures all providers have ownership and commitment to drive forward the safeguarding priorities at a strategic level. Monitoring of the progress against the NHS safeguarding action plan is a standing agenda item. This forum is chaired by the Nene CCG Executive Lead for Safeguarding and reports to the Quality Committee. Going forward, there will need to be continued emphasis on partnership working and engagement for the forum to deliver expected outcomes.

7.2.2 Northamptonshire Safeguarding Children's Board (NSCB)

All provider organisations have a duty to co-operate with the NSCB through active participation in all NSCB committee activity. The CCGs monitor attendance and engagement by health providers at NSCB and the sub-committees of the Board.

The 'Your Health and Well Being' sub group of the Corporate Parenting Board meets monthly to ensure that the health contribution to positive outcomes for looked after children are achieved. The Associate Director facilitates this group and attends the Corporate Parenting Board.

Following the inspection of children's services by Ofsted it was highlighted that there were too many groups and these are in the process of being amalgamated and reformed.

7.2.3 NSCB Executive Safeguarding Group (ESG)

The NSCB ESG monitors progress across the partnership for child safeguarding and agrees additional necessary actions as identified. The CCG Medical Director and the Head of Nursing and Safeguarding represent health on this group.

7.2.4 Ofsted inspections and Improvement Board

Three Ofsted inspections commencing in 2013 found that multi-agency arrangements to protect children in Northamptonshire were 'inadequate'. This led to the establishment of an Improvement Board and plan. A further Ofsted Inspection took place February-March 2016, with the report being published in April 2016. Progress made by the safeguarding partnership led to more positive inspection findings, although with an overall Ofsted judgement of 'requires improvement' reflecting the further work still needed. This allowed the Improvement Board to be dissolved in September 2016. An Ofsted action plan and remaining elements of the improvement plan have been progressed, monitored by NSCB ESG, during this reporting period.

7.2.5 The Northamptonshire Safeguarding Adults Board (NSAB)

The overarching purpose of the NSAB is to help and safeguard adults with care and support needs. It does this by:

- Assuring itself that local safeguarding arrangements are in place (Care Act 2014).
- Assuring itself that safeguarding practice is person-centred and outcome-focused.
- Working collaboratively to prevent abuse and neglect where possible.
- Ensuring agencies and individuals give timely and proportionate responses when abuse or neglect has occurred.
- Assuring itself that safeguarding practice is continuously improving and enhancing the quality of life of adults in its area.

An interim chair was in place between April and October 2016 and a new Independent Chair was appointed in October 2016. A review of the NSAB membership and sub-group structure has taken place and will commence from April 2017.

7.2.6 Named/Designated Professionals Forums

Northamptonshire's Named and Designated safeguarding professionals from across health meet regularly to agree and operationalise the action plans associated with the NHS safeguarding priority action plan. These meetings are utilised to share learning and good practice across the health economy.

7.2.7 Provider Safeguarding Meetings

The main provider trusts have safeguarding governance arrangements in place which enable the individual trusts to monitor and secure improvement in safeguarding activity and performance. Safeguarding meetings are chaired by the Director of Nursing of each organisation. All aspects of safeguarding activity within the organisations are discussed and organisational safeguarding action plans are monitored as part of their contribution to the actions agreed in the NHS safeguarding action plan. The CCGs' Designated Nurses attend these committees providing opportunity for external scrutiny of progress and a conduit for information sharing.

8. NHS England

Within the overall NHS Accountability Framework NHS England (NHSE) has a responsibility to be assured about the effectiveness of commissioning arrangements for the CCGs safeguarding arrangements.

From 1 April 2016, GP safeguarding responsibilities transferred from NHS England to the CCGs. The Named GP, a safeguarding nurse and a safeguarding administrator were appointed between April and September 2016 to complement the existing CCG safeguarding team to undertake this role.

The safeguarding team has worked closely with the NHSE area team in the development of a CCG Safeguarding Assurance Tool (SAT). A Peer review took place against the SAT Tool on 30 May 2017. The CCGs have been rated as amber with a small amount of evidence to be collated prior to the next assessment in October 2017 in order for this assessment to be fully green.

9. Care Quality Commission Inspection

The Care Quality Commission (CQC) has undertaken inspection work with providers in Northamptonshire.

10. Monitoring

NHS Nene and NHS Corby CCGs gain assurance from commissioned services using a variety of methods. Contracts are monitored against quality standards. The safeguarding elements of the contract/schedules were reviewed in this reporting period and have been enhanced for 2017-2019 contracts. Safeguarding and quality concerns are raised and addressed through the Clinical Quality Review Meetings (CQRMs) which provide assurance. The CCGs will become involved in safeguarding interagency processes where it is felt that there is an increased need for oversight in relation to specific healthcare issues. All providers confirm their compliance with safeguarding standards set through contractual arrangements.

11. Children's and Adult Safeguarding

11.1 Safeguarding Week 23 - 27 May 2016.

A week long public awareness campaign to raise the profile of child and adult safeguarding in Northamptonshire took place between 23 and 27 May 2016. The campaign was led by NHS Nene and NHS Corby CCGs. Themed days ran throughout the week with a focus on looked after children; domestic abuse; child sexual exploitation (CSE); female genital mutilation (FGM) and modern slavery; neglect and self-neglect; Prevent. The days included learning events and ran alongside a social media campaign highlighting issues within specific areas. A Neglect and Self-Neglect Conference took place during that week which saw the launch of the Northamptonshire Neglect Toolkit and a continuing focus on awareness raising around safe sleeping.

11.2 Domestic Abuse Conference October 2016

The CCGs' Safeguarding Team hosted a Domestic Abuse Conference at the Kettering Conference Centre in October 2016. This was well attended by 240 staff from many agencies across Northamptonshire.

11.3 Safeguarding in General Practice.

Safeguarding in general practice has been significantly strengthened. The new named GP commenced in post in April 2016 and the lead nurse for general practice in September 2016. Priorities for the primary care safeguarding leads have been the development of a safeguarding manual for primary care, with a strong focus on simplifying and streamlining safeguarding procedures and ensuring robust information governance, a refresh of training materials and resources, to improve timely access for GP's to safeguarding advice, and to support primary care to engage as fully as possible in NSCB case learning. A substantive draft of the primary care safeguarding manual was complete by the end of the reporting period.

11.4 Multi-Agency Safeguarding Hub (MASH)

The Designated Doctor and Nurse have continued to support the MASH through attendance at the MASH Strategic Management Group. An identified objective for the reporting period was to participate in a multi-agency review of the effectiveness of the MASH. However, Northamptonshire County Council children's social care, as the lead agency, concluded towards the end of the reporting period that MASH processes required revision, rather than review in their current form.

During the 2016-17 reporting period, an increase in MASH health staffing was funded by the CCGs, with the aim of increasing the percentage of completed health information reports on children referred to MASH and given an Amber flag (the MASH health team was achieving good compliance for children given a Red priority flag). Monitoring over the reporting period showed that despite increased staffing, it was difficult to sustain a significant increase in the amber completion rate and the funding was discontinued at the end of March 2017. The designated professionals worked with the provider safeguarding team to review and simplify processes for the health team in MASH, as an alternative approach to improving performance.

11.5 Section 11 Audit

The section 11 (s11) audit is the quality assurance tool used by NSCB to assess the effectiveness of children's safeguarding arrangements across all NSCB partners. The audit is repeated on a two year cycle and was not undertaken by NSCB during this reporting period. However, the Designated Nurse has worked with independent hospitals, out of hours providers and the urgent care centres, using the section 11 quality standards in a self-assurance process, leading to the development of action plans to further strengthen safeguarding. As an outcome, one provider recognised the need for additional resource to ensure robust safeguarding within the organisation.

11.6 Female Genital Mutilation (FGM)

Ensuring access to help and services for children and young people at risk of or affected by female genital mutilation (FGM) as a priority area for NSCB, with Northamptonshire identified

as an area with a significant number of girls and women at risk from FGM, based on ethnicity data.

The Designated Doctor represents the CCGs' on the NSCB FGM sub-group (as of November 2016). FGM awareness including knowledge of legal and professional responsibilities is now incorporated into safeguarding training across the health economy. During this reporting period processes were agreed to allow collection of local data about numbers of women known to health services who have undergone FGM (who may be in need of services, and who may have daughters or sisters at risk of FGM), and multi-agency pathways were agreed for the response to FGM concerns in children.

11.7 Child Protection Information Sharing (CPIS)

Child Protection Information Sharing (CPIS) is a national programme to allow staff in key health settings, eg A&E, to establish whether children presenting to the service are subjects of a child protection plan, or are looked after. NHS England has directed that it be implemented across all CCGs by 2018. A project board led by the CCGs safeguarding team was established in January 2017 with engagement of safeguarding and IT leads from all relevant Northamptonshire providers, to drive implementation.

11.8 Safeguarding adult self-assessment and assurance framework (SAAF)

The SAAF is incorporated into Quality Schedules and is completed by the main NHS provider organisations in Northamptonshire.

The template has been reviewed, updated and re-issued to ensure compliance with the Care Act. Provider organisations are required to make a judgment as to how well each area of question is being achieved. The areas covered are: leadership, strategy and governance; workforce, organisational culture and learning; safeguarding and promoting the well-being of adults at risk; effective multi-agency working to safeguard and promote the well-being of adults at risk; Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS); people who use the services are informed about safeguarding adults and empowered within the organisations responses to it.

The SAAF has been completed by the main providers during 2016-17 and returns included an initial action plan for areas rated at red or amber. These actions are progressed through each organisation's safeguarding meetings. Confirmation meetings between the providers and the CCGs took place during February and March 2017.

11.9 Dashboard

The adult safeguarding dashboard forms part of the Quality Schedule and there is an expectation that key issues are reported monthly. The dashboard captures reporting of safeguarding referrals, (including those that are complaints or Serious Incidents), themes and outcomes of safeguarding investigations, DoLS, Prevent, SAAF actions and training compliance.

11.10 Safeguarding Monitoring Visits

Safeguarding monitoring visits have taken place across the NHS providers. These provide an insight into how staff at operational level are embracing and embedding safeguarding, the

Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS) into their everyday practice. Verbal feedback is given at the time followed by a report. Organisations progress any associated learning and actions through their internal safeguarding governance meetings. Practice and the application of the Mental Capacity Act continues to be an area where improvement is required. In addition the Designated Nurses have been involved in announced and unannounced Quality Monitoring Visits as part of the wider quality agenda for both adults and children. The Designated Nurses and Head of Nursing and Safeguarding work closely with the CCG quality team to help prevent, identify and secure action for potential safeguarding concerns.

12. Serious Case Reviews (SCR) and Safeguarding Adult Review (SAR)

There has been one child serious case review (SCR) commissioned by the NSCB between April 2016 and March 2017. This was commissioned in January 2017 and is in progress. This was the first new SCR since April 2015, all previous reviews having been completed. However, three completed reviews were published during this time period, publication having been delayed in two cases while awaiting sentencing of perpetrators of abuse, and in a third case where the findings by the Judge in criminal proceedings led NSCB to commission a supplementary report.

Delay within SCR timescales has been identified by Ofsted as an area requiring improvement, although Ofsted recognises that delay may be for reasons outside NSCB's control. NSCB partner agencies, including health, will always ensure that learning from cases is shared, and where necessary practice changes are implemented, in a timely way not dependent on final publication.

Some of the key recommendations for health from the published SCRs include:

- Recognising risk and assessing needs associated with concealed pregnancies.
- The ongoing need to raise awareness of the risks of co-sleeping.
- The need for robust maternal mental health pathways.
- Further actions to support the recognition and assessment of neglect.

One Safeguarding Adult Review (SAR) has been undertaken. This was an extensive, complex investigation involving multiple organisations (including NHS provision) and has reviewed levels of intervention, care and support to a person with complex mental health problems. The SAR overview report has been signed-off by the NSAB and was published in June 2017. The actions relating to the investigation are being embedded in practice and are being monitored through NSAB.

13. Domestic Homicide Review (DHR)

A domestic homicide is defined as *'A review of the circumstances in which the death of a person 16 years or over has, or appears to have, resulted from violence, abuse or neglect by a person to whom they were related, or a person with whom there was or had been an intimate personal relationship, or a member of the same household.'*

There is multi-agency statutory guidance for the Conduct of Domestic Homicide Reviews (DHRs). This statutory guidance requires Community Safety Partnerships to consider the circumstances of every domestic homicide within the local authority area and determine whether to undertake a full review to identify if there are lessons to be learned. The serious case review model has been adopted to undertake DHRs.

Two DHRs from the Northampton Community Safety Partnership (CSP) have been published in this reporting period. Two other DHRs, commenced in the previous reporting year, remain in the Panel process; one from the East Northants CSP, the other Northampton CSP. The CCGs Designated Nurse for Adult Safeguarding is a DHR panel member.

14. Prevent

Prevent is the preventative strand of the Government counter terrorism strategy and recognises that some vulnerable groups may be susceptible to exploitation. Prevent aims to protect those who are vulnerable to exploitation from those who seek to get people to support or commit acts of violence.

The Counter-Terrorism and Security Act 2015 has created a general duty on a range of organisations to prevent people being drawn into terrorism. Prevent Duty Guidance was issued by the Government in March 2015. The duty requires certain bodies, including NHS Trusts, to have due regard to the need to prevent people from being drawn into terrorism when exercising their functions. It is fundamental to our 'duty to care' and falls within statutory safeguarding responsibilities.

The health sector has no enforcement or surveillance role, but one of embedding Prevent in safeguarding activity to protect children and adults at risk of radicalisation. Where healthcare workers identify signs of radicalisation it is important they have the confidence to refer the individual for support before any crimes are committed. Referrals are made to the Channel group. The CCGs and health providers' work closely with Northamptonshire Police and the local authority to ensure that vulnerable individuals identified have a multi-agency strategy discussion and that protective mechanisms are in place to support the individual. Executive and operational leads are in place within all main health providers from which the CCGs commission services and Prevent awareness is included in safeguarding training and the more in depth 'WRAP' training has been delivered. Prevent is included in the NHS National contract. Northamptonshire is classified as a non-priority area and, as such, the CCGs are responsible for monitoring provider performance and compliance against the terms of the Contract. Providers complete a quarterly Prevent compliance return.

15. Mental Capacity Act and Deprivation of Liberty Safeguards

Legal judgments on the Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS) have had a significant impact on our services. These cases have placed additional responsibilities on social care and care providers to conduct mental capacity assessments and ensure that appropriate safeguards are in place.

15.1 Mental Capacity Act 2005 (MCA)

MCA is included in the NHS standard contract and also forms part of the local Quality Schedules. In Northamptonshire monitoring and assurance of compliance with the larger health providers is through the SAAF, monitoring visits, monthly dashboard, serious incident reporting and complaints. Areas of improvement have been noted, but overall, monitoring highlights that MCA is still not fully integrated into practice. Considerable work has been undertaken by the CCGs to help improve awareness, understanding and practice through the use of NHS England MCA project funds.

15.2 The Deprivation of Liberty Safeguards 2009 (DoLS)

The Deprivation of Liberty Safeguards (DoLS) are an amendment to the Mental Capacity Act and provide a statutory framework for the deprivation of liberty of people in hospitals and care homes. The CCGs are continuing to monitor the activity of DoLS across the health providers as part of the SAAF and quality monitoring visits.

The number of DoLS urgent authorisations and standard authorisation requests has dramatically increased, locally and nationally, in light of the changes following Supreme Court rulings in 2014. The increased activity has produced significant pressure on the local authority DoLS Team. There are lengthy delays in providers obtaining assessments for DoLS standard authorisations.

Northamptonshire Deprivation of Liberty Safeguards: Breakdown of authorisations requests by provider												
	KGH				NGH				NHFT			
	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017
Q1	8	44	72	77	2	6	51	49	0	31	24	16
Q2	8	20	63	173	0	21	41	57	0	26	18	7
Q3	3	49	91	207	0	9	77	81	0	30	14	21
Q4	8	68	102	182	0	25	62	97	0	18	21	22

In Northamptonshire there has been an extensive backlog of assessments awaiting standard authorisations assessments by the local authority. At the end of March 2017 the number awaiting assessment was 2743. These dated back to authorisation requests made in July 2016 and were awaiting screening for priority.

As a result, the seven day urgent authorisations being made by managing authorities routinely require extensions – the extension for an urgent authorisation is a further 7 days (14 maximum days in total). Assessments are not able to be carried out within the 14 day

time-frame. Some are waiting months and others are being abandoned. Providers have been reminded to ensure that all urgent DoLS waiting beyond 14 days are regularly assessed and monitored and that this is documented in the persons records; also that the risk is noted on their risk registers.

Specific training has taken place for staff who may need to consider a community deprivation of liberty. This training covered information that may be required to support

applications to the Court of Protection. The CCGs has made nine applications to the Court of Protection where a community deprivation of liberty has been required.

DoLS going forward

In July 2015 the Law Commission published a consultation paper setting out provisional proposals for law reform. Nene and Corby CCGs formally responded to the consultation. An interim statement was published in May 2016. Many responses (particularly from NHS bodies and local authorities) pointed to the practical and financial impact of Cheshire West, such as the increasing backlog of cases, referrals for authorisation being left unassessed, the legal timescales for authorisations being frequently breached and shortages of people qualified to perform roles under the DoLS provisions. Many local authorities and NHS bodies reported that they are not even considering obtaining authorisation for deprivations of liberty in cases outside hospital and care home settings, or involving 16 and 17 year olds, where the DoLS do not apply. The final report was published and submitted to parliament in a draft bill in March 2017. The Law Commission has called for the DoLS to be replaced "as a matter of pressing urgency" by the Liberty Protection Safeguards (LPS). DoLS is described as not being capable of dealing with the increased numbers of people considered to be deprived of their liberty following the 2014 rulings.

The Designated Nurse for Adult Safeguarding has worked with the local authority and Bournemouth University to run a Best Interest Assessor course in Northamptonshire. Six registered nurses, from three organisations, undertook the DoLS Best Interest Assessor training. Four were successful in completing the course and service level agreements have been arranged to allow these staff to be released to carry out DoLS Best Interest Assessments on behalf of the local authority. This is now fully in place and is working well.

16. Summary and Conclusion

The Safeguarding Team have embraced all the changes and continue to strive to ensure all safeguarding processes are robust and effective. There has been a huge amount of work and developments in order to improve processes and build on existing systems and procedures and we will continue to strive to further improvement and achieve good compliance against all our safeguarding standards internally and externally.

A robust work plan has been created to action priorities for 2017 /2018 and to fulfil our Safeguarding Statutory and Strategic objectives.

The Safeguarding Team are looking forward to the year ahead in ensuring safeguarding is maintained as a high priority for the CCGs and providers and above all,***"safeguarding is everyone's business"***.

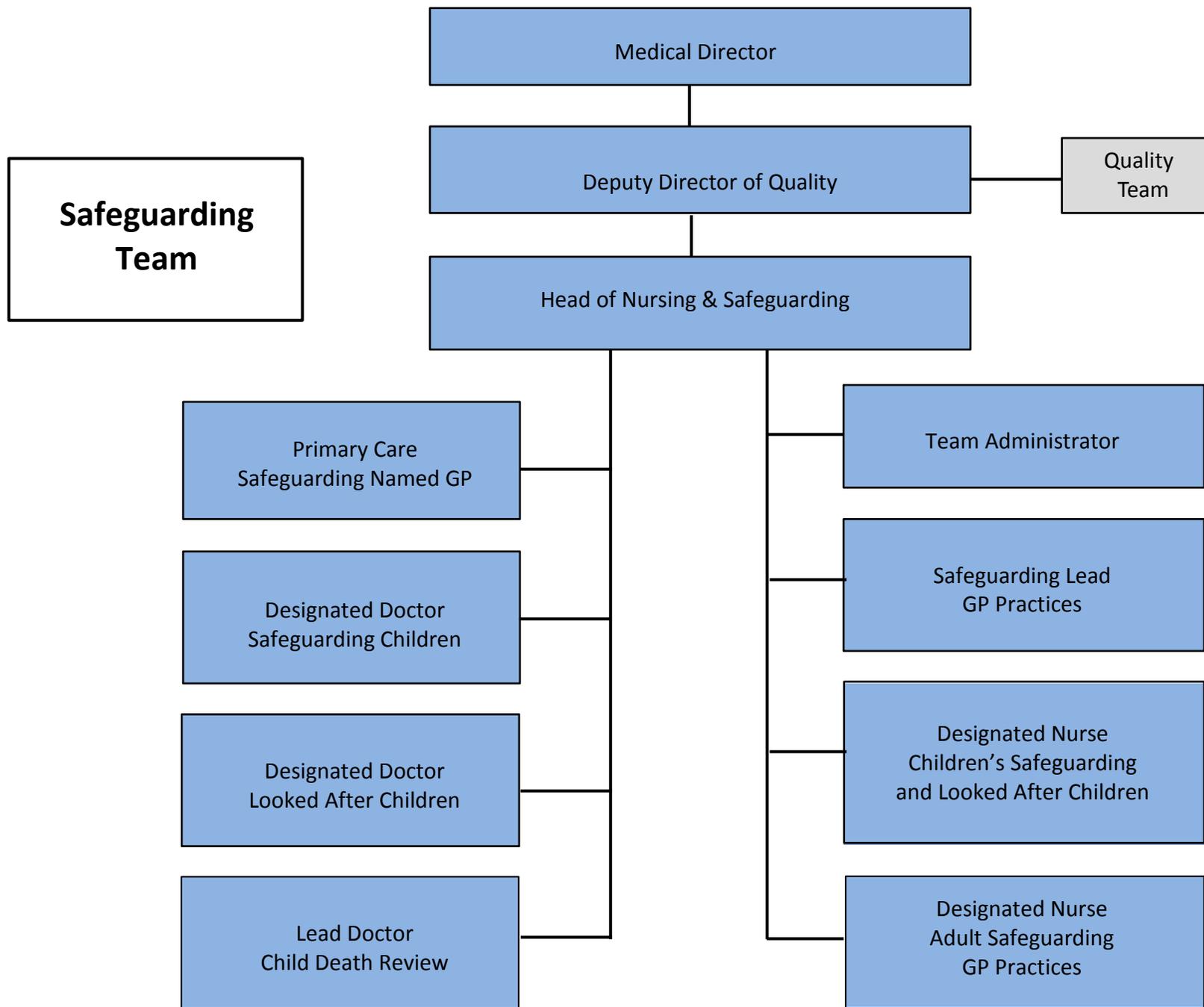
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Governance Reporting

