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NHS Bolton Clinical Commissioning Group

Annual Safeguarding Report

Year Ending: 2016/2017



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1. Executive Summary

This is the fourth Annual Safeguarding Report of NHS Bolton Clinical Commissioning Group (Bolton CCG). It includes both Children and Adult Safeguarding and covers the period from April 2016 to the end of March 2017. It provides both the national and local context to safeguarding developments during the reporting period, outlines how NHS Bolton CCG is meeting its statutory responsibilities for safeguarding, and highlights how challenges relating to safeguarding are being managed locally.

In this reporting period, the safeguarding arrangements of NHS Bolton CCG were subject to a 'safeguarding assurance deep dive' by NHS England. The aim of the 'deep dive' was to understand and evaluate the CCG's processes and governance arrangements for safeguarding. The 'deep dive' identified a number of areas where processes needed to be strengthened. An action plan was subsequently formulated, the implementation of which is overseen by the Greater Manchester Health and Social Care Partnership and NHS Bolton CCG Safeguarding Assurance Group.

To ensure NHS Bolton CCG maintains an oversight of its own safeguarding arrangements and those of commissioned services a Safeguarding Assurance Group has been established; this group reports directly to NHS Bolton CCG Quality and Safety Committee, a subgroup of the NHS Bolton CCG Board.

In seeking assurance that commissioned services have in place appropriate safeguarding arrangements, NHS Bolton CCG requires all providers to complete an annual safeguarding audit. Where a provider is found to be non-compliant with the safeguarding standards within the audit an action plan is formulated and is subject to regular monitoring by NHS Bolton CCG safeguarding team.

NHS Bolton CCG has continued to make a significant contribution to the work of Bolton Safeguarding Children Board (BSCB) and Bolton Safeguarding Adult Board (BSAB) with representation at Board level by the Chief Nurse as Executive Lead of Safeguarding and with professional advice provided by the CCG designated safeguarding professionals.

Key Risks

The NHS England 'deep dive' identified that NHS Bolton CCG does not meet the minimum suggested sessions (as detailed in national guidance) for designated doctor and named GP capacity. In addition to this there was poor compliance with mandatory safeguarding training. These risks have been incorporated onto NHS Bolton CCG safeguarding risk register and are reviewed regularly by the Safeguarding Assurance Group. Ensuring full compliance with NHS England's safeguarding standards will be a priority area for action during 2017/18.

Financial Impact on the CCG:

No financial impact has been identified.

Implications/Actions for Public and Patient Engagement:

No additional implications or actions have been identified.

2. Introduction

This is the fourth Annual Safeguarding Report of NHS Bolton Clinical Commissioning Group (NHS Bolton CCG). It includes both Children and Adult Safeguarding and covers the period from April 2016 to the end of March 2017. It provides both the national and local context to safeguarding developments during the reporting period, outlines how NHS Bolton CCG is meeting its statutory responsibilities for safeguarding, and highlights how challenges relating to safeguarding are being managed locally.

3. Statutory Requirements

Clinical Commissioning Groups (CCGs) have a statutory duty to put in place appropriate arrangements to safeguard children and adults at risk. This includes ensuring that the CCGs internal safeguarding arrangements are robust; being assured that the safeguarding arrangements of all commissioned services are appropriate; co-operating with local safeguarding arrangements; and securing the expertise of designated professionals on behalf of the local health system.

4. External Audits of NHS Bolton CCG's Safeguarding Arrangements.

4.1 NHS England 'Deep Dive' into the Safeguarding Arrangements of the CCG

In this reporting period, the safeguarding arrangements of NHS Bolton CCG were subject to a 'safeguarding assurance deep dive' by NHS England. The aim of the 'deep dive' was to understand and evaluate the CCG's processes and governance arrangements for safeguarding. The 'deep dive' required NHS Bolton CCG completing a safeguarding audit template; the standards within the template being guided by the NHS Safeguarding Assurance and Accountability Framework¹. The 'deep dive' identified a number of areas where processes needed to be strengthened.

An action plan was subsequently formulated, the implementation of which is overseen by the Greater Manchester Health and Social Care Partnership and NHS Bolton CCG Safeguarding Assurance Group. Good progress has been made in implementing the action plan with just three areas remaining where the full guidance is not met with NHS England requirements; these areas relate to designated doctor and named GP capacity and safeguarding training.

4.2 Mersey Internal Audit Agency

An internal audit of the safeguarding arrangements of NHS Bolton CCG during 2015 identified a number of areas where the CCG's safeguarding arrangements required improvement. Good progress has been made in implementing the recommendations from the audit with just one area, that of safeguarding training, remaining outstanding.

A priority area for 2017/18 will be in ensuring that all CCG staff are trained in accordance with their roles and responsibilities for safeguarding.

¹ NHS England (2015) *Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework*.

5. NHS Bolton CCG Governance Arrangements for Safeguarding

A summary of the CCGs safeguarding arrangements is detailed below.

5.1 A Clear Line of Accountability

The ultimate accountability for safeguarding for NHS Bolton CCG sits with the Chief Officer, with executive accountability delegated to the Chief Nurse. The Chief Nurse is supported in this role by the Associate Director for Safeguarding. Reporting on safeguarding is to the newly formed Safeguarding Assurance Group, a subcommittee of NHS Bolton CCG Quality and Safety Committee.

5.2 Policies for safeguarding including safe recruitment and arrangements for dealing with allegations against people who work with children and adults

Following substantial changes to legislation with the implementation of the Care Act 2014 NHS Bolton CCG Safeguarding policy was updated and ratified by the Governing Body. The policy complies with legislation and national guidance for safeguarding and reflects the policies and procedures of the Local Safeguarding Boards.

Rather than having a separate policy for managing allegations against people who work with children and adults NHS Bolton CCG safeguarding policy provides a brief overview of the local arrangements for managing allegations directing staff to the relevant policies and procedures of the Local Safeguarding Boards.

NHS Bolton CCG policies relating to safe recruitment practices are in line with those of NHS Employers.

5.3 Staff appropriately trained to carry out their responsibilities for safeguarding

NHS England's 'deep dive' into NHS Bolton CCG's safeguarding arrangements identified that NHS Bolton CCG was non-compliant with requirements around safeguarding training. This was due in part to the ineffectiveness of the e-learning platform accurately recording training data. To help address this issue the Greater Manchester Shared Business Service has procured a new learning platform and e-learning provider.

Ensuring staff are trained in accordance with their roles and responsibilities will be a priority area for 2017/18.

5.4 Effective inter-agency working with Bolton Council, the police and third sector organisations, including co-operating in the operation of Bolton's Safeguarding Children and Safeguarding Adult Boards.

NHS Bolton CCG is a key partner of the Local Safeguarding Boards with Board member representation on both Boards being via the Chief Nurse, and professional advice given to the Boards by NHS Bolton CCG employed designated / professional leads for safeguarding children and adults. In addition to this members of NHS Bolton CCG safeguarding team are represented on the Safeguarding Executive Committees and various sub groups, with the Associate Director for Safeguarding chairing the Child Sexual Exploitation and Missing from Home Steering Group.

In addition to supporting the work of the Safeguarding Boards, NHS Bolton CCG is effectively engaged with many of the other multi-agency partnerships across Bolton established to safeguard children and adults at risk such as the Be Safe Partnership and Early Help Steering Group.

5.5 Ensuring effective arrangements for information sharing

The revised safeguarding policy gives detailed guidance on information sharing where there are child and adult protection concerns. This guidance is in line with the Government's seven golden principles for information sharing.

These are:



1. Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.
2. Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice if you are in any doubt, without disclosing the identity of the person where possible.
4. Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.
5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
6. Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

5.6 Ensuring access to the expertise of designated doctors and nurses for safeguarding children, looked after children and designated paediatricians for unexpected deaths in childhood; and having an adult safeguarding lead role and a lead for mental capacity act (MCA)

The role of the designated safeguarding children and adult safeguarding leads is to work across the local health community providing both clinical and strategic leadership for safeguarding and acting as a vital source of advice and support to NHS Bolton CCG, the local authority, NHS England and other professionals in provider organisations. National guidance² details the recommended minimum resource that should be available across the health community.

In Bolton, the role of designated nurse for safeguarding children is incorporated into the post of the Associate Director for Safeguarding who is supported in carrying out the designated duties by an

² Royal College of Paediatrics and Child Health et al, (2014) *Safeguarding children and young people; roles and competences for health staff, Intercollegiate Document, Third edition*

interim designated nurse for safeguarding children and the wider NHS Bolton CCG safeguarding team.

Following an investment into NHS Bolton CCG safeguarding team in 2015, NHS Bolton CCG recruited to a whole time equivalent designated nurse for looked after children; the post holder took up the position in September 2015. This role has been instrumental in taking forward the looked after children agenda as demonstrated in NHS Bolton CCG Looked after Children Annual Report 2016/17 presented at the NHS CCG Public Board meeting in October 2017.

The designated doctor for safeguarding children and designated doctor looked after children are commissioned via Bolton NHS Foundation Trust.

Working alongside the designated leads for safeguarding children is the Safeguarding Adult Practitioner; this post also carries responsibilities for Mental Capacity Act (MCA) implementation and Prevent.

In addition to the above posts NHS Bolton CCG employs a named GP for safeguarding children for one session per week. Whilst there is no statutory requirement to secure the expertise of a named GP for safeguarding, there is national recognition that the named GP has a key role in promoting good professional practice and driving forward the safeguarding agenda across primary care; this can be seen locally (see section 8).

The 'deep dive' into NHS Bolton CCG's safeguarding arrangements by NHS England highlighted that NHS Bolton CCG did not meet the minimum suggested sessions (as detailed in national guidance) for designated doctor (safeguarding children and looked after children) and named GP. This is in part mitigated by the wider structure of the NHS Bolton CCG safeguarding team, but only when the team is at full strength. The Chief Officer will therefore review the structure of the team during 2017/18 to ensure that it can deliver on the designated functions.

6. Safeguarding Assurance in relation to Commissioned Services

NHS Bolton CCG Safeguarding team have been working collaboratively with colleagues across Greater Manchester to ensure a consistent approach is taken to obtaining safeguarding assurance. To this end, there is an agreed set of Greater Manchester Safeguarding Standards for commissioned services which are incorporated into contract arrangements. Compliance against the standards is measured via the completion of an annual audit which is subject to scrutiny by NHS Bolton CCG safeguarding team. For 2016/17 the main providers were compliant with these standards.

For 2017/18 NHS Bolton CCG will also be seeking assurance from all commissioned services that their safeguarding arrangements are appropriate; this will include care homes with nursing, GP practices and the voluntary sector.

7. Greater Manchester Collaborative arrangements for Safeguarding

NHS Bolton CCG forms part of the Greater Manchester Safeguarding Collaborative. Working in this manner means that CCGs across Greater Manchester continue to work together collectively in the development of initiatives and policy, to promote resilience, allow for the sharing of best practice and learning and facilitate consistency in service developments across Greater Manchester.

8. Safeguarding and General Practice

NHS Bolton CCG Safeguarding Team, including the Named GP for safeguarding children, work to support member practices to meet their responsibilities for safeguarding children and adults at risk and to help drive up the quality of safeguarding provision to their registered populations. Much work has been undertaken to improve practice in both the recognition and response to safeguarding issues. This has included supporting the development of new or revisions to existing processes, the production of a quarterly newsletter and promoting communication and interface with other health colleagues and agencies. To support the implementation of these developments specific standards for safeguarding have been included within the Bolton Quality Contract.

Key areas of work that were completed in the reporting period include:

- A roll out and completion of the NHS Bolton CCG Safeguarding audit Standards; this enabled practices to collate all the evidence to meet the requirements of the Care Quality Commission, NHS England and NHS Bolton CCG as delegated commissioner.
- Review of the CCG safeguarding standards within the Bolton Quality Contract to facilitate more robust monitoring of compliance.
- Provision of specialist training to GP Clinical Leads on how to carry out clinical mental capacity assessments under the Mental Capacity Act 2005
- Holding a safeguarding annual conference for General Practice in line with the Bolton Quality Contract.

For 2017/18 a priority area of work will be in developing sample safeguarding policies and procedures that can be used within GP practices.

The Safeguarding Team continue to support the identification and referral of domestic abuse and violence within Primary Care (IRIS). Advocate Educators commissioned via Bolton's Community Safety Partnership offer training to GPs on domestic abuse and violence and provide advocacy based support to patients referred to the service where the risk is identified as low. Since its launch in December 2014 all but three practices have engaged with the programme.

A priority area of work for 2017/18 will be in engaging all practices across Bolton with the IRIS project, as well as developing a communication pathway to ensure that GPs are engaged in the multi-agency risk assessment conferences for high risk cases of domestic abuse and violence (MARAC).

9. Safeguarding Children

This section outlines key developments throughout the reporting period in respect to safeguarding children developments at both a national and local level.

9.1 The Child Protection – Information sharing project (CP-IS)

CP-IS is a NHS England sponsored work programme through which key local authority information pertaining to children and unborn babies subject to Child Protection Plans and those with Looked After Child status is shared with unscheduled care providers in health. The system enables practitioners in these health settings to quickly identify whether a child being seen is currently within either of those categories and therefore already identified as requiring statutory support. CP-

IS is not intended to replace existing safeguarding policies and procedures but to support them; CP-IS acts as an additional layer of protection for the most vulnerable children.

During the reporting period extensive work has been undertaken by Bolton Council, Bolton Foundation Trust and BARDOC (provider of out of hours medical care in Bolton), in ensuring that the system can be implemented effectively across unscheduled care settings, paediatrics and maternity services. It is anticipated that the system will be fully implemented by the autumn of 2017.

9.2 Bolton's Multi-Agency Safeguarding and Screening Service (MASSS)

Bolton Children's Services Referral and Assessment Social Work teams and Greater Manchester Police Public Protection and Investigation Unit came together to form Phase 1 of Bolton's Multi-Agency Safeguarding and Screening Service (MASSS) in 2015. This was developed to promote better consistency at the 'front door' and to ensure a responsive and more effective service to child protection concerns. Since this time the Bolton MASSS has evolved to include education and health. During the reporting period the health contribution to MASSS was provided by Bolton NHS Foundation Trust and Bridgewater Community Healthcare NHS Foundation Trust. A priority area for 2017/18 will be in strengthening the health contribution into MASSS via the commissioning process.

9.3 Domestic Abuse and Violence

There are many definitions of what constitutes domestic abuse. Bolton Be Safe Partnership has adopted the national definition of domestic abuse and violence (DAV) which covers:- 'Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse;



psychological, physical, sexual, financial, and emotional'. This also includes so called honour based violence, female genital mutilation and forced marriage.' 'Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent on the perpetrator – isolating them from others, those that can support them, monitoring and controlling their movements and behaviours, stripping them of their independence. 'Coercive behaviour is an act or a pattern of acts of assaults, threats, humiliation and intimidation or other abuse that is used to harm, punish or frighten their victim.'

Our collective ambition is to reduce domestic abuse and violence and its effects in Bolton. With one in four women in the UK experiencing some form of domestic abuse and violence (DAV) in their lifetime and one in seven children under the age of 18 having lived with DAV at some point in their childhood, this is a widely under-reported crime with disastrous consequences.

- 2 women are killed every week by a current or former partner
- 20% of women in England and Wales say they have been physically assaulted at some point by a partner.
- 54% of UK rapes are committed by a woman's current or former partner
- 75% of cases of domestic violence result in physical injury or mental health consequences to women. (Home Office)

In Bolton, there are approximately 1500 domestic abuse crimes every year. The Home Office estimate that the true prevalence of victims suffering domestic abuse is closer to 8 times this amount.

Since April 2011, there has been a statutory duty to conduct domestic homicide reviews. There have not been any domestic homicide reviews in Bolton during this reporting period.

NHS Bolton CCG is represented at the Be Safe Partnership by the Chief Nurse and at the Multi-agency Risk Assessment Conference (MARAC) Steering group and respective subgroups by members of the CCG Safeguarding team.

Domestic abuse results in a significant rise in physical and emotional health concerns and it is now recognised that domestic abuse is a child protection issue. Significant work has taken place regarding the recognition and response to domestic abuse and violence, in particular through the implementation of the Identification and Referral to Improve patient Safety (as outlined in Section 8).

A priority area for 2017/18 is to support the development and implementation of a communication pathway which will facilitate GP engagement in MARAC (multi-agency risk assessment conferences for high risk cases of domestic abuse and violence).

9.4 Female Genital Mutilation

Female Genital Mutilation (FGM) is illegal in the UK, as is taking a child abroad to undergo FGM, as legislated in the 2003 Female Genital Mutilation Act. It is also recognised as a form of child abuse. FGM is medically unnecessary, extremely painful and has serious health consequences both at the time when the mutilation is carried out and in later life.

Since 2015 there has been a requirement on NHS providers, General Practice, Mental Health Trusts and Acute Trusts in England to record and collect information about the prevalence of FGM. The data is known as the FGM Enhanced Dataset and aims to support the Department of Health's FGM Prevention Programme by presenting a national picture of the prevalence of FGM in England. NHS Digital provides an annual report on the data collected; this is available on their web site.

From a safeguarding perspective, since October 2015, regulated professionals (health, social care and education) have a mandatory duty to report 'known cases' of FGM in under 18s. During the reporting period BSCB has been working to increase workers awareness on FGM by promoting the Home Office e-learning package, Recognising and Preventing FGM and by supporting a local voluntary organisation in developing a FGM training pack to deliver in schools and across the wider workforce. Further information on the work of the BSCB on FGM is detailed in their annual report for 2016/17.

9.5 Child Sexual Exploitation (CSE) and Missing From Home (MfH)

The prevention and reduction of the risks of Child Sexual Exploitation (CSE) is a safeguarding priority for all statutory agencies and requires a multi-agency response to be effective. CSE is a form of sexual abuse where children are sexually exploited for money, power, or status. Bolton CCG Associate Director of Safeguarding is the chair of the BSCB CSE MfH Steering Group that

reports to the BSCB through the Safeguarding Executive. The aim of our local multi-agency work is to:



- Reduce the likelihood of children becoming victims of CSE.
- Ensure that action is taken to safeguard children at risk of CSE.
- Target, disrupt and prosecute the perpetrators of CSE.

A comprehensive CSE strategy and action plan has been developed and will be monitored by the CSE/MfH Steering Group.

In September 2016 the Joint Inspectorates including Ofsted and the Care Quality Commission published “A time to listen” - a joined up response to CSE and missing from home. A benchmarking exercise to measure local performance against the good practice guidance was conducted and action plans developed. These are monitored by the CSE/MfH Steering Group.

The GP annual safeguarding lead event in January 2017 highlighted a case of sexual exploitation and GP leads were given a copy of the risk assessment tools to share with their colleagues. A practice nurse education event in March 2017 included assessment of sexually active children and the risk assessment tools were discussed. A GP education event in March 2017 included vulnerability risk factors, including CSE and again risk assessment tools were disseminated.

CSE priorities for NHS Bolton CCG in 2017/18:

- Therapeutic services are available to support children recover from trauma
- Practitioners and children are aware of the services commissioned in Bolton to help children and families recover from abuse and know how to access them
- NHS Bolton has effective services to support child victims recover from trauma

The CCG will report progress on the commissioning and implementation of service priorities to the Safeguarding Assurance Group and the BSCB via the CSE/MfH Steering Group.

Missing from Home (MfH)

Absent from home means a person is not at a place where they are expected or required to be and where the circumstances and context suggest there is a lower level of risk.

A *missing* child is one whose whereabouts cannot be established; where the circumstances are out of character, or the context suggests the child may be the subject of crime or at risk of harm to themselves or another.

Most of the children who go missing from home are teenagers. The top three reasons for going missing are:

- Contact with family/friends,
- Peer pressure
- Emotional health issues.

Children who are absent or go missing from home require a multi-agency co-ordinated approach aimed at reducing risk to the child or young person. In Bolton there are processes in place to ensure that the risk to children who are missing and absent is assessed and support is received. This means:

- Children missing from education are tracked and responded to
- Services work together effectively to investigate and respond to the circumstances that cause children to be missing/absent
- Return home interviews are offered to children, are of good quality and are used at individual and strategic level to improve services.

Children missing from home are at increased risk of sexual exploitation. The Sexual Exploitation and Missing group (SEAM) share information, co-ordinate action plans for children and young people who are at risk of sexual exploitation and/or go missing from home, from school and from the looked after system in accordance with statutory guidance.

The CCG working with strategic partners will use data gathered at operational and strategic level to promote continuous improvement in the commissioning and provision of health services to meet the needs of children at risk of sexual exploitation and missing from home. The aim is to establish the:

- Prevention and reduction in the number of children missing from home or care
- Prevention and reduction in the number of children going missing on repeat occasions
- Reduction in the risks to children when they are missing
- Assurance that when children are missing and return they and their carers receive the right help and support.

9.6 Early Help

Early Help means providing support as soon as a problem emerges, at any point in a child's life. For this to be effective, all agencies are required to work together to:

- Identify children and families who would benefit from early support
- Undertake or contribute to an assessment of need and provide services to address those needs.

This might mean when a child:

1. Is disabled and has specific additional needs
2. Has special educational needs
3. Is a young carer
4. Is showing signs of engaging in anti-social or criminal behaviour
5. Is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health, and domestic violence.
6. Is showing early signs of neglect or abuse.

NHS Bolton CCG is fully committed to early help processes recognising that failure to intervene early can lead to significant harm and increased health needs to children and families.

Early Help requirements are incorporated into the commissioning of new services and service specifications. To further strengthen the CCG response to Early Help, future work in 2017/18 will include the implementation of the Early Help Strategy including:

- Ensuring all agencies have an Early Help Strategic Lead to drive forward their local Early Help offer which will be explicit within policies, commissioning processes, service action plans and governance structures.
- Promoting a shift in the culture across agencies to ensure Early Help is prioritised.

9.7 Safeguarding Inspections

A new Joint Targeted Area Inspections of services for vulnerable children and young people (JTAI) was launched in January 2016, involving CQC, Ofsted, Her Majesty's Inspectorate of Constabulary (HMIC) and Her Majesty's Inspectorate of Probation (HMIP). All four inspectorates will jointly assess how local authorities, the police, health, probation and youth offending services are working together in an area to identify, support and protect vulnerable children and young people.

Although shorter in length than the previous inspection process, the inspection process aims to be more responsive, targeting specific areas of interest and concern. The inspection will also include a 'deep dive' element, the topic of which will change every six months. During the reporting period the topics of the 'deep dives' have been child sexual exploitation and domestic abuse.

To ensure that Bolton is prepared for the inspection, BSCB has been instrumental in bringing partner agencies together to audit current practices in these areas. From a NHS Bolton CCG perspective, the findings from these audits have been instrumental in driving forward the need to engage GP Practices within the MARAC processes (see section 8).

10. Bolton Safeguarding Children Board

The BSCB is currently the statutory body that has oversight of how local partners cooperate to safeguard and promote the welfare of children. The BSCB oversees the effectiveness of the multi-agency safeguarding work and whilst the BSCB does not have the power to direct other organisations it has a role in making clear where improvement is needed. NHS Bolton CCG, as with all Board partners retains its own line of organisational accountability for safeguarding. Information on the work of BSCB during 2016/17 will be available in their annual report which when ratified by the BSCB will be available on the BSCB [Bolton Safeguarding Children | Keeping Children Safe in Bolton](#) web site.

10.1 Serious Case Reviews

A serious case review is a local inquiry carried out when a child has died or has been seriously harmed and abuse and neglect are suspected, and there is cause for concern about professionals working together. During the reporting period one serious case review was commissioned by the Board. As the child and family were not known to local services the decision was taken to wait for the conclusion of all criminal proceedings before the serious review process commences.

May 2016 saw the publication of the overview report following the serious case review of child SB. The report can be found on [BSCB web site along with a summary of the learning](#). A key finding of the review was that there was a mismatch between available resources and the needs of young people who need access to mental health services but who do not or cannot meet the criteria for

Child and Adolescent Mental Health Services (CAMHS) support. This learning will inform the future commissioning of CAMHS services by NHS Bolton CCG.

10.2 Thematic Suicide Review

BSCB commissioned an independent review into child suicides in response to six deaths over a two year period whereby young people had taken their own lives suddenly and unexpectedly. The findings of the review were not designed for wider publication but by identifying overarching emerging themes and common characteristics it is anticipated that it will inform future commissioning arrangements, service development and practice.

10.3 The Wood Review

During 2015-16 the Department of Education commissioned a review of the function and role of LSCB's in protecting and safeguarding children. The subsequent findings of the review, known as the Wood Report³, and the government's response⁴ to the recommendations within the report were published in June 2016. Changes to be implemented as a result of the review include a new statutory framework for safeguarding children which will set out clear requirements, but give local partners the freedom to decide how they operate to improve outcomes for children.

The three key partners (local authorities, the police and CCGs) will be required to make and publish plans showing how they will work together to safeguard and promote the welfare of children in the local area. In the event that the three key agencies cannot reach an agreement on how they will work together, or where arrangements are seriously inadequate, the Secretary of State will have power to intervene.

In addition to this the current system of Serious Case Reviews will be replaced with a system of national and local reviews, with an independent national panel being responsible for commissioning and publishing reviews and for investigating the most serious/complex cases which the Panel considers will lead to national learning. National oversight of the Child Death Overview Panels will transfer from the Department of Education to the Department of Health.

A priority area of action for 2017/18 will be in working with the Bolton Council and Greater Manchester Police in agreeing the new arrangements for safeguarding children across Bolton.

11. Safeguarding Adults

This section outlines key developments throughout the reporting period in respect of safeguarding adult developments at both a national and local level.

11.1 Safeguarding Adult Team

In September 2016 Bolton Council in collaboration with BSAB set up a new Safeguarding Adult Team to provide a Single Point of Contact for all safeguarding adult referrals. The Safeguarding Adults Team sits with Bolton's Multi-Agency Safeguarding and Screening Service (MASSS) and

³ Wood, A (2016) [Wood report: review of the role and functions of Local Safeguarding Children Boards \(PDF\)](#). [London]: Department for Education (DfE)

⁴ Department for Education (DfE) (2016) [Review of the role and functions of Local Safeguarding Children Boards: the government's response to Alan Wood CBE \(PDF\)](#). [London]: Department for Education (DfE).

Police Public Protection Investigation Unit to ensure there is better collaboration between adult protection services and the police.

NHS Bolton CCG Safeguarding Team will support and influence this process going forward through collaboration with colleagues from the health community.

11.2 Making Safeguarding Personal

Making Safeguarding Personal is a shift in culture and practice, reinforced within the Care Act 2014, which sees safeguarding practice moving from a process driven system to one that is person-led and outcome focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. Making Safeguarding Personal has now been embedded into the Safeguarding Pathway and focuses multi-agency interventions on being person centred and outcome focused for the individual.

11.3 Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS)

The Mental Capacity Act 2005 provides a statutory framework to ensure that individuals who may lack capacity are supported and empowered to make decisions about their care and treatment. In 2009 the Act was amended to incorporate the Deprivation of Liberty Safeguards (DoLS). The Act is supported by a Code of Practice. However, on-going changes to case law do affect the manner in which the safeguards are implemented.

NHS Bolton CCG achieved the following during 2016/2017:

- Reviewed NHS Bolton's CCG Mental Capacity Act (MCA) and Deprivation of Liberty (DoLS) Safeguards policy.
- Delivered specialist MCA and DoLS training to GP Practices. Further training will be delivered in 2017/18.
- Delivered specialist MCA and DoLS training to clinical staff within NHS Bolton CCG Funded Care Team
- Delivered specialist MCA training to Nursing Home Managers
- Established a pathway for people funded by NHS Bolton CCG who are subject to DoLS for 16/17 years old and those in domestic settings. A priority area of work for 2017/18 will be in ensuring the pathway is operational so that these individuals are not being unlawfully deprived of their liberty.
- NHS Bolton CCG provided specialist MCA and DoLS advice across the health community, particular to GP Practices, NHS Bolton CCG Funded Care Team and to nursing homes.

12. Bolton Safeguarding Adult Board (BSAB)

Bolton Safeguarding Adult Board (BSAB) is a partnership of statutory and non-statutory organisations. NHS Bolton CCG is represented on the BSAB by the Chief Nurse whilst the specialist safeguarding adult practitioner attends the BSAB as a clinical advisor. NHS Bolton CCG contributes to the work of the BSAB both financially and by participation in the Executive Committee and the four sub groups of the BSAB.

The core purpose of the BSAB is to protect adults who are at risk, but to also have a key responsibility to promote the wider agendas of safeguarding and prevention through ensuring

safeguarding is everybody's responsibility in our organisations and communities. To achieve this BSAB needs a co-ordinated and timely response to reports of abuse and to create a community where abuse is not tolerated and people speak out.

The full BSAB partnership met on a quarterly basis during the 2016/17 year, including Board Development two half day sessions in October 2016 and February 2017. The work of the BSAB is supported by the BSAB Executive Group. This Group consists of senior managers from some of the key partner agencies of the BSAB. The Executive Group meets regularly in between the full BSAB's quarterly sessions and is chaired by the Assistant Director – Adult Services, Bolton Council.

In 2016 the BSAB asked partners to complete a self-audit review of their safeguarding arrangements and it demonstrated that NHS Bolton CCG has effective safeguarding arrangements in place.

The BSAB have been busy working towards good effective partnership working. The achievements are outlined in the following sections.

12.1 Board Development

- Over 2016/17 the BSAB restructured the sub groups making them more stream-lined and effective. There are now four subgroups. These are:
 - Effective Practice and Performance
 - Communication, Engagement and Prevention
 - Multi-agency Workforce Development
 - Market Quality and Oversight
- Significant work has progressed in establishing and developing new strategies and local good practice guidance on key subjects such as Self Neglect, Lessons Learned and a revised Multi-agency workforce strategy.
- The subgroup of Market Quality and Oversight has taken some time to establish however, work has continued at scale on the expansion and development of the Multi-agency Safeguarding Intelligence Forum monitoring the quality and safeguarding in the independent sector care market.

12.2 Training

- A multi-agency safeguarding training programme is now in place.
- 19 multi agency sessions on people who self-neglect have taken place.
- Several partners now developing or have now trained staff as Champions within their own agencies.
- Training in Achieving Best Evidence / Investigation and Interviewing techniques has been delivered.
- Mental Capacity Act and Deprivation of Liberty Safeguarding continue to be delivered, including Best Interest decision making.

12.3 Partnership Working

The BSAB commissioned a review of performance information to assist the BSAB in being able to see the prevalence, activity and impact of safeguarding interventions. This work has continued throughout the year and will be completed by September 2017.

A key development that has improved safeguarding practice and decision making has been the launch of the Adult Safeguarding team in the Multi Agency Safeguarding Hub, with the police and adult services.

13. Prevent

Preventing Vulnerable Children and Adults from Being Drawn Into Terrorism or Terrorist Related Activities and Far Right Violent Extremism.

NHS Bolton CCG is committed to the Prevent Programme and driving up the standards to safeguarding children and vulnerable adults who are vulnerable to being groomed or drawn into Terrorist related activity.

NHS Bolton CCG Prevent lead works with the main providers in seeking assurance that Prevent is embedded in their organisations. This is done through quarter prevent returns and via the safeguarding standards annual audit toolkit. This work is supported by NHS England at a regional level.

In 2016/2017 NHS Bolton CCG Prevent Lead has been linked into the following groups and forums:

- NHS England Regional Prevent Lead
- A member of the NHS England National Prevent Sub-Group
- Bolton Channel Panel
- Bolton Prevent Steering Group
- Attendance at regional and national Prevent forums/events

There are plans in 2017/2018 to roll out specialist Prevent and safeguarding training for GP Practices and CCG staff through various campaigns and workshops.

14. Priorities for 2017/18

- To ensure that NHS Bolton CCG staff are trained in accordance with their roles and responsibilities for safeguarding, including Prevent.
- Continue to seek assurance that all commissioned services have appropriate safeguarding arrangements in place; this will include care homes with nursing, GP practices and the voluntary sector.
- In recognition that NHS Bolton CCG does not meet the recommended minimum guidance for designated doctor (safeguarding children and looked after children) and named GP capacity, the Safeguarding Assurance Group will



continually review the ability of the CCG safeguarding team to deliver effectively on the designated functions and CCG statutory duties.

- To support GP Practices in strengthening their safeguarding arrangements via the development and implementation of sample safeguarding policies and procedures.
- To increase awareness of domestic abuse and violence across Primary Care by ensuring that all Practices across Bolton are engaged with the IRIS project.
- To support the development and implementation of a communication pathway which will facilitate GP engagement in MARAC (multi-agency risk assessment conferences for high risk cases of domestic abuse and violence).
- To ensure that 'Early Help' is an integral part of the commissioning process and to seek assurance that providers are contributing effectively to 'Early Help'.
- To ensure that health remains an integral part of Bolton's Multi-agency Safeguarding and Screening Service (MASSS) by strengthening the current arrangements via the commissioning process.
- To work collaboratively with Bolton Council and Greater Manchester Police in establishing the arrangements for safeguarding children across Bolton in line with the new statutory framework.
- To seek assurance that the safeguarding arrangements for 16 /17 year olds and those adults living in the community in receipt of NHS funded care services, who lack mental capacity, are not being unlawfully deprived of their liberty.
- To continue to deliver specialist training to GP Practices, and NHS Bolton CCG Funded Care Staff on MCA and DoLS.

15. Conclusion

This annual report provides an overview of local and national safeguarding developments and challenges during the last twelve months and in doing so aims to provide a level of assurance that NHS Bolton CCG is fulfilling its statutory duties and responsibilities for safeguarding.

As safeguarding is multi-faceted the agenda continues to evolve in line with national policy, legislation and findings from learning reviews. In addition to this will be the changes that come into effect with the implementation of the recommendations of the Wood Report along with the plans for regionalisation which ultimately affect both the local area and the Greater Manchester region.

The underpinning message however remains the same in that effective safeguarding depends on collaborative multi-agency working and that safeguarding is not just the domain of the few but is everyone's business irrespective of role or position.

16. Contributors to this Report

Pam Jones	Associate Director of Safeguarding
Kaleel Khan	Safeguarding Adult Practitioner
Gabi Lipshen	Designated Doctor Safeguarding Children
Charlotte Mackinnon	Named GP Safeguarding Children
Jean Rollinson	Interim Designated Nurse for Safeguarding

