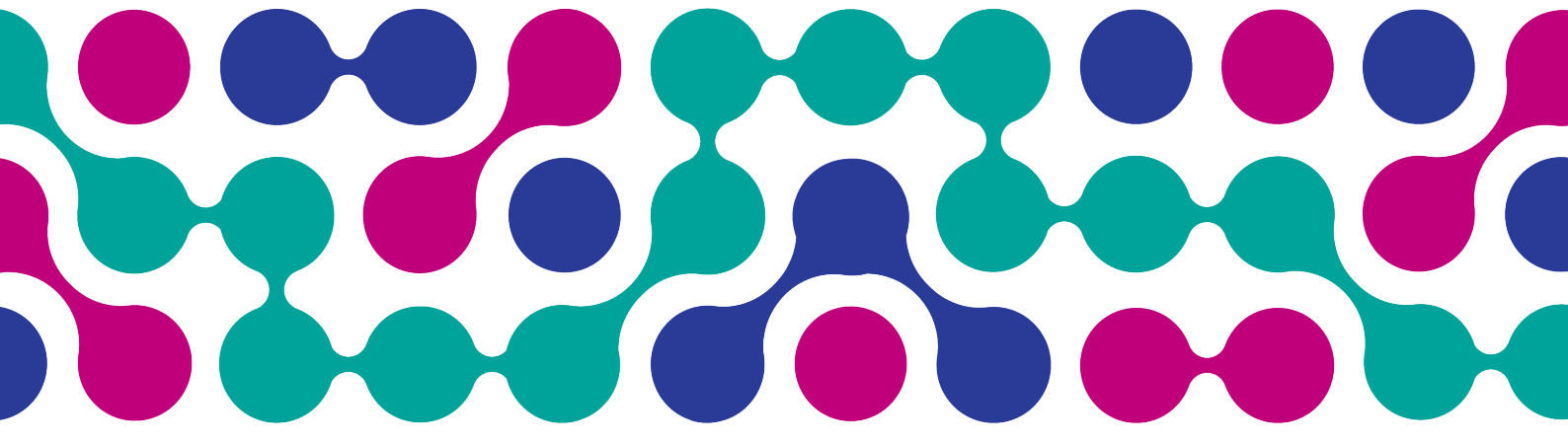
NHS
Bath and North East Somerset,
Swindon and Wiltshire
Integrated Care Board

Safeguarding Annual Report

2021/2022



Contents

1. Introduction

This is the Annual Report of Banes and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group **(BSW CCG)** which will become an Integrated Care Board on the 1st of July 2022. The report provides a 'Think Family' perspective on the safeguarding activity of BSW CCG across the 2021/2022 fiscal year. A separate Children Looked After Report has been completed to reflect their specific achievements, but we are an integrated team across the wide and diverse geographical area of BSW CCG. The report sets out to cover both the national and the local context of safeguarding, highlighting the challenges and achievements during this timeframe whilst demonstrating that BSW CCG has met its statutory safeguarding duties.

2. Safeguarding and Vulnerability Strategy

In 2020, the safeguarding team produced a three-year Safeguarding and Vulnerability Strategy. Our shared vision:

> ***''We will be proactive to enable safeguarding arrangements that make a positive contribution to help and protect those who are vulnerable by working closely with our health providers and other agencies who provide services to our community. We will promote a Safeguarding Culture throughout the CCG at all levels demonstrated through all its functions and its roles so that everyone can say, understand and act, to demonstrate that Safeguarding is everybody's business''***

This enabled us to develop a shared set of goals reflecting our Designated areas of responsibility and contribution:

- Training
- Communication and Information Sharing
- Making Safeguarding Personal
- Policies and Procedures
- Governance
- Multi-Agency Working
- Children Looked After

And through which we could deliver the strategic priorities that we as a BSW CCG team identified for this reporting period.

We then developed a single workplan template. This enabled each BSW locality to develop its own response to their contribution to the overarching priorities. This recognised that different

areas have different population needs, teams have different strengths and subject specialisms, and that each locality works to different Safeguarding Partnerships with their own priorities. This has moved the team closer towards a model of matrix and portfolio working as we move into an Integrated Care System (ICS).

As a BSW team, and with the development of the ICB and ICS, our intention is to review and refresh our safeguarding vulnerability and strategy plan on an annual basis.

3. Statutory Requirements

Clinical Commissioning Groups (CCGs) have a statutory duty to put in place appropriate arrangements to safeguard children, children looked after, and adults at risk within their areas. This includes:

- Ensuring that the CCGs internal safeguarding arrangements are robust, and that safeguarding is embedded in all practice
- Being assured that the safeguarding arrangements of all commissioned services are appropriate
- Co-operating with local safeguarding arrangements
- Securing the expertise of Designated Professionals on behalf of the local health system

Safeguarding should be the golden thread that runs through NHS commissioning organisations and all NHS funded provision of care. The CCG has complied with the NHSE Safeguarding Accountability and Assurance Framework 2019. The CCG ensured that organisations commissioned to provide healthcare services had systems in place to effectively safeguard children, children looked after, young people, and adults at risk, in line with section 11 of the Children Act 2004 and Care Act 2014. This includes making sure policies and procedures are current, clear and accessible, that recruitment is safe, training is available and governance systems are in place through the Named Leads for Safeguarding within provider organisations, and supported to do this by Designated Safeguarding Professionals and the Named GPs for Safeguarding.

The planned statutory requirement to change from a CCG to an ICB is delayed from March 2022 until July 2022 with the corresponding update to the Safeguarding Assurance and Accountability Framework due to be published at the same time.

4. CCG Safeguarding Governance Arrangements

4.1 A Clear Line of Accountability

The CCG Safeguarding Team is located within the Nursing and Quality Directorate. The ultimate accountability for safeguarding for the CCG is with the CCG Accountable Officer. The Director of Nursing and Quality is identified as the Responsible Officer for Safeguarding, supported in this role by the CCG's Safeguarding Designated Professionals and the Associate Director for Strategic Safeguarding. Safeguarding reports into the Quality and Performance Assurance Committee which has Director level representation.

The Safeguarding Transformation Assurance Group meets monthly and is chaired by the Associate Director of Strategic Safeguarding. It brings together the wider BSW Safeguarding Team and membership includes the Director of Nursing and Quality.

External Assurance is provided to NHSEI through the SW NHSEI Safeguarding Team via a quarterly return.

4.2 Policies for Safeguarding

Whilst the majority of policy and procedures are based on national legislation and guidance, local adoption is also required to reflect protocols in place locally.

In this year, we have delivered the following changes:

- Support to the development of a Domestic Abuse Policy for BSW CCG Staff
- An update and review of the CCG Safeguarding Policy in readiness for the transition to an ICB

4.3 Safeguarding Accountability and Assurance Framework (SAAF)

The purpose of this document is to set out clearly the safeguarding roles and responsibilities of all organisations and individuals working in and commissioned by NHS England. The SAAF aims to:

- Identify and clarify how relationships between health and other systems work at both strategic and operational levels to safeguard children, young people and adults at risk of abuse or neglect
- Clearly set out the legal framework for safeguarding children and adults as it relates to the various NHS organisations, to support them in discharging their statutory requirements to safeguard children and adults

- Outline principles, attitudes, expectations, and ways of working that recognise that safeguarding is everybody's business and that the safety and wellbeing of those in vulnerable circumstances are at the forefront of our business
- Make clear arrangements and processes to be used to support practice and provide assurance at all levels, including NHS England and NHS Improvement Board, that safeguarding arrangements are in place
- The promotion of equality and addressing health inequalities are at the heart of NHS England's values

4.4 Safeguarding Training

The Safeguarding Team has completed an exercise this year to review and ensure that the correct levels of training are allocated to BSW CCG staff using the appropriate Intercollegiate Frameworks for safeguarding competency as well as NHS Prevent competency framework and the national competency framework for the Mental Capacity Act.

There is now a BSW CCG Safeguarding Training Strategy for the first time. This sets out our long-term aim to be assured that colleagues in the CCG and within primary care have training provision which enables them to effectively safeguard. At this time within the ICB, e-learning training at levels 1 and 2 is allocated to staff via the training portal, alongside locally delivered induction meetings for all new staff within the first 6 weeks of joining the CCG.

It is recognised and identified as a priority to develop bespoke level 3 local training to meet the specific needs of Commissioning, Quality and CHC teams. This will be taken forward as a priority in 22/23.

4.5 Safeguarding Provider Assurance

The Designated Professionals for Safeguarding Children and Adults are assured about the effectiveness of safeguarding arrangements within commissioned services through a range of contractual and collaborative activities. These include:

- Development of safeguarding schedules that enable monitoring and identification of the quality improvement required
- Leadership and oversight of the safeguarding process through the quality assurance and improvement systems alongside Quality team colleagues
- Monitoring services through the contractual process to ensure adherence to legislation, policy, and key statutory and non-statutory guidance
- Scrutinising safeguarding audit activity on an annual basis

- Safeguarding assurance visits to primary care and providers of NHS funded care in Banes and Swindon localities with plans to introduce to primary care services in Wiltshire in the next year
- Designate leadership of regular network meetings which enable the Named Leads to fulfil their roles through networking, and contribution to the wider safeguarding system
- Providing individual 2 monthly supervision and ad hoc advice whenever requested to safeguarding professionals across all commissioned healthcare services
- Contributing to the local partnerships, regional and national working groups to enable representation of the challenges and celebrations in our local systems and our contribution to wider system improvements

4.6 Care Act & Children's Act Audits

The BSW CCG safeguarding team, alongside our Named Leads in provider organisations, complete 3 yearly audits for a programme of assurance to the locality Safeguarding Partnerships. These include self-assessments and 'walk about' reviews.

The CCG have completed both Section 11 and Care Act self-assessment audits in all three localities which overall showed that we are in a strong position. A priority was identified around safer recruitment for statutory positions which will continue to be progressed in 2022/23.

5. Impact of Covid 19

The impact of the COVID 19 pandemic continued to affect services and service users in this time period.

BSW CCG Safeguarding staff are now part of an agile workforce, working wherever the needs of the business dictate, but predominantly from home.

Operationally, it is recognised that the impact on the workforce of sickness, recruitment and retention continues to be a significant risk in the commissioning and delivery of safe and effective health services.

The safeguarding team continue to hold the majority of their meetings virtually. This includes the bi-monthly meetings of Named Leads in BSW NHS commissioned services, safeguarding training, and Primary Care Safeguarding Lead meetings. Whilst the loss of personal contact as a benefit to communication is acknowledged, the virtual nature has enabled good attendance and at times, involvement in meetings on a national level that would be far more difficult in person.

Nationally concerns continue to be raised about the increased vulnerabilities of certain groups from the impact of Covid 19. The impact of less face-to-face contact, isolation and increased stressors on adults, families and children is important to understand and it has become a standing key line of enquiry in local reviews. Whilst BSW area reviews have not found that it is a single cause of harm, the impact is being felt in a number of ways. Staff are reporting low morale, increased workload and staff shortages as contributory factors especially in terms of communication and information sharing. The Designated Nurse for Safeguarding Children, Wiltshire and the Designated Dr for Children in Wiltshire and BaNES conducted a survey into Safeguarding and Moral Distress. This found that the impact of Covid 19 and associated issues were causing both moral distress and moral injury to the workforce. The results of this were shared at two national conferences and are currently being written up for publication in health journals.

6. Primary Care

6.1 BSW Wide

- Accelerating Patient Online Access is due to launch nationally on November 1st 2022. This has been well supported in BSW (two webinars and a review document) by all Named GPs for Safeguarding
- The BSW Safeguarding Contract has now been introduced across BSW. This contracts GPs for all of their safeguarding work, with financial reimbursement
- Each locality asks surgeries to complete a yearly self-assessment audit, these vary slightly between areas, but they cover Section 11 and Care Act duties
- Each locality collects quarterly data on numbers of children and are working towards understanding primary care's involvement in situations where enquiries are on-going about adults at risk of abuse and neglect

6.2 Swindon

- Swindon Multi-Agency Suicide Prevention Document has been completed and is being reviewed on an ongoing basis, with the Named GP for Safeguarding leading on this project
- Named GP for Safeguarding has supported further development and quality assurance of the Swindon Safeguarding Partnership Training Programme
- Safeguarding Supervision has been provided for Practice Safeguarding Leads
- Teaching programme by Named GP for Safeguarding is in place for Primary Care
- Named GP for Safeguarding is undertaking the NHS leadership Nye Bevan Programme 2/3 completed – leadership experience gained

- Implemented one unified primary care safeguarding policy across Swindon - updated yearly
- Named GP for Safeguarding has supported LPS implementation in primary care (draft letter mail merge created – received safeguarding star award for this work)
- Regular emails circulated to primary care – have received good feedback about these emails
- Swindon has an ongoing schedule in place (8 surgeries quality assured so far). The aim is that each surgery will be visited once every 3 years with ongoing support in between visits
- Named GP for Safeguarding has co-organised and hosted Swindon Safeguarding Partnership Conference last year
- Named GP for Safeguarding is the Co-chair of National Network of Named GPs for Safeguarding, seat on National Safeguarding Steering Group and National Safeguarding Collaborative
- Named GP for Safeguarding has co-created list of codes for safeguarding in primary care (nationally adopted) and as a result was invited to the NHSE Safeguarding data group to codesign a national list of codes for all health providers
- A primary care safeguarding webspace on “teams” for Swindon which has 208 members across Primary Care in Swindon has been introduced and has had good feedback
- An IT and EMIS template for Safeguarding to enable correct coding and documentation as per the primary care data set has been introduced. Wiltshire and BaNES are looking to adopt this template
- There is ICB Primary Care representation at MARAC and in the Adult Safeguarding Hub now. Information from both is directly inputted into the System One or EMIS medical record by our two Safeguarding Adults Leads
- Practices are also informed by the ICB of the outcomes of the Adult Safeguarding referrals and the aim is to extend this to Child Safeguarding referrals
- Ongoing audits are in place for all adult and child safeguarding referrals from primary care to monitor/ ensure that they are of high quality

6.3 BANES

- Practice quality assurance visits were planned during this year for introduction in 2022. The purpose of the visits is to support practices with safeguarding requirements. There will be reflection on the common themes that emerge, identifying good practice, but additionally providing enhanced support to areas of identified challenge
- A Clarity Teamnet Banes page has been introduced to provide ease of access to policy documents and training opportunities. This has been well received by primary care

- The team are proactively developing the role of safeguarding administrators within practices. Training by Named GPs for administrators has been introduced. Again, this was viewed as a very positive development and was certainly well received by practices
- Compliance with Level 1 and 2 safeguarding adult training averaged 89% across the year with level 3 at 91%.
- BaNES is the only area that currently has to pay for multi-agency training across BSW, which impacts on staff attending this training. The BaNES safeguarding team have developed and delivered free local level 3 training for GPs in both adults and children safeguarding. The team have negotiated the support of local social workers and the training has been well received and evaluated.
- Compliance with Level 1 safeguarding children averaged at 88%, level 2 was 86% and level 3 88%
- Prevent Basic awareness averaged 88%.
- There were additional sessions attended for non-mandatory subjects. These included self-neglect and Iris (Domestic Abuse awareness) training.

6.4 Wiltshire

- Wiltshire has continued to hold bi-monthly two-hour Safeguarding Leads meetings. These are themed meetings with guest speakers. Attendance at these meetings has remained good with positive feedback
- A survey into Safeguarding and Moral Distress was carried out by the Designated Nurse for Safeguarding Children, Wiltshire and the Designated Doctor in Wiltshire and B&NES. This found that Covid 19 and associated issues were causing moral distress and moral injury to the workforce. As a result, the Wiltshire Named GP and Primary Care Safeguarding Specialist Nursing team set up monthly virtual “Lunch and Chat” Safeguarding meetings. These are informal meetings, with no set agenda, and are open to any GP and primary care staff. They have been well received
- The presence of Primary Care Safeguarding Nurses at MARAC and MASH meetings has continued. They have been beneficial in terms of improving information sharing and communication
- The names of children subject to Protection Plans and Children in Need support are shared on a monthly basis with GP practices via the ICB Safeguarding Team. There are plans to extend this to sharing the names of Children Looked After to improve the accuracy of GP practice registers
- The implementation of the Primary Care Safeguarding contract in Wiltshire brought to light a gap around information sharing for adults on safeguarding plans. Plans to set up an information sharing pilot to address this issue have not been successful so far
- Level 3 Safeguarding training for primary care staff was reduced during 2020-2021 due to covid and staff shortages. A new refreshed Level 3 safeguarding training course held online over 3 sessions has been created for roll out in 2022-2023. This supplements the safeguarding training available via the Wiltshire Safeguarding Vulnerable People Partnership. This training focuses on the “THINK Family” approach and the importance of ensuring the Voice of the Child /Adult is heard. Learning from statutory and local learning reviews are shared, and an accompanying resource pack has been created to support ongoing learning.

7. Safeguarding Partnership Working

There are three Safeguarding Partnerships across BSW CCG. All three bring together the work of the Safeguarding Adults Board, the Community Safety Partnership and partnership activity in relation to Safeguarding Children. Appendix 1 provides the illustrations of the different Partnership structures. They each publish an annual report and agree a shared set of yearly priorities, designed to be of significance and that require contribution from across all members. They reflect local priorities and are drawn in a major part from the findings of the statutory reviews which are their legal duty to conduct. In order to understand the agendas within which each of the BSW CCG locality teams are separately working, these are reproduced in the table below:

BaNES Community Safety & Safeguarding Partnership	Swindon Safeguarding Partnership	Wiltshire Safeguarding Partnership
Providing executive leadership for an effective partnership	Developing a Stronger & Safer Partnership	Leadership and culture
Develop a 'Think Family, Think Community' approach	Making Safeguarding Personal	Domestic Abuse
Recognising the importance of prevention and early intervention	Exploitation	Criminal Exploitation
Learning from experience to improve how we work	Neglect	Safeguarding of children Under 1yrs
	Effective Safeguarding Practices	The scoping and implementation of a full programme of independent scrutiny
	Self-Neglect	Progressing a DfE funded pilot to improve our data analysis and intelligence-led approach to safeguarding

8. Progress against last year's priorities

Safeguarding Priority 1
Begin to prepare systems and training for the introduction of LPS in March 2022 and develop robust Mental Capacity Act processes and BSW implementation plan

In December 2021, the Government announced a further delay in introducing the Liberty Protection Safeguards (LPS) to beyond March 2022. As a result, the public consultation was not launched until 17/03/22 and the Government response is not planned until Winter 22/23. The LPS start date is dependent on the content of response to the consultation and the extent of review needed by the DHSC. It is also worth noting that the Government have committed to having a 6-month lead in period to formal implementation. The extent of the change intended by these new safeguards for individuals lacking capacity in a restrictive care setting is far reaching and will take several years to achieve.

To start to address this, BSW CCG established an LPS Health Steering group across the BSW system. This group focused on combining resources to help plan for LPS across BSW. All BSW Health providers and the CCG CHC services were represented as they will all become Responsible Bodies.

The Steering Group has adopted a model of integrated working to ensure that the introduction of LPS honours the rights-based approach and outcomes intended by the legislative changes. It is through the function of this group that BSW are able to respond to the readiness audits collated at regional level through to the national safeguarding team. BSW CCG are also well represented with continuing presence and contribution to the regional and national Clinical Reference Group.
In the meantime, the priority is to improve the operational application of the Mental Capacity Act. Plans for 2022/2023 are to continue to work at system level to improve performance. A BSW MCA Policy for the CCG is on the forward plan for 22/23.

Safeguarding Priority 2
Work with CCG data analysts to develop a BSW data set and dashboard to better understand the patient experience and review the equality duty in relation to safeguarding across BSW

This is a priority that was ambitious to realise in just a year. We have started with discussions with CCG data analysists and within Safeguarding Partnerships. We have also worked with safeguarding leads within NHS commissioned services to develop one safeguarding schedule to cover all providers (regardless of the scope of the contract) for implementation from April 2022. This is accompanied by a commitment to develop a schedule for 2023 that will cover a longer time period, and which works to achieve metrics which produce a shared agreement about relevant outcomes. We are working within an environment of rapidly developing cultural change in health and social care services. This requires a different approach to gathering safeguarding data to reflect the diverse ways of working and the focus on population health.

Before we can realise a meaningful BSW data set, there are a number of key lines of enquiry that we have developed this year, and which need further progression:

- Do we need data to enable us to respond to emerging safeguarding issues? Or, to predict risk? Or, to monitor the impact of quality improvement activity?
- What type of data do we need – is it outputs, outcomes, or both?
- How do we produce statutory reviews that feed into system improvement and how can the same system measure change?
- Safeguarding remit and responsibilities – how do we better align quality assurance with safeguarding assurance? At the same time, what do our partners need to be assured about the safety of NHS commissioned services from their safeguarding responsibilities?
- How can we realise one data sharing agreement that meets everyone's needs and reduces delay in information sharing?
- How can developments within the Integrated Care Record support the needs for a safeguarding dataset?
- How will the pilot of the national Safeguarding Case Review tracker during 2021 enable improved understanding of statutory safeguarding delivery?

Each Safeguarding Partnership uses its own set of metrics, dependent on locality needs, local systems, and its priorities. MASH data, where a MASH exists, is focused on protection as opposed to prevention. The understanding of Health's contribution to safeguarding protective activity is drawn from Local Authority data which is difficult to triangulate against the reporting data produced by providers of healthcare services. This is published nationally for safeguarding adults (https://digital.nhs.uk/data-and-information/publications/statistical/safeguarding-adults/2021-22).

Safeguarding Priority 3
Develop a BSW CCG Safeguarding training strategy for CCG staff and Primary Care staff

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A Safeguarding Training Strategy was developed during 2021/2022 and is due to be formally reviewed by STAG in the forthcoming year. Training resources and courses have been developed and delivered for Primary Care and CHC have had bespoke MCA training.

Safeguarding priority 4

Undertake a mapping and gapping exercise of the MAPPA activity across BSW including communication with primary care.

MAPPA are the statutory arrangements for managing sexual and violent offenders. MAPPA is not a statutory body in itself, but is a mechanism through which agencies can better discharge their statutory responsibilities and protect the public in a co-ordinated manner. The MAPPA Responsible Authority (RA) consists of the Police, Prison and Probation Services. They are charged with the duty and responsibility to ensure that MAPPA is established in their area and for the ongoing assessment and management of risk of all identified MAPPA offenders. Both Swindon and Wiltshire CCG MAPPA arrangements are co-ordinated by Wiltshire Police. Whilst BaNES ones are co-ordinated by Avon and Somerset Constabulary.

This year, the duty to co-operate with MAPPA has led to a review with Wiltshire Police. The following agreement is now in place:

- AWP are in attendance for all level 2 MAPPA meetings
- All level 2 cases are reviewed by the Designated Professionals in both Swindon and Wiltshire to ensure facilitation of additional health involvement, including primary care, where needs dictate this to be useful
- A Designated Professional will attend all level 3 MAPPA meetings as these require active multi-agency management. Senior Managers attendance is required for the commitment of exceptional resources as the individuals are considered by the responsible authority to pose a serious risk to the public.

Safeguarding Priority 5

To develop a System Learning Approach to ensuring that recommendations from statutory safeguarding reviews are implemented and embedded in practice and policy.

Our safeguarding partnerships have struggled to ensure sufficient changes in practice to prevent repeated themes occurring within statutory reviews undertaken across BSW. This reflects a national issue given the complexity of cases reviewed and the ability to not only accurately identify the findings, but to also determine what needs to change in practice to improve safeguarding outcomes.

A move to joint review panels has bought both opportunities and challenges with a broadening of scope and increased challenge to cover Adult, Children and Domestic Homicide Reviews. Currently there is a roll out from the partnerships in the form of '7 minute briefings' and webinars to disseminate learning and recommendations. While these methods have become routine, more needs to be done to embed changes in practice.

The CCG Swindon locality safeguarding team developed a survey to focus on 'professional curiosity' a main theme of several reviews undertaken. The results of the survey will inform an interview approach to exploring this further within health. Once completed, the results will be shared with Swindon Safeguarding Partnership and also to the ICB STAG. Wiltshire Partnership has developed feedback forms to monitor how learning has been disseminated and includes self-assessment of the impact on practice.

Safeguarding Priority 6

To contribute and develop approaches and models that will support the ICS/ICP safeguarding arrangements

The CCG BSW safeguarding team collaborated with providers to engage their views as we prepare for becoming an ICB/ICS by:

- Updating and simplifying the Quality Assurance documents and process across the CCG footprint in consultation with the Named Leads in NHS Commissioned services
- Convening a series of events for safeguarding professionals in NHS Commissioned services to have their say in the future shaping of ICS Safeguarding Services
- Chairing bi-monthly wider provider meetings which enable safeguarding professionals to learn, hear, express challenges and opportunities and network both as a CCG wide group and then to split into a locality meetings, so that local issues can be discussed

Safeguarding Priority 7

To provide system leadership for safeguarding, capturing the voice of our population and workforce to support service resilience, adaptation and recovery throughout the pandemic

The CCG have invested in support roles to the Designated Professionals and developing the knowledge and skills within the team e.g., the Safeguarding Adult Professional roles in Swindon and funding master's level modules in safeguarding for some team members.
BSW CCG Safeguarding team have demonstrated their leadership through:

- Chairing and representing Health at a wide range of multi-agency sub-groups across BSW as part of their commitment to meeting their statutory requirements
- Represented the CCG at national and regional level through the Designated Network and special interest areas
- Presented original studies at National Conferences about the impact of moral distress and harm on staff well-being

9. A national risk for safeguarding children

Star Hobson and Arthur Labinjo-Jones were both murdered in 2020 as a result of sustained abuse and neglect by their caregivers. Harrowing video footage and images of both Arthur and Star, during the final weeks and days of their lives, led to understandable questions about why children had experienced such gross abuse when they were in 'plain sight' of public agencies. A national review was initiated to understand what happened to these children during their short lives, how agencies acted to safeguard them and whether their tragic deaths are representative of wider, national issues. The review is due to be published in May 2022.

A Joint Targeted Area Inspection (JTAI) was published by Solihull in February 2022 this had been requested specifically by the Secretaries of State for Education, Health and Social Care, the Home Office and Justice, in response to the death of Arthur Labinho-Jones. Headline findings were that Children in need of help and protection in Solihull wait too long for their initial need and risk to be assessed. This means that for a considerable number of children, they remain in situations of unassessed and unknown risk. Weaknesses in the joint strategic governance of the multi-agency safeguarding hub (MASH) have led to the lack of a cohesive approach to structuring and resourcing the MASH. The Local Safeguarding Children Partnership (LSCP1 – Solihull's multi-agency safeguarding arrangements) does not have a clear understanding of the impact of practice from the MASH or the experiences of children and their families that need help and protection in their local area.
Nationally while the idea of a MASH is generic how each MASH is designed and operates will vary including within the BSW footprint. As a result of the above reviews all three localities looked at the functioning of their MASH and their partnerships understanding of the MASH.

- In Wiltshire, a MASH strategic Board is in the process of being established to ensure that there is multi-agency oversight of the MASH
- In B&NES the Designated Nurse supported the JTAI learning and lead on the Solihull JTAI evaluation and review
- Swindon Safeguarding Partnership reviewed the strength of its MASH arrangements through its 'Strategic MASH subgroup' including a focus on the health agency contribution

10. A national risk for safeguarding adults

In September 2021, the Norfolk Safeguarding Adults Board published a Safeguarding Adults Review into the deaths of three young adults: Joanna, “Jon” and Ben (all in their 30s). They had learning disabilities and had been patients at Cawston Park Hospital. They died within a 27-month period (April 2018 to July 2020). Joanna, Jon and Ben were admitted to the hospital under sections of the Mental Health Act (1983). Joanna and Jon originated from London boroughs. Ben was from Norfolk. Their behaviour was known to challenge services and sometimes their families. Joanna and Jon had experienced several out-of-family-home placements. Ben had lived with his mother for most of his life. Their placement at the hospital resulted from personal and family crises. The review made 13 recommendations for critical system / strategic change. NHSE-NHSI commenced an immediate requirement for all CCGs to implement reviews of all patients with a learning disability or autism living in in-patient care settings.

The role of the Designated team has been to ensure that all Commissioners and Quality colleagues in their localities were made aware of the SAR at the earliest opportunity. It was built into training materials for primary care. The Safeguarding Partnership in Wiltshire, and the STAG received progress updates from the Lead Commissioner co-ordinating the reviews and subsequent action plan development and progress. This still continues.

11. Domestic Abuse

In April 2021, the Domestic Abuse Act became legislation with the first legal definition for domestic abuse. This pivotal piece of legislation has several duties and powers to help protect and enforce how we manage victims and perpetrators. There are additional measures including: Establish the office of Domestic Abuse Commissioner and set out the Commissioner’s functions and powers.

- Provide for a new Domestic Abuse Protection Notice and Domestic Abuse Protection Order.
- Prohibit perpetrators of domestic and other forms of abuse from cross-examining their victims in person in the family courts.
- Enable domestic abuse offenders to be subject to polygraph testing as a condition of their licence following their release from custody.
- Place the guidance supporting the Domestic Violence Disclosure Scheme on a statutory footing.

All of the above legislative changes will be subject to scrutiny through close partnership working and involvement in the new Domestic Abuse Board formed within the Community Safety Partnerships.

11.1 MARAC

A Multi-Agency Risk Assessment Conference (MARAC) is a meeting where information is shared on victims at the highest risk of serious harm or murder as a result of domestic abuse. It is attended by representatives of local agencies such as police and health. The MARAC processes in BaNES are significantly different to those that occur in Wiltshire and Swindon due to the difference in Police forces. In Wiltshire and Swindon, the conferences occur virtually, and every fortnight, Wiltshire being split into North and West, and South and East Wiltshire. The CCG work closely with Primary Care colleagues sharing information, attending the conference and then cascading back to GP Practices. Working in this way has demonstrated a significant increase in engagement with domestic abuse processes from Primary Care. Information is also received from Operation Encompass who securely email information about Police call outs to domestic abuse incidents.

The BaNES MARAC has committed to a weekly conference and usually review approximately 3 cases. The Designated Nurse has raised concerns about:

- A lack of information available to highlight any risks, the number of cases not reviewed or the criteria for inclusion
- A lack of clarity as to whether a risk assessment has been completed and where this has been shared and who holds the risk

In 2022-23 the CCG will lead on a review of the MARAC using the Safe Lives 10 principles. This work will be shared through the Domestic Abuse Partnership which is a subgroup of the BaNES Partnership.

12. Prevent

Prevent duties remained unchanged this year and the CCG provided assurance to both NHSE and its local Boards about its full compliance with training competency within its NHS Commissioned services.

The south-west continues to be one of the lowest reporters of Prevent concerns.

A Prevent Delivery Plan was written jointly between Public Health and the Designated Professional for Safeguarding Adults in Wiltshire and agreed by the local Wiltshire Prevent Board for 21/22.

The national review of Prevent and the NHSE Prevent Training Competency Framework are due to be published in 2022/2023.

13. Statutory Reviews

In each of the three localities Designated Professionals sit on each of the partnership practice review groups and play an active role within them. Statutory reviews are all multi-agency and aim to determine what agencies could have done differently that could have prevented harm or a death from taking place. The purpose of a statutory review is to promote effective learning and improvement at a system level, not to apportion blame and they use a systems approach to identify the key practice issues. There are three main types of statutory review considered under the safeguarding partnership arrangements:

1. **Child Safeguarding Practice Reviews (CSPR)** are conducted where abuse or neglect is known or suspected and either: a child has died, or a child has been seriously harmed and there are concerns about how organisations or professionals worked together to protect the child
2. **Safeguarding Adult Reviews (SAR)** are conducted when an adult dies or has been seriously 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.
3. **Domestic Homicide Reviews (DHR)** are initiated to review the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse, or neglect by a person they were related to, had been in an intimate personal relationship with, or a member of the same household.

Across BSW within this report year there were six statutory reviews for adults, eight for children and, the publication of one DHR from a murder that was committed in 2019. In SARs, a consistent theme was the presence of mental health needs, with self-neglect a characteristic, and where people find themselves in situations of complexity both in their diagnosis' and their situations e.g., being homeless. Professional recognition and application of the Mental Capacity Act 2005 was a practice issue both locally and nationally (https://www.local.gov.uk/publications/analysis-safeguarding-adult-reviews-april-2017-march-2019).
The themes across the 8 children's reviews were more varied, but complexity of vulnerability was a similar feature to that in the SARs. Children with disabilities featured in 2 of the reviews, children under 1 in 1, children already under protection planning in 1, and children looked after in 2 out of the 8 reviews. Four out of the eight reviews were about the sexual abuse of children and one review, highlighted the need for professionals to consider the unthinkable when it came to sexual abuse. Good practice was noted to be the case in this latter review.
There has only been one DHR published this year, following the death of a 17-year-old in 2019, who was murdered by her former boyfriend. Themes from the review included the

consideration by professionals of Domestic Abuse in young relationships and the signs of coercion through educational control.

14. Challenges and Emerging risk areas

14.1 Challenges

There are a number of challenges that stem from differing safeguarding arrangements across the 3 localities. The main ones are:

- The number of partnership sub-groups and linked meetings across the CCG continues to grow and evolve. It is a challenge to ensure there is CCG contribution and oversight across all of these areas due to resources and capacity issues
- Variations in local services and processes mean that there are different practice and policies across the CCG. This can present challenges to health organisations who provide services over more than one county, an example of which is the response to injuries in non-mobile children. However, there is work by the Under 1 focus group, which sits across agencies and the 3 counties of BSW
- Differences in Police forces across the CCG mean that some multi-agency processes such as the MARAC are different within the localities. There are different demands in each of the areas, and different levels of assurance. Domestic Abuse services are commissioned differently in BaNES from Wiltshire and Swindon which presents a challenge in ensuring that there is equity of service for the population
- On the horizon there are capacity issues and effective succession planning for statutory posts and support posts – these posts are notoriously difficult to recruit to nationally. This is further hindered by many of those occupying these roles approaching retirement age.

14.2 Risks

In addition to these challenges a number of emerging risk areas have also been identified which will add to the issues we have identified for our future priorities:

- The application and understanding of safeguarding risks to those fleeing Ukraine, Afghanistan, and those fleeing other countries as asylum seekers
- Impact of changes in Hospital Discharge routes and processes on those patients who lack capacity to make decisions about how their care and support needs are met
- Increasing number of safeguarding adults' referrals to Adult MASH as a result of operational demands and workforce challenges across Health and Social Care
- Continuity in safeguarding support for planning, commissioning and delivery of new services to manage patient flow and demand all year round and not just in times of winter pressures

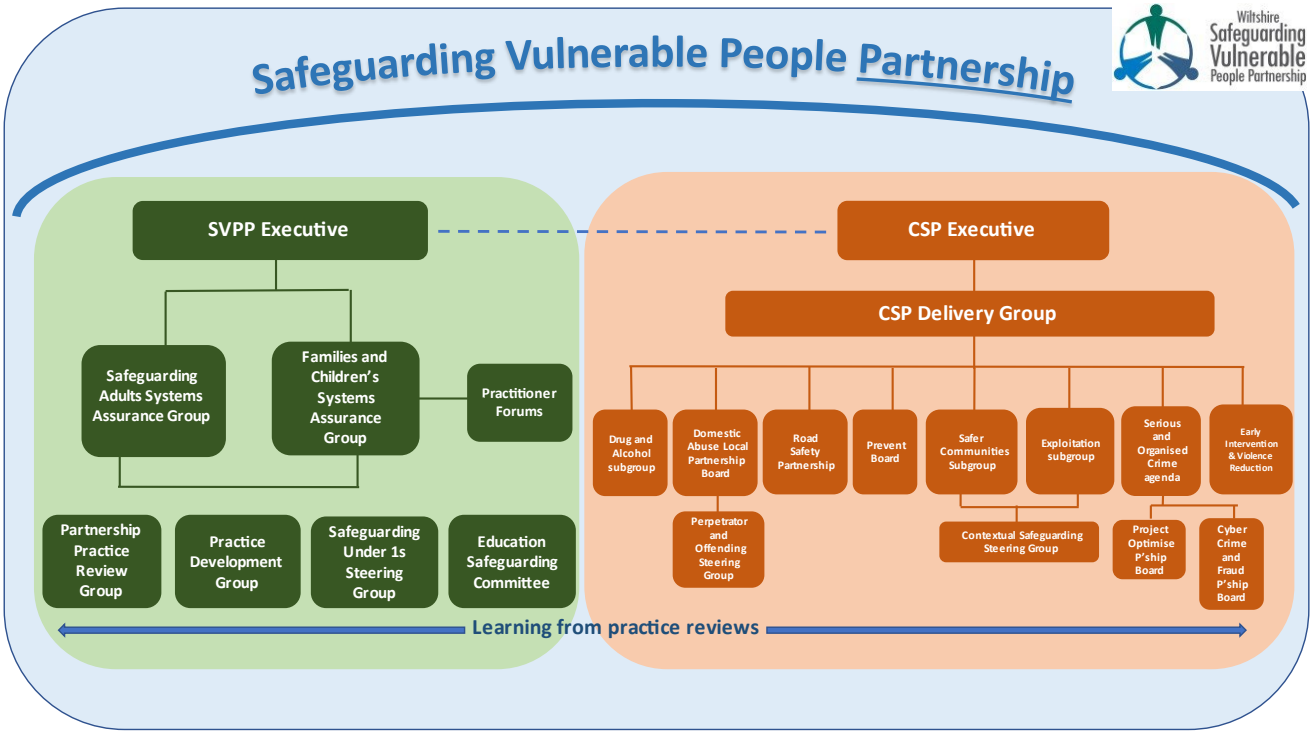
- The ability to respond to any 'new system challenge' wherever it may come form
- The ability of the CCG becoming an ICB to respond to complex safeguarding challenges as they arise will test our capacity and resolve

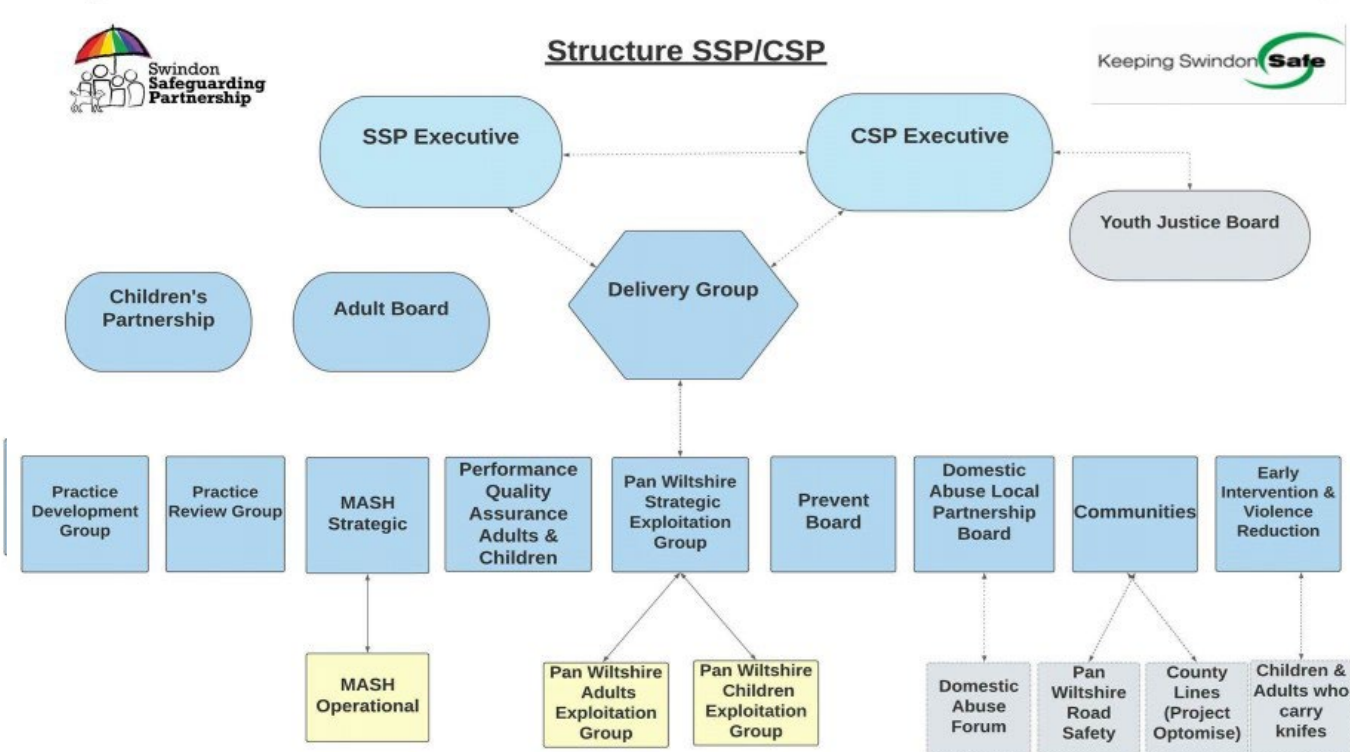
15. Priorities for 2022 - 2025

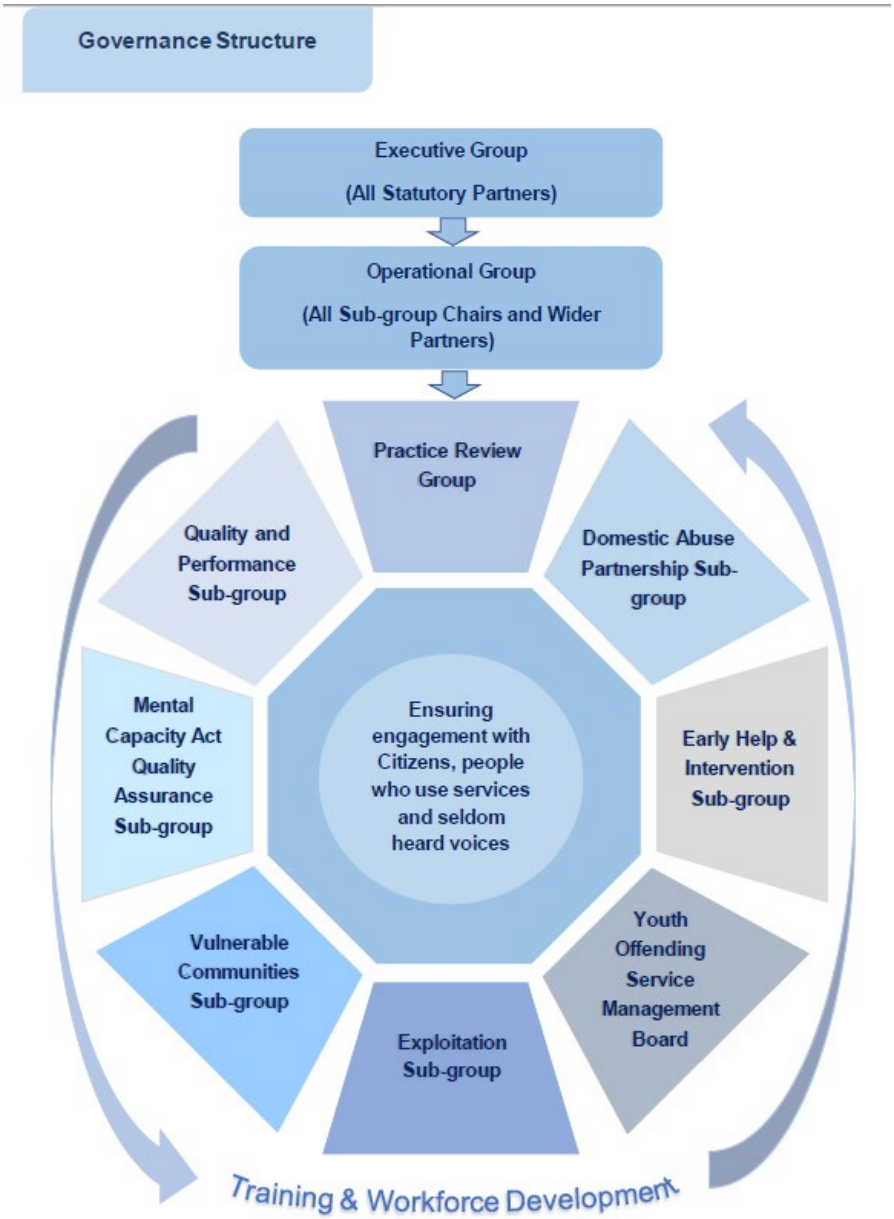
We recognise that our commitment to making a difference has often resulted in our plans being too ambitious for achievement in a one-year period. It also reflects the diverse risks and challenges that are continuously emerging from within our population. Our priorities going forward will therefore be established for a 3-year period. This will enable us to create realistic plans with year-on-year development. The following headline issues have been identified across BSW and as a team our commitment is to work together to further refine them into priorities, formulate our forward plan and set achievable goals. It is hoped that this will enable the team to also flex responsively to the additional changes that are already anticipated in response to the national issues described in the report. We know from our analysis of the impact of Covid on services, that further national reviews will also emerge and require us to focus on other new areas. This will require the safeguarding team both within the ICB and across the ICS to move towards developing a matrix working and portfolio holding approach to safeguarding at system level.
Our issues include:

1. Development of legal literacy within the ICS
2. Development of a BSW wide non-mobile baby policy in agreement with the safeguarding partnerships. As a result, we will learn how to achieve system agreement
3. Review of Health resources into MASH (Adult and Children) and MARAC
4. Further review of Safeguarding Schedules that reflect change to the ICB way of working at system level
5. Establishing a standard approach for safeguarding quality assurance visits to commissioned services
6. Development of a pathway for succession planning for statutory and key safeguarding roles within the ICS
7. Review MAPPA assurance in the BaNES locality to ensure parity across BSW
8. Development of a learning framework based on emerging SCIE quality markers for conducting statutory reviews and disseminating the learning in a way that measures impact
9. Development of a single information sharing agreement
10. Continue to progress plans for a safeguarding dataset
11. Work with HR and OD to implement the safeguarding training strategy
12. Work with HR to ensure that an enhanced level of DBS check is in place for the ICB safeguarding team on a 3 yearly basis and that all safe recruitment processes are in place.

Appendix 1 - Partnership structures




Structure SSP/CSP
Swindon Safeguarding Partnership
Keeping Swindon Safe
SSP Executive
CSP Executive
Youth Justice Board
Children's Partnership
Adult Board
Delivery Group
Practice Development Group
Practice Review Group
MASH Strategic
Performance Quality Assurance Adults & Children
Pan Wiltshire Strategic Exploitation Group
Prevent Board
Domestic Abuse Local Partnership Board
Communities
Early Intervention & Violence Reduction
MASH Operational
Pan Wiltshire Adults Exploitation Group
Pan Wiltshire Children Exploitation Group
Domestic Abuse Forum
Pan Wiltshire Road Safety
County Lines (Project Optomise)
Children & Adults who carry knifes


Governance Structure
Executive Group
(All Statutory Partners)
Operational Group
(All Sub-group Chairs and Wider Partners)
Practice Review Group
Domestic Abuse Partnership Sub-group
Early Help & Intervention Sub-group
Youth Offending Service Management Board
Exploitation Sub-group
Vulnerable Communities Sub-group
Mental Capacity Act Quality Assurance Sub-group
Quality and Performance Sub-group
Ensuring engagement with Citizens, people who use services and seldom heard voices
Training & Workforce Development