

NHS North Cumbria CCG Governing Body	Agenda Item
2 August 2017	

Safeguarding Annual Report 2016/2017

Purpose of the Report								
<p>This report provides assurance to the Governing Body and members of the public that NHS Cumbria Clinical Commissioning Group (CCG) fulfilled its own statutory responsibilities to safeguard the welfare of adults, children and children looked after and those of its commissioned health services during 2016/17.</p> <p>The main body of this report reviews the overall progress against the arrangements in place and the progress against the 2016/17 priorities for safeguarding and children looked after. It also identifies additional specific requirements and progress for each of the main areas of safeguarding children and adults, and children looked after, and how Primary Care has been supported.</p>								
Outcome Required:	Approve		Ratify		For Discussion		For Information	X
Assurance Framework Reference:								

Recommendation(s):
The Governing Body is asked to:
Receive the report

Executive Summary:
Key Issues:
<p>This annual report provides an overview relating to the local challenges and developments relating to safeguarding and children looked after in the county over the last 12 months. It has been a busy and productive year which despite major organisational change progress has been reported against our priority areas for development. This has also included the focus on the emerging areas of safeguarding including asylum seekers and modern slavery and trafficking.</p>

The report provides assurance that the CCG is fulfilling its statutory duties and responsibilities for safeguarding children and vulnerable adults.

Key Risks:

No major risks have been identified.

Implications/Actions for Public and Patient Engagement:

There has been positive engagement activity in supporting children and young people who have used specific areas of the health and care services to voice their views of the care and support received. Further engagement is proposed, which will also include adult users of services.

Financial Impact on the CCG:

No additional impact identified.

Strategic Objective(s) supported by this paper:	Please select (X)
Support quality improvement within existing services including General Practice	X
Commission a range of health services appropriate to Cumbria's Needs	X
Develop our system leadership role and our effectiveness as a partner	X
Improve our organisation and support our staff to excel	X

<p>Impact assessment: (Including Health, Equality, Diversity and Human Rights)</p> <p>To note regarding Equality Impact Statement in relation to PREVENT: -</p> <p>NHS North Cumbria CCG is committed to a human rights based approach, which ensures that employees and the community that it serves are treated with fairness, respect, equality, dignity and autonomy and that individuals or groups are not discriminated against on the basis of their protected characteristics.</p> <p>In line with equality legislation, this policy aims to safeguard children, young people and adults who may be at risk of abuse, irrespective of their protected characteristics as outlined in the Equality Act 2010. The nine protected characteristics being age, gender, race, disability, marriage / civil partnership, maternity / pregnancy, religion / belief, sexual orientation and gender reassignment.</p> <p>This policy has a potential negative impact around two of the protected characteristics in particular.</p>	
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<p>i) Race: the national Prevent strategy identifies individuals most likely to be at risk are from South Asian, Middle Eastern or African Heritage Groups.</p> <p>ii) Religion or Belief: there is a potentially negative impact as the national Prevent strategy may appear to focus on followers of Islam. This has the potential to lead to the stigmatising and stereotyping of Muslims.</p> <p>The above risk is addressed directly through effective training which challenges the stereo types and myths around radicalisation and demonstrates a more effective way of assessing potential risk.</p> <p>The national WRAP training is in place to address these stereo types and this applies for anyone at risk of radicalisation.</p>	
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<p>Conflicts of Interest Describe any possible Conflicts of interest associated with this paper, and how they will be managed</p>	<p>None identified.</p>
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North Cumbria
Clinical Commissioning Group

Safeguarding Annual Report: 2016 / 2017

July 2017

**NHS CUMBRIA CLINICAL COMMISSIONING GROUP
REPORT ON THE RESPONSIBILITIES TO ENSURE ARRANGEMENTS FOR
SAFEGUARDING ADULTS AND CHILDREN
AND
CHILDREN LOOKED AFTER**

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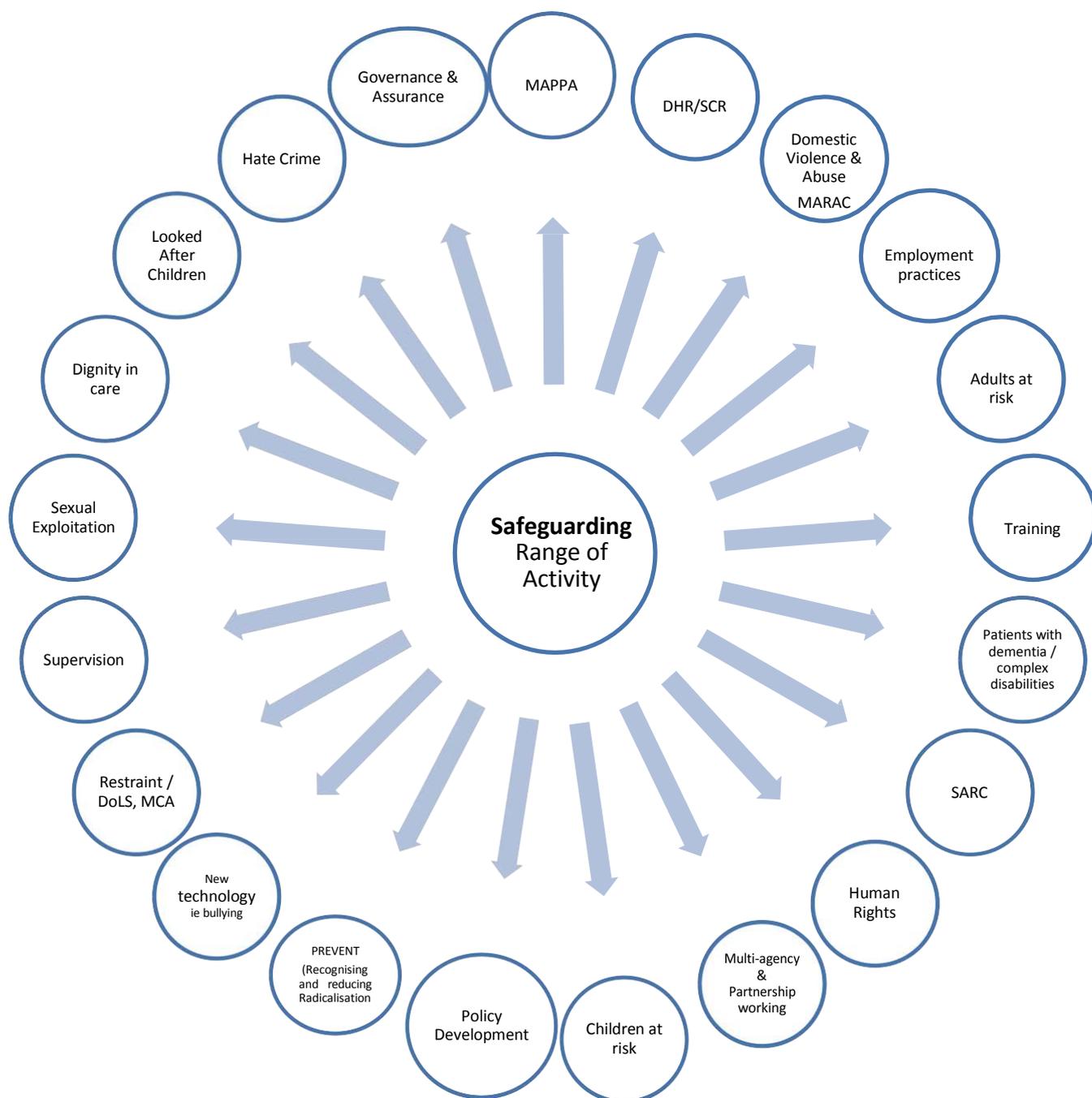
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Appendices (separate accompanying documents)

- **Appendix 1 - Safeguarding Dashboard**
- **Appendix 2 - Data Appendices**

Safeguarding Range of Activity



From Rotherham NHS Foundation Trust
Authors: J Summerfield, S Atkin, S Pagdin and J Lovett – May

1. Executive Summary

This is the joint Annual Safeguarding and Children Looked After Report to NHS North Cumbria Clinical Commissioning Group (CCG) Governing Body. It covers the period 2016/17 and constitutes the report for what was NHS Cumbria CCG until 31st March 2017. It fulfils the requirement for all NHS organisations to provide an annual safeguarding report that links to the Children's Act 2004 Section 11 requirements.

Key Issues:

The purpose of the joint report is to assure the Governing Body and members of the public that NHS Cumbria Clinical Commissioning Group (CCG) fulfilled its statutory duties in relation to safeguarding and children looked after in Cumbria during 2016/17; it takes account of national changes and influences local developments.

The duties and functions in relation to safeguarding for Cumbria NHS CCG are currently outlined within NHS England Safeguarding Accountability & Assurance Framework (June 2015)

<http://www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-accountability-assurance-framework.pdf> .

The duties and functions in relation to Children Looked After are outlined in Promoting the health and well-being of Looked After Children statutory guidance for local authorities, clinical commissioning groups and NHS England: (March 2015)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked-after_children.pdf

The CCG has fulfilled its requirement to NHSE England North and completed a safeguarding self assessment of its functions and arrangements.

The CCG in turn as a commissioner of local services has assured itself that in respect of the organisations from which it commissions services and in the CCG's role of supporting of primary care, there are effective safeguarding arrangements in place.

All duties and functions were fulfilled through NHS Cumbria CCG's governance and accountability arrangements including regular reporting to the Governing Body and the CCG Quality and Outcomes Assurance Committee; there has been direct access by the Designated Professionals to the Accountable Officer.

All CCG contracts for commissioned services included safeguarding adults, children and children looked after standards. Performance monitoring of these standards and of all Serious Case, Safeguarding Adults and Domestic Homicide Reviews, was through action plans reported via contracting mechanisms with oversight from the Designated Leads.

The CCG has continued to make a significant contribution to the work of Cumbria Safeguarding Boards (Local Safeguarding Children's Board – LSCB and Cumbria Safeguarding Adults Board – CSAB) and through the CLA Health sub group to the Corporate Parenting Board (CPB). The statutory Health and Wellbeing Board with responsibility for safeguarding had Executive CCG representation.

In its role in coordinating and driving improvements across the health system the CCG focussed its work on the priorities outlined in its Safeguarding Strategy (2016-2019), underpinned by a robust work plan. The CCG continued to chair and provide system leadership through the LSCB Health Sub Group. Arrangements are now in development for this focus to be brought for adults.

For Children Looked After the CCG has continued to take a lead role in coordinating service improvements across the health system and, with Local Authority partners, to improve health outcomes for children looked after through the Children Looked After Health Group chaired by the Designated Nurse for Safeguarding.

It is noted that during 2016/17 a significant amount of activity for the CCG's safeguarding team focussed on the preparation and smooth transition to Morecambe Bay CCG as part of the wider boundary change process. This transfer included regular meetings to brief and handover cases, action plans, risk logs and legacy issues of note over a number of months to enable an effective and safe transition.

Key Risks:

The report covers the period 2016/17 during which NHS Cumbria CCG met its statutory requirements in respect of Safeguarding and Children Looked After. Following the retirement of the Interim Designated Doctor for Safeguarding Children in March 2016 NHS Cumbria CCG was not able to recruit to the role. With the support of Cumbria and North East NHSE (CNE), arrangements were formally put in place to access the expertise of a Designated Doctor from the North East. This arrangement worked well until the successful appointment of a Designated Doctor in January 2017. Whilst this is an interim arrangement, negotiations are underway for a long term solution.

Financial Impact on the CCG:

No financial impact has been identified.

Implications/Actions for Public and Patient Engagement:

No additional implications or actions for Public and Patient engagement have been identified.

2. Purpose

This report provides assurance to the Governing Body and members of the public that NHS Cumbria Clinical Commissioning Group (CCG) fulfilled its own statutory responsibilities to safeguard the welfare of adults, children and children looked after and those of its commissioned health services during 2016/17.

The main body of this report reviews the overall progress against the arrangements in place and the progress against the 2016/17 priorities for safeguarding and children looked after. It also identifies additional specific requirements and progress for each of the main areas of children, adults and children looked after, and how Primary Care has been supported.

3. CCG Governance Arrangements

3.1 Leadership

Leadership and management for safeguarding is one of the key requirements for the CCG.

From May 2016:

- The CCG Director of Nursing and Quality became the lead Director for Safeguarding. The CCG Director of Nursing and Quality was a member of the Cumbria Safeguarding Adults Board (CSAB) and line managed the CCG Safeguarding Team.
- The Director for Children and Families was the commissioning lead for Children Looked After and represented the Accountable Officer on the Children's Improvement Board (ChIB)
- The CCG County Lead GP for Safeguarding Children represented the Accountable Officer and Primary Care on Cumbria Local Safeguarding Children's Board (LSCB).

NHS Cumbria CCG's Safeguarding Team was adequately resourced and had the capacity and capability to support the CCG. The team comprised: -

- The Designated and Deputy Designated Nurses for Safeguarding with responsibilities for adults, children and children looked after
- County Lead GPs for Safeguarding Children and Adults
- Named GPs for Furness, South Lakes and Carlisle Localities (and for Allerdale and Copeland until December 2016)
- Safeguarding Business Manager
- Formal arrangements to provide the functions of the Designated Paediatricians for Child Death to support the Child Death Overview Panel (CDOP)
- Arrangements to secure the expertise of a Designated Doctor, with an interim appointment from January 2017

All of the above leads acted as clinical advisors to the CCG, NHSE and/or primary care on safeguarding matters and worked with the Director of Nursing and Quality and the Medical Director to ensure that the local health system was meeting its safeguarding responsibilities effectively. The Director of Nursing reported exceptions and issues to NHS England through the Quality Surveillance Groups (QSGs) set up for this purpose.

4. Progress against 2016/17 Safeguarding Dashboard and Achievements

4.1 Safeguarding Dashboard Update

In the last planning cycle NHS Cumbria CCG set out 14 actions on its Safeguarding Dashboard for Safeguarding Children and Adults and Children Looked After. (see Appendix 1). The actions are aligned to the NHS Cumbria CCG 2016-2019 Safeguarding Strategy.

Of the 14 areas where action was required, progress has been noted in all areas. Action has been completed in 6 of the areas which are now marked Green. Whilst progress is noted, the new North Cumbria CCG 2017/18 update will continue to focus on the following 8 areas: -

- Continued input into the development of ICCs
- Implementation of the Care Act to influence working together on complex cases
- Implementation of a Safeguarding Self Assessment approach for Adult Safeguarding in Primary Care
- Establishing evidence of impact from serious review learning
- Development of a comprehensive safeguarding performance framework to incorporate national KPI requirements
- Ensuring that mechanisms are in place that utilise the views of vulnerable adults in service developments
- Ensuring that NHS providers meet the requirements of CLA knowledge and skills framework.
- Ensuring that Health Needs Assessments and the profiling of Children Looked After health needs inform the Joint Strategic Needs Assessment (JSNA) and key health priorities eg. smoking cessation.

4.2 Overall achievements

4.2.1 Learning and Improvement

The Designated Leads have had an ongoing programme to ensure that a competency based approach to learning in respect of safeguarding and children looked after has been continually reinforced and supported within and across the health system.

Within the CCG the Designated Nurse delivered a series of face to face updates for all CCG staff across the county to support their competency requirements at level one. Each member of staff in the CCG has signed the CCG Safeguarding Compact

agreement. As part of the CCG's appraisal process each staff member has been required to declare they that were meeting the statutory safeguarding training requirements

Training Compliance figures for CCG staff as at 31 March 17 were: -

Mandatory training	78%
Annual Refresher Training	88%

Boundary changes have impacted on compliance levels in lead up to March 2017 as some staff members leaving the organisation felt it more appropriate to complete training with their new employer as of 1 April 2017.

With partners agencies the Designated Nurse has chaired the LSCB Learning and Development sub group and the Deputy Designated Nurse has chaired the ASB Learning and Development sub group. The Designated Nurse has been involved in the delivery of a series of multi-agency Working Together workshops with safeguarding leads from other agencies and contributed to the LSCB Neglect Conference. The CCG has continued to support input into the Child Abuse Investigator's Course for the Police Protection Unit.

The Bluestream Level 3 eLearning packages for primary care have been revised; whilst no longer directly commissioned by NHS Cumbria CCG, during 2016/17 a total of 72 practices in Cumbria signed up to use the training (48 of which signed up for a 3 year contract, 24 for a 1 year contract).

Both the Deputy and Designated Nurse have been active participants in the Cumbria and the North East (CNE) Safeguarding Network.

The Designated Leads have continued to lead the dissemination of lessons learnt within the CCG through monitoring of provider actions, support for primary care and face to face learning with all CCG staff, as previously described.

The County Lead GP for adult safeguarding developed a series of training materials on Domestic Violence, Sexual Violence, Mental Capacity Act, Dissociative Disorder, multi-agency working and case 'quizzes' for primary care teams. All of these resources were made available on the CCGs website.

The County Lead GP for Adult Safeguarding initiated work with colleagues around frequent attenders linked to fabricated illness and complex cases. A medically unexplained symptoms pamphlet was developed along with cases studies and training was delivered around fabricated/factitious illness in adults.

4.2.2 Safeguarding Standards

The annual Designated Leads' review of Safeguarding Self Assessments and Section 11 Audit Submissions 2016/17 for NHS providers and Primary Care was reported to the November 2016 CCG Quality and Outcomes Committee and, for Primary Care, also to NHSE and the LSCB. These self-assessments outline the areas of compliance against a range of safeguarding standards and highlight where actions plans need to be in place to address areas for development.

In 2015/16 there were 3 reported areas where all of the NHS organisations reported partial compliance, for 2016/17 this has been reduced to two:-

- Transition: partial compliance here means that there are inconsistent or absent processes to support the safe transfer of care from children's to adults services. This is the third consecutive year when limited assurance only could be provided across the health system.
- Prevent: partial compliance means that staff are not aware of the principles of Prevent and/or their role in responding to concerns. Prevent standards were included as additional NHS contract requirements in 2015 and the health system continues to provide limited assurance only. Information regarding Prevent is included in Section 7.1.4.

The NHS Cumbria CCG Safeguarding Strategy has reflected these priorities and the LSCB Health Sub Group and Children Looked After Health Groups have taken account of these health system wide issues. The Safeguarding Practitioner Forum is one area where we collectively review the adult safeguarding issues in the absence of other formal arrangements. It is noted that work is ongoing with the CCG and CCC Commissioners to address the ongoing issues around transition pathways.

Whilst progress is evident, there are still a number of areas where at least two NHS organisations were reporting non-compliance, these included standards relating to: -

- Processes for routinely asking about dependants
- Processes for following up children who do not attend appointments (more recently classified as Was Not brought –WNB)
- Considering the impact of parent vulnerabilities on parenting capacity
- Forced marriage leads
- Safeguarding refresher training for volunteers
- Policy/procedures related to celebrities and/or major donors
- Social media access policy for patients and visitors
- Safeguarding Training compliance above 80%
- Minimum of one RN (children) present in ED departments at all times.

The above have arisen for a variety of reasons including new standard requirements from 2015/2016 e.g. Savile recommendations. Some areas, for example routinely asking about dependants, have arisen following work to embed asking the question in key settings (ED, Paediatrics) and the wider recognition that it should now be applied in all settings where children are seen. Each provider had a set of actions in place to address areas where work was needed.

A follow up report confirming the areas where progress had been made on the CCG and NCUHT safeguarding standards was presented to the QUOAC in January 2017.

The annual review and monitoring of these submissions have served as an essential barometer for the Designated Safeguarding Leads in NHS Cumbria CCG to assess progress in essential areas of leadership and safeguarding practice; they have also provided a summary of where the most effort needs to be focussed to affect future improvement.

4.2.3 Designated Professionals Leadership

General

The Designated Professionals have worked within the changing landscape of commissioners and providers to maintain a coordinated approach to safeguarding across the county. In summary the Designated Professionals: -

- Ensured that the health component of the initial response to child deaths in the county has been coordinated by two Designated Paediatricians for Child Deaths working in the two acute trusts. These roles have been commissioned by the CCG and the Interim Designated Doctor has provided support and supervision to these nominated paediatricians.
- Continued to update safeguarding information on the CCG website; this included updates to CCG staff and Primary Care on relevant national or local safeguarding issues. All staff have been able to access the safeguarding boards' multi agency procedures via the CCG website.
- Updated the CCG safeguarding policy on an annual basis or as new national guidance is issued. This has included updates to CCG staff and Primary Care staff.
- Continued to lead the county wide Safeguarding Practitioner Forum for all NHS Safeguarding and Children Looked After specialists: these quarterly meetings have focussed on business and development.

- With the CCG Children's Commissioner met with Local Authority Public Health leads to support and influence the arrangements for a safe Strengthening Families 0-19 services county wide (including Health Visitor and School Nursing service).
- Positively contributed to Early Help work through commissioning.
- Worked to improve communication and information sharing between Primary Care and Adult and Children's Social Care services, and the wider partnership.
- Continued to work in close collaboration with senior colleagues in Adult and Children's Social Care to address safeguarding and CLA system issues and directly support improvements in multi-agency safeguarding practice.
- Promoted a culture where the voices of all vulnerable groups are heard in their audit and assurance programme, all specifications and reports, all meeting agendas and planned service changes.
- Ensured safe transition of ongoing safeguarding cases and issues to Morecambe Bay CCG as part of the CCG Boundary Change.
- Met regularly with Morecambe Bay CCG safeguarding colleagues leading up to and during the CCG Boundary Change to discuss and advise in relation to risks, issues, multiagency working arrangements and CCG responsibilities.
- Provided oversight and liaison for Court of Protection processes for vulnerable adults.
- Produced guidance for General Practice on Mental Capacity Act and Best Interests Decision making

Audit and Assurance

During 2016/17 the Designated Leads have focussed their assurance on

a) Immobile Infants:

A key focus for continued assurance has been on immobile infants. This included the Designated Leads expertise and system leadership to develop a revised LSCB policy for bruising in immobile infants and specifically the action

plans and assurance with regards to its implementation from the NHS provider trusts.

In addition, as there have been a number of serious case reviews across Cumbria over the last 5 years, 2 of which have involved injuries in non-mobile infants (with a two further serious case reviews currently considering the same issues) the Designated Doctor for Safeguarding undertook a high level review of the cases known to the CCG Safeguarding Team to establish whether there were any issues regarding the early recognition of safeguarding concerns in these cases. It is noted that a significant amount of training and awareness raising had taken place across the county from a multidisciplinary and multiagency perspective, with a focus on this early recognition of safeguarding concerns in infants.

Overall this review highlighted examples of good practice e.g. that the defining presentation with a non accidental injury was well recognised as such, and that appropriate referrals were made. While these cases all involved significant non accidental head injury (NAHI), the services were to be commended for recognising that safeguarding causation in an unwell child has to be high on the diagnostic spectrum, and for acting accordingly.

Issues were also identified which included the need for practitioners to actively consider and exclude safeguarding as a cause for an injury and to maintain a healthy scepticism for the history given by families, particularly when related to the developmental stage of a child. Risk assessment also needed to be included in this process, recognising that, not only are infants (and other immobile children) particularly vulnerable, but that other factors in the family and social situation can increase that vulnerability to abuse.

b) Neonatal Deaths

In March 2017, the Designated Doctor for Safeguarding Children undertook a review of a number of neonatal deaths to establish whether there were any quality or safeguarding issues. This 2017 review follows a similar review in 2014 which identified the following issues: -

1. Risk assessment, both around the recognition and timely action on CTG (Cardiotocography) abnormalities and the holistic recognition of risk to both mother and infant during pregnancy and delivery.
2. Communication issues, both between professionals and with families
3. Neonatal transfer/transportation issues
4. Other issues including staffing and basic care.

The 2017 review considered 7 neonatal cases plus a further 9 STEIS reported cases involving maternity issues (including where CTG was identified as a factor)

Overall the findings identified good practice, particularly in the area of early recognition of risk of preterm delivery and appropriate transfer to the regional centre. However there were also a number of issues identified including the sharing of information across the health economy regarding safeguarding issues, and quality of care issues concerning the holistic assessment of mothers and babies during delivery.

Recommendations: -

1. All maternity staff to be aware of the importance of information sharing with health colleagues in partners agencies.
2. Acute health provider trust to respond to this review outlining how the wider considerations have been taken into account in practice.

These reports and recommendations will be shared during 2017 via the relevant Quality Review Groups for assurance purposes.

Supervision and Support

The Designated Professionals have continued to provide support and provide supervision to all the Named Professionals within the NHS system; this has included formal supervision sessions and supervision and support on a case by case basis.

4.2.4 Bridgeway

In December 2015 Cumbria's Police and Crime Commissioner, along with key partners NHS England, NHS Cumbria Clinical Commissioning Group and Cumbria Constabulary launched The Bridgeway – a dedicated service for victims of rape and sexual assault.

During 2016/17 the Safeguarding Adult lead GP has led a series of case discussion groups to improve care across all systems in relation to sexual violence linked to role of Bridgeway.

Since January 2017 the Designated Doctor has been providing safeguarding expertise and assurance in relation to this service. This is timely as the NHS commissioner (NHS England) is preparing to commission a service review and health needs assessment across the North East and Cumbria starting in May 2017. The Designated Doctor will be involved in the development of the revised service specification leading from this review.

5. NHS England North CCG Safeguarding Assurance

The CCG fulfilled its requirement to CNE NHSE 2016/17 to complete a review of its CCG safeguarding assurance and functions. An NHSE final report 'NHS England North CCG Safeguarding Assurance Process' published in October 2016 presented the findings of NHS England North's CCG safeguarding assurance process with regards to compliance with the NHS England's CCG Assurance Framework 2015/16 Operating Manual

Progress in the CCG has been reported to the QUOAC with the initial 8 amber ratings now reduced to 2 as follows:

1) Learning from Serious Case Reviews.

Further development of systems and processes is required to ensure continuous improvement and that learning is embedded and sustained both within the CCG and across the health system. Work is ongoing in this area with partner agencies and internally.

2) Prevent arrangements.

A CCG Prevent Policy was required and further training for relevant staff members was required in line with national requirements.

The progress in the CCG's compliance requirements has been noted in the initial feedback from Audit One audit. This assurance audit of Safeguarding Arrangements was undertaken as part of the CCG's 2016/17 internal audit plan. Safeguarding arrangements of both children and adults at risk, as well as consideration of the CCG's compliance with national guidance issued by NHS England were reviewed during the course of the audit. The report will be published June 2017.

6. Safeguarding Children

6.1 NHS England North Region Safeguarding Priorities for 2016/17

NHS Cumbria CCG has contributed to the delivery of the NHS regional and national priorities as follows: -

6.1.1 Female Genital Mutilation (FGM)

The Department of Health are regularly publishing updated guidance for NHS staff regarding identification and response and prevention of FGM. Whilst reports of FGM are relatively low in Cumbria staff still need to alert to the potential of FGM actual and at risk of cases.

The Health and Social Care Information Centre (HSCIC) has started collecting data on FGM within England on behalf of the Department of Health (DH) and NHSE. The data is aimed at improving the NHS response to FGM and to inform commissioners of services to support women who have experienced FGM, in addition to safeguarding women and girls at risk of FGM

In Cumbria recording FGM prevalence and embedding routine enquiry for at risk groups is a particular area that has been monitored via the CCGs annual monitoring through the contracts provides along with ongoing assurance around provider compliance with FGM requirements and good practice.

The CCG Designated Leads have linked directly with the NHSE national sub group on FGM. The work and tools developed have been rolled out across the health economy including the service standards for examining children under 18 with FGM, an eLearning session – ‘The Psychological Impact of FGM and the quick guide version of DH Safeguarding guidance. The CCG have contributed to the regional mapping on FGM.

6.1.2 Child Sexual Exploitation (CSE)

CSE continues to remain a high profile at national and local level. The Government response to the chronic failure to protect children from child sexual exploitation in Rotherham was published in March 2015. In recognition that those failures were not unique to Rotherham and affects all communities, the Government took a “step change approach” in their response to child sexual exploitation making a number of recommendations for all partner agencies working with children and young people. These recommendations include the need to strengthen accountability; to change the culture of denial; to improve joint working and information sharing; to protect

vulnerable children by improving the local response to child sexual exploitation; to better protecting children who go missing or who are placed in care; stopping offenders and supporting victims and survivors

The requirement for providers to have a CSE lead and comply with CSE guidance has been monitored through the safeguarding monitoring arrangements within commissioned services.

CSE has remained a strategic priority for Cumbria LSCB.. In partnership the Designated Leads have directly contributed to the work of the LSCB including strategic direction and a review of operational oversight. Each NHS provider has a CSE Lead in place. The CCG Designated Leads have linked directly with the NHSE national sub group on CSE. This has included sharing of tools and resources including risk assessments, training events and learning from national SCRs

6.1.3 Modern Slavery and Human Trafficking

Human trafficking, the modern-day slave trade, is a world-wide phenomenon that refers to the “illegal trade of human beings, through abduction, the use or threat of force, deception, fraud, or ‘sale’ for the purposes of sexual exploitation or forced labour.” (*UN Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children.*) The number of people held in slavery worldwide is estimated to be between 12-27 million, more than at any time in world history. (International Labor Organization and United Nations) Each year, according to the United Nations, between 700,000 – 900,000 people fall victim to trafficking across international borders and are bought, sold, transported and held against their will worldwide

The Modern Slavery Act 2015 introduced changes in UK law focused on increasing transparency in supply chains, to ensure that our supply chains were free from modern slavery. Although not listed NHS employees are expected to be mindful of the cause and health and social care impact of the victims of modern slavery.

Victims of slavery are likely to come into contact with Healthcare providers; Healthcare settings should be safe places where victims of modern slavery have what is often their only opportunity to come into contact with people who have knowledge about modern slavery, can identify the signs of trafficking and can refer them to organisations which can provide support.

NHS England have produced a video to explain Modern Slavery and its relevance and impact on healthcare. Please click on the following link <https://youtu.be/cRskjppgSNs>

The Department of Health has also produced a guidance leaflet ‘Identifying and supporting victims of modern slavery’.

The Designated leads are members of the North Region Trafficking Modern Slavery Sub Group aimed at delivering the NHS responsibilities in relation to Trafficking/Modern Slavery. This includes discharging its direct commissioning responsibilities, demonstrating strong system leadership, working as committed partners and investing in effective co-ordination and robust quality assurance of safeguarding arrangements.

6.1.4 Unaccompanied Asylum Seeking Children and Young People (UASC)

In August 2016 Designated Lead were notified of the national dispersal arrangements and transfer protocol (as devised by the DfES, Home Office, ADCS and Local Government Association) relating to the relocation of UASC from Kent. The protocol set out the agreed roles and responsibilities for Local Authorities.

Research has identified that Asylum seekers face a large variety of physical, psychological and social challenges. These challenges have previously been described in relation to four distinct phases of experience: pre-flight, flight, temporary settlement and resettlement. These phases have a considerable impact on UASCs' physical and mental health.

Trauma experienced by UASC may include conflict, starvation and limited access to health care in their home country, physical violence, trafficking, female genital mutilation, sexual exploitation and discrimination.

This Designated Leads have been engaged with the Cumbria wide arrangements to ensure that children and young people placed in county or the responsibility of Cumbria have good access to primary and secondary care facilities including mental health services. This has included the need for immunisation catch up and screening for infectious diseases.

6.2 Serious Case and Practice Learning Reviews

The Designated Leads, County GP and Named GPs have been involved with 6 LSCB SCR and 3 multi agency practice reviews during 2016/17.

In June, July and August 2016 Cumbria LSCB published 5 SCR Reports. These relate to Child O, Child R, Child AC, Child L and Child N. The details of each of these are included on the Cumbria LSCB webpage: -

<http://www.cumbria.gov.uk/LSCB/professionals/learningscr.asp>

For each publication NHS Cumbria CCG has had a notification system in place and a mechanism for circulating reports and lessons learned widely across the CCG and Primary Care.

NHS Cumbria's Designated Nurses a number of LSCB Practice Review meetings with the practitioners involved and also mentored Named Safeguarding Professionals from the health system in facilitating the reviews.

<http://www.cumbria.gov.uk/LSCB/professionals/learningfrompracticereviews.asp>

6.3 Child Protection - Information Sharing (CP-IS)

This is an NHSE sponsored work programme dedicated to delivering a higher level of protection to children who have been identified as affected by abuse or neglect when they visit NHS unscheduled care settings. The CP-IS project featured within the NHS Standard Contract for 2015/16 and CCGs have been required to receive assurance that NHS provider organisations and relevant stakeholders are aware and that plans are being mobilised to implement the solution.

The Designated Leads have supported named professionals and influenced the wider partnership to enable the local implementation of this national database of vulnerable children. They have worked with NHS Digital along with internal and external partners to promote and enable the local implementation of Child Protection–Information Sharing (CP-IS) across the county. The County Council are now live and active on this system and the next steps are to enable and ensure NHS providers connect and operate the system.

6.4 Goddard Inquiry Update

In July 2015 the Goddard Inquiry was officially opened. This Inquiry has investigated whether public bodies and other non-state institutions in England and Wales have taken seriously their responsibility to protect children from sexual abuse, and make meaningful recommendations for change in the future.

Locally, in July 2016 the Safeguarding Practitioner Forum, chaired by the CCG Designated Nurse, led a development briefing session which included the key elements of the Goddard and related inquiries (Lampard Report, Myles Bradbury case).

Assurances relating to the Savile Inquiry findings were also included within the annual safeguarding self-assessment. In addition in January 2017 NHS England requested assurance from health organisations in relation to actions completed in response to the Lampard Report (Savile Inquiry). NHS Cumbria CCG received assurance from health trusts, which reflected that health organisations have action

plans in place and were progressing with final actions or had met all the recommendations of the report.

The Designated Leads have also supported awareness of the Truth Project where victims or survivors of child sexual abuse are supported to share their experiences in a safe and confidential way. .

7. Adult Safeguarding

7.1 NHS England North Region Safeguarding Priorities agreed for 2015/16

NHS Cumbria CCG has contributed to the delivery of the NHS national and regional priorities as follows: -

7.1.1 PREVENT:

Prevent has been identified as an area of ongoing non-compliance in our CCG and health system self-assessments mainly linked to the ability to evidence staff competency compliance with the expected requirements. To support this during 2016/17 both the Designated Leads have successfully fulfilled their Home Office WRAP training requirements and are now part of the network of WRAP Facilitators to enable delivery of Workshops to Raise Awareness of Prevent (WRAP).

The CCG was also required to have a Prevent policy in place identifying the Prevent Lead along with staff roles, responsibilities and pathways related to the Prevent agenda. The Policy has been drafted and is awaiting CCG Governing Body ratification in the new NCCCG.

In Cumbria since July 2015 when the Prevent Duty came into effect local authorities have been expected to work together with partners to deliver a number of key functions to ensure risks have been effectively managed and that vulnerable people were safeguarded appropriately. During 2016 the Office for Security and Counter-Terrorism (OSCT) were keen to support local authorities where practical to deliver the Prevent Duty. For Cumbria this engagement was led by Senior Prevent Adviser supporting non-priority local authority (NPLA) in England and Wales. Following this review a number of recommendations were developed to be implemented during 2017/18. This will include establishing a CONTEST board and a Prevent sub group; the instigation of a pre-channel multi agency referral review process and to develop a comprehensive action plan for the delivery of Prevent in Cumbria. The CCG will be wholly involved in this partnership development work.

The Deputy and Designated Nurse for Safeguarding are members of the NHS England Yorkshire & Humber and North of England Prevent Forum and have met the CCG's requirements to attend at least two of these events annually. This also met the requirements outlined in the NHSE Prevent Competency Guidance set out in the February 2015 NHS England – Prevent Training and Competencies Framework for facilitators and for the Designated Nurse as Prevent Operational Lead for the CCG. Relevant information and resources are routinely shared across the health economy

7.1.2 Mental Capacity Act (MCA):

In supporting this priority, NHS Cumbria CCG has distributed the Safeguarding Adults Pocket guide across its safeguarding networks – this guide covers all aspects of Safeguarding Adults practice. As the Mental Capacity Act applies to all health professionals, Designated Leads have been working closely with NHS providers and partners to ensure that all staff have been trained in its implementation and have an understanding of how the act relates to their own responsibilities. NHS Cumbria CCG still needs to gain ongoing assurance from commissioned services that there is an organisational culture which ensures that the wishes of patients are at the forefront of any decision making regarding care and treatment of individuals.

The Designated Leads designed and issued practice templates to support both Primary Care and the wider health economy in delivering the standards and principles expected from with the MCA Code of Practice. They also worked with the County Council and wider partners to audit the implementation of these principles and standards. All health commissioned services are expected to evidence mandatory training around the MCA. In support of this, Cumbria Learning Collaborative (CLIC) have also been engaged in a wider roll out of training to both qualified and unqualified staff alike to help to integrate learning with day to day practice.

7.1.3 Deprivation of Liberty Safeguards (DoLS):

A Supreme Court Judgment (**'Cheshire West'**) on 19 March 2014 dramatically widened the definition of Deprivation of Liberty Safeguards. This has had a substantial impact on all Local Authorities and on CCGs, who have had to consider their role in ensuring that local health services comply with the ruling.

Any Deprivation of Liberty (where the person lacks capacity to consent to it and the person is not being detained under the Mental Health Act), can only be lawful if it has been authorised through the Deprivation of Liberty Safeguards (DoLS) if it is in a care home or hospital, or by an Order of the Court of Protection (CoP), for any other setting, CCGs are responsible for commissioning services that are compliant with the DoLS legislation, including the Cheshire West Supreme Court ruling. The requirement was included within the contracts for the main Trusts for 2015/16 and 2016/17, with routine monitoring arrangements in place .

CCGs have also been responsible for the supported living / domiciliary care arrangements they commission which may also deprive someone of their liberty..

The Designated Leads for Safeguarding have worked closely with the CCG Legal Advisors where, either a Standard Authorisation for a DoLS has been challenged and as such further ruling is needed from 'The Court of Protection', or where a further

application to the Courts either individually or as co-respondent along with the County Council was needed for other qualifying reasons..

CCG commissioned services need to be engaged going forward to provide evidence and assurance of best practice relating to such cases in the future.

7.1.4 Learning Disabilities and Mortality Review (LeDeR)

The LeDeR Programme was initiated during 2015 with the aim of driving improvements in the quality of health and social care services for people with learning disabilities.

The Programme supports local areas in England to review the deaths of people with learning disabilities aged 4 years and over.

A confidential telephone number and website enables families and other key people to notify the LeDeR team of the death of someone with learning disabilities.

An initial review of the death will then take place. The purpose of this is to provide sufficient information to be able to determine if there are any areas of concern in relation to the care of the person who has died, and if any further learning could be gained from a multiagency review of the death that would contribute to improving practice.

If indicated, a more in-depth, multiagency review will be conducted.

As part of the review, the local reviewer will be including family members, friends, professionals and anyone else involved in supporting the person who has died to find out more about their life and the circumstances leading to their death.

The role and responsibility of a Local Area Contact (LAC) was held within North Cumbria CCG and assigned to the Director of Nursing and Quality. This was in turn operationally supported by the Deputy Designated Nurse for Safeguarding.

As acknowledged in previous reports, not all deaths of people with a Learning Disability are safeguarding issues. However, the learning and improvement that is envisaged from such reviews across the county, region and nationally needs to be shared and acted upon across the wider safeguarding frameworks.

7.2 Safeguarding Adults Reviews and Practice Reviews

The Designated Leads, County Lead GP for Adult Safeguarding and Named GPs have been involved in finalising 3 CASB Safeguarding Adults Reviews (SARs) which were awaiting publication at the end of the 2016/17 period. One statutory multiagency Domestic Homicide Reviews (DHR) was initiated.

Reports published during 2016/17 included: -

- Domestic Homicide Review (DHR) – Eden (Published June 2016)

At the point of publication the CCG leads notified and circulated the report and lessons learned across the CCG and Primary Care.

A summary of the published case and key lessons for health services:

DHR Eden:

This statutory Domestic Homicide Review was undertaken following the homicide by an older adult male of his wife. Records from agencies reflected a history of illness in the victim and recent health issues and pressures on the perpetrator who was his wife's main carer.

Recommendations were made for all agencies involved in the case, with the sole purpose of improvements in the following: -

- Identifying people, and in particular the elderly, who may be subject to the risk of abuse and homicide within Cumbria and beyond.
- How agencies could work better together.
- Strengthening inter-agency working practices, policies and procedures, and services.

The health service findings related to the Primary Care General Practice where the couple were registered prior to the homicide incident: -

Findings relevant to primary care included:-

- Record keeping could have been more detailed including details of conversations with the residential home manager. Not all the record-keeping, albeit adequate, was as detailed as it could have been.
- There was insufficient intra-practice cross-referencing of relevant information on the GP records of Mr and Mrs M.
- There was a high level of correspondence into the busy GP surgery - this situation contributed to not all relevant and important correspondence, and documentation of conversations and phone calls, being treated with sufficient care and attention.

- There was no recognition that Mr M was struggling to the extent that he was and that he was desperate for help.
- There was insufficient inter-agency communication and information sharing. What communication there was appears to have been cursory and reactive rather than proactive.
- The couple lived in isolation in a rural area, and away from support networks of family and friends.

Good Practice – Primary Care General Practice

- The home visits were well documented.
- The practice was well ahead in terms of provision for the elderly and, in particular, patients with dementia.
- The nurses were readily available to offer help and advice to patients and their carers.
- Attempts were made to engage Mr M in discussions about his wife's needs and appropriate care homes for her.
- Most records, albeit brief and to the point, were accurate and adequate.

Link to the DHR report for Eden:

<https://www.eden.gov.uk/your-environment/your-community/community-safety/community-safety-partnership/domestic-homicide-review/>

7.3 Care Homes

The collaborative work with the Cumbria County Council and other partners including the Care Quality Commission (CQC) has continued during 2016/17 to ensure a robust approach to improve quality and address concerns in the Care Home sector.

The CCG has continued to actively monitor contract compliance and issued safeguarding self-assessments to all the Care Homes with nursing with Cumbria residents. In December 2016 a revised and updated safeguarding self-assessment was developed by the Designated leads for the 2017/19 contracts.

The senior nurses with responsibility to support Care Homes with nursing have worked closely with the Continuing Health Care and Quality Team, commissioners, clinical support nurses, CQC and Cumbria County Council Staff in relation to safe care. The multiagency group has focussed its work on developing support and improving quality across the sector. During 2016 the CCG commissioned a review of the CCGs quality and performance processes; the findings from this review will be used by North Cumbria CCG to inform its quality assurance and contractual processes during 2017/18.

Care Homes with nursing who have had restrictions imposed are reported to regulators, health and social care commissioners and safeguarding teams. Communication and arrangements, whilst in place, need further work to become fully embedded both internally within the CCG and between partner agencies.

7.4 Domestic and Sexual Violence

Domestic Abuse remains a significant issue nationally and in Cumbria. It is a complex issue experienced by females and males, the young and the elderly. It occurs in heterosexual and same sex relationships and has no economic boundary. It is not just about physical violence but can include financial, sexual, emotional and psychological abuse and includes issues of honour based abuse, forced marriage and female genital mutilation. It is known that domestic abuse has a major negative impact upon health and is a major contributory factor related to negative health consequences for victims and children.

From a national and local perspective there has been much progress made in recognising domestic abuse and supporting victims and children over recent years. The Violence against Women and Girls Strategy (VAWG) 2016 sets out the national strategy and expectations from public sector organisations and the NHS Mandate 2016-2020 has reflected these outcomes.

In 2014 NICE published recommendations regarding how health practitioners should work with domestic abuse, The recommendations are that health bodies should be involved in the local partnership strategy at a strategic level, services should be commissioned, public awareness raised and staff should be trained in how to identify and respond to domestic abuse. NICE 2014 places responsibility of local commissioners to implement the guidance in their local context and advocate that CCG's work in close partnership with voluntary and community agencies to develop training and referral pathway.

The Department of Health have published Guidance for Health Professionals working with Domestic Abuse and Female Genital Mutilation and there are now expectations that health professionals are equipped with the knowledge and skills to respond effectively towards victims, their children and perpetrators of domestic abuse as reflected in the Nice Guidance (2014) and NICE Quality Standards (2016).

The NICE Quality Standards (2016) recommend that Commissioners commission services that ensure:

- ensure staff are trained to recognise the indicators of domestic abuse and who can perform routine enquiry safely
- ensure staff are trained to provide appropriate responses
- ensure referral pathways are in place and that there is a wide range of support available
- correct pathways are in place for people who perpetrate domestic abuse

NHS Cumbria CCG has continued to monitor provider services around their plans to implement domestic and sexual violence standards and improve practice through the NHS self-assessment audits. Designated Leads have attended the countywide Domestic Violence Operational groups for adults and children which have had oversight of the Multiagency Risk Assessment Conference (MARAC) action plan.

8. Children Looked After (CLA)

8.1 The Health of Children Looked After in Cumbria

The number of children looked after by the County Council, as at 31 March 2017 was 627 which reflected an overall downward trend (March 2016: 661). Whilst this figure has remained above our statistical neighbours it has been acknowledged that there is much better understanding of our CLA cohort. Clear governance and plans are now in place to manage care plans and ensure that drift is minimised and that those children and young people who could return home do so as soon as possible.

NHS Cumbria CCG has received quarterly performance data on the Health and Emotional Wellbeing of Children Looked After from Cumbria Partnership Foundation Trust (CPFT). These detailed reports include health performance, Children Looked After Team achievements and children's case studies highlighting positive experiences, learning and links to service improvements. These performance reports are included in the regular provider updates to the CCG led Children Looked After sub group

8.1.1 Cumbria Data Summary for Children Looked After

Age	Under 1	36	6%
	1 to 4	84	13%
	5 to 9	160	26%
	10 to 15	272	43%
	16 and over	75	12%
	Total	627	
Legal Status	Interim care order	103	16%
	Full care order	385	61%
	Placement order	80	13%
	Accommodation under s20	58	9%
	Emergency/Police Protection order	0	0%
	Other	1	0%
	Total	627	
Provider	Placement with parent	47	7%
	Own provision	295	47%
	Other local authority provision	10	2%
	Other public provision	3	0%
	Private provision	217	35%
	Voluntary provision	55	9%
	Total	627	
Location	Inside Cumbria	445	71%
	Outside Cumbria	182	29%
	Total	627	

Source: Cumbria County Council

8.1.2 Health Assessments

The overall trend for the last year was one of improvement in all KPI areas, consistently exceeding the local 85% threshold.

Performance of initial health assessment completed within timescales (28 days) for children placed in care has continued to show a steady increase from 80.7% in 2015/16 quarter end data to 83.6% in March 2017 (see table one). Consistent performance has remained a challenge during 2016/17 but it is noted that there is a clear case by case narrative explaining delays including late notifications and failure to attend.

Initial health assessments (IHAs) for children entering care performance improved from 79.5% (2015/16) to 91.7% in March 2017.

Children in care aged under 5 with an up-to-date review (within last 6 months) performance has been maintained – 89.3% (2015/16) and 88.1% in March 2017. These remain above the North West and England average (see table two)

Performance for 5 and over has also well exceeded the 85% local threshold throughout 2016/17 at 98.6%, this again remains significantly above the North West and England average (see table three)

Review health assessments across the county have been requested in a timely manner and have closely tracked by the CLA team

IHAs within 28 days

IHAs within 28 days	Number with IHA completed within 28 days	184
	Number eligible for IHA	220
	Percentage	83.6%

Source: Cumbria County Council

Under 5 yrs Review Health Assessments

Review health assessments for looked after children aged under 5	Number with up to date RHA	96
	Number CLA aged under 5	101
	Percentage	88.1%

Source: Cumbria County Council

Over 5 yrs Review Health Assessments

Review health assessments for looked after children aged 5 and over	Number with up to date RHA	490
	Number CLA aged 5 and over	497
	Percentage	98.6%

Source: Cumbria County Council

8.1.3 Children in Care who are in line with Immunisation and Vaccination Schedule

Immunisation uptake for Children Looked After in Cumbria continued to show sustained performance at 96.9%, consistently exceeding the 85% threshold and both the North West and England-wide performance.

8.1.4 Children in Care attending a dentist in the last 12 months

Dental attendance performance continued to show sustained performance at 90.2% again exceeding the 85% threshold. Dental health promotion has remained a key area in review health assessments

8.2 Children Looked After Health Group

During 2016/17 this partnership group chaired by the Designated Nurse has strengthened and developed. The health focussed group has included members from children's social care, a foster carer, the voluntary sector and the County Council Officer supporting the Corporate Parenting Board. Its purpose has been to monitor and enable access to a range of health services that promote and support the emotional, physical and mental health of Children Looked After in Cumbria. It has also aimed to ensure that CLA inform service developments.

The group have an agreed set of priorities: -

- Dental Health
- Emotional Health and Well Being
- Care Leavers

A detailed work plan underpinning action and developments, these have included regular case studies and audit reports to understand the impact of our developments on children looked after.

A key development during 2016/17 has been establishing a direct relationship with the Corporate Parenting Board. As a result representatives of the group attended the January 2017 meeting to present a 'deep dive' into our work and the health of children looked after. We were able to share a substantial range of evidence to outline our work and progress. The Board has now agreed to nominate a member to join on our group to formally establish links on an ongoing basis

8.3 Right people, Right Place, Right Time, Right Outcomes for Children

During 2015 the North of England received national safeguarding development monies to support improvements in the implementation of NHS responsibilities regarding the health of children looked after. These monies have been used by NHSE North to commission the roll out of a CCG Commissioning compliance tool "Right people, Right Place, Right Time, Right Outcomes for Children." This tool aims to benchmark and monitor commissioning compliance with the relevant statutory guidance and intercollegiate framework for children looked after

This peer review benchmarking process across the North was intended to identify areas of good practice is, and the type of improvement work that needed to be focused on

In January 2017 a progress to the QOUAC outlined NHS Cumbria CCG's response to this benchmarking process, the outcome and next steps to date

Of the 32 standards outlined in the tool Cumbria CCG

- 21 (66%) were RAG rated green
- 8 (25%) were RAG rated amber
- 3 (9%) were RAG rated red

The amber rated issues related to the lack of a formal link with the Corporate Parenting Panel, issuing the CLA Service Specification, how NHS Cumbria CCG assures itself that the functions of the Named Children Looked After leads are picked up in the community provider trust, robust mechanisms for tracking children looked after

and ensuring that their health needs are being met, and how health assessment data is informing public health and commissioning agendas.

The red rated issues again related to how NHS Cumbria CCG assures itself that the functions of the Named Children Looked After leads are picked up in the community provider trust and how the outcomes of individual Strengths and Difficulty Questionnaires were being used to inform the joint Health and Wellbeing Strategy.

It is noted that all the CCG service specification has been issued and that in aligning our commissioning arrangements during 2016/17 with the recommissioning of the 0-19 service the CCG has retained discreet responsibility for the CLA service to ensure the sustained focus and monitoring of performance and quality improvements. The remaining actions from the peer review have now been incorporated into the CLA Health Group Action plan.

The Designated Leads have been members of the NHSE CNE sub group for Children Looked After and been able to disseminate good practice and resources across the health economy,

8.4 Primary care

For Children Looked After a Named GP for Safeguarding was a member of the CLA Health Group and led on improvements in how Primary Care supports the most vulnerable children in our communities. One initiative was to recommend that every child would be offered a follow up appointment with a GP 3 months after their Initial Health Assessment to review progress and identify any issues that the GP could help with. This recommendation was positively accepted by our GP practices and a review of how effective this has been will be undertaken.

9. Supporting Safeguarding Standards in Primary Care

9.1 Support to Primary Care

Protected Learning Time (PLT) sessions were delivered for Primary Care Level 3 Safeguarding in Eden, Carlisle, South Lakes and Furness.

Named GPs also supported Safeguarding Practice Leads in each locality with group training/supervision sessions. The focus of these meetings was case based discussions on complex cases and the dissemination of learning from SCRs and other Practice reviews, from the LSCB and LSAB.

The Named GPs and County Lead GPs for Safeguarding also supported GP practices involved in multiagency SCRs, SARs, Practice Reviews and DHRs to ensure that the learning for primary care and the wider health and social care system was captured and SMART actions identified that would improve safeguarding practice.

Development of documents relevant to Primary Care in safeguarding children and adults at risk: -

Monthly newsletters were developed and published throughout 2016/17. A Safeguarding section was developed by the Communications team on the CCG website and all of the newsletters were archived there. A section of useful documents for primary care was created.

Documents developed in this year include:

- Briefings on SCRs case Child N, Child L, Child AC and Child O.
- 'How to Achieve Level 3 Competency' document which was developed in collaboration with the Local Medical Committee (LMC).
- The Children and Young Peoples' Safeguarding Protocol for General Practices was refreshed in June 2016.
- Pathways for how to deal with cases involving parents presenting with mental health problems and/or alcohol/substance misuse.
- Mental Capacity Assessment Record and Best interest decision form for use in Primary Care.

Information sharing between Children's Services and Primary Care was also improved by the introduction of Egress secure email as a vehicle to enable information to be shared securely between the 2 services.

9.2 Primary Care - Assurance

Section 11 Audit Assurance: General Practice

An Assurance Report from General Practice regarding the Section 11 Audit which was completed in 2016/17 period was presented to the CCG Quality and Outcomes Committee in June 2017.

The LSCB will ensure the quality of the audits, by conducting a number of follow-ups including to test the robustness of the audits and to share learning and good practice.

The following recommendations were noted: -

Response Rate:

The response in Carlisle locality, where a Named GP was in post was 75%. The Named GP was able to send out personal reminders to the practices about the audit.

The Named GP for North Cumbria CCG to make personal contact with practices and send emailed reminders for next year's audit (2017/18).

Commissioning and Supervision

If questions regarding Commissioning and Supervision are to be included in the same format next year, the CCG GP lead could supply some explanatory notes to assist practices in formulating their responses.

Safer Recruitment

The CCG lead GP to discuss with the CCG Primary Care Commissioning Team the provision of safe recruitment training for GP practices and obtain clarity about the need for review DBS checks for practice staff.

10. Contribution to Multi Agency Safeguarding Arrangements

10.1 Cumbria Safeguarding Boards

The independently chaired Cumbria Safeguarding Boards have been the key mechanism for agreeing how organisations in Cumbria cooperate to safeguard and promote the welfare of children and vulnerable adults: this includes the contribution to the prevention of abuse and neglect.

NHS Cumbria CCG Leads and the Safeguarding Team have actively supported the work of the Safeguarding Boards and reinforced a shared partnership approach to ensure a more holistic view of families.

NHS Cumbria CCG's commitment to the work of the Safeguarding Boards and their sub groups is outlined in Table One.

NHS Cumbria CCG membership of Cumbria Safeguarding Boards and sub groups

Children

Cumbria Local Safeguarding Children's Board	Director for Children and Families (until May 2016) Director of Nursing and Quality (from May 2016) Designated Nurse for Safeguarding
Chairs/Business Group	Director for Children and Families Designated Nurse for Safeguarding County Lead GP for Safeguarding Children
Child Death Overview Panel	Designated Nurse for Safeguarding County Lead GP for Safeguarding Children Designated Doctor for Safeguarding Children (from Jan 2017)
Case Review Sub Group	Designated Nurse for Safeguarding (Chair) County Lead GP for Safeguarding Children Designated Doctor for Safeguarding Children (from Jan 2017)
Health Sub Group	County Lead GP for Safeguarding Children (Chair) Designated Nurse for Safeguarding

	Deputy Designated Nurse for Safeguarding Senior Programme Manager Children and Families
CSE/Missing from Home	County Lead GP for Safeguarding Children Deputy Designated Nurse for Safeguarding
Performance Management and Quality Assurance	Senior Programme Manager – Children & Families
Hub Programme Board	Director for Children and Families (Chair) Designated Nurse for Safeguarding
Learning and Improvement	Designated Nurse (Chair)
Children Looked After Health Group	Designated Nurse Senior Programme Manager Children and Families
Communications and Engagement	Senior Programme Manager Children and Families
Performance and Quality Improvement	Senior Programme Manager Children and Families
Children's Improvement Board	Director for Children and Families

Adults

Cumbria Adult Safeguarding Exec Board	Director of Nursing and Quality (From May 2016)
Cumbria Adult Safeguarding Board Operational Sub Group	Deputy Designated Nurse for Safeguarding County Lead GP for Safeguarding Adults
Learning and Improvement Sub Group	Deputy Designated Nurse for Safeguarding
Case Review Sub Group	Designated Nurse for Safeguarding County Lead GP for Safeguarding Adults
Privacy and Dignity	County Lead GP for Safeguarding Adults
Quality in Care Homes	County Lead GP for Safeguarding Adults
Domestic Violence Operations	Deputy Designated Nurse for Safeguarding
Sexual Violence Operations	Deputy Designated Nurse for Safeguarding County Lead GP for Safeguarding Adults Senior Programme Manager Children and Families

10.2 Children's Improvement Plan

During 2016/17 there has been strong commitment across the partnership to continue to improve practice across Cumbria for the benefit of children and young people. Through their role on the Children's Improvement Board the CCG has been part of the ongoing improvement journey for the Local authority as monitored and reviewed through the overarching Children and Young People's Plan. Feedback from Ofsted through regular monitoring visits has been positive. Ofsted have confirmed that the August 2017 monitoring visit is likely to be the last one prior to re-inspection in the autumn of 2017.

10.3 Child Death Overview Panel (CDOP)

The CDOP has reviewed each death of a child normally resident in Cumbria.

The 2015/16 Annual CDOP report ascertained whether the child deaths for the period April 2015 – March 2016 were modifiable. Of the 34 deaths with a completed review, 25 (74%) were felt to have no modifiable factors. This is comparable with England as a whole, where 76% of child deaths were felt to have no modifiable factors. Of the remaining nine, five related to parental smoking. In one case, incidents during health care provision were felt to have been a possible contributory factor.

In 2015/16 half of Cumbria child deaths (17 children, 50%) occurred in the neonatal period (deaths under 28 days old). Of these 17 neonatal deaths, 16 occurred in the early neonatal period (death under 7 days old), and 10 (29%) were related to prematurity (8 of these – 24% - to extreme prematurity, at under 24 weeks gestation). The second most frequent age of a child's death was aged 28 days – 364 days (9 children, 26%). Cumbrian data follows national English 2014/2015 findings with the majority of deaths also occurring in the neonatal period, followed by children being 28 days – 364 days old being the second most frequent age group.

The most common category of death was for perinatal/neonatal events (16 child deaths, 47%). While this appears higher than in England as a whole, low numbers are likely to account for this anomaly; there is no indication from the detailed review of these cases that there is any underlying cause of this figure being high. Usually (and across England) chromosomal, genetic and congenital anomalies is the second most frequent category of death; 2015/16 was unusual in Cumbria with this not being the case. However again, very low numbers are likely to account for this.

11. Performance and Assurance

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

- Provider internal assurance processes and Board accountability
- The local safeguarding boards
- External regulation and inspection - CQC and Monitor
- Locally developed peer review and assurance processes
- Effective commissioning, procurement and contract monitoring.

All provider services, now including every General Practice are required to comply with the Care Quality Commission Essential Standards for Quality and Safety that include safeguarding standards (Regulation 13).

NHS Cumbria CCG has performance managed each provider organisation via formal contract review meetings led at Director Level. In addition the following arrangements have been in place to strengthen the NHS Cumbria CCG's assurance processes:

- Designated Leads are members of each Provider Trust's internal Safeguarding Committees.
- Joint commissioner/provider quality contract meetings considered safeguarding issues/priorities and receive updated actions plans from Serious Case Reviews.
- Systematic review of serious untoward incident reports from NECS.

12. Conclusion

This annual report provides an overview relating to the local challenges and developments relating to safeguarding and children looked after in the county over the last 12 months. It has been a busy and productive year which despite major organisational change progress has been reported against our priority areas for development. This has also included the focus on the emerging areas of safeguarding including asylum seekers and modern slavery and trafficking.

The report provides assurance that the CCG is fulfilling its statutory duties and responsibilities for safeguarding children and vulnerable adults.

13. Glossary

CDOP	Child Death Overview Panel
CHOC	Cumbria Health On Call (provider of Out of Hours GP service)
CHIB	Children's Improvement Board
CLA	Child/ren Looked After
CLIC	Cumbria Learning and Improvement Collaborative
CLSCB	Cumbria Local Safeguarding Children's Board
CPFT	Cumbria Partnership NHS Foundation Trust
CQC	Care Quality Commission
DHR	Domestic Homicide Review
DoLS	Deprivation of Liberty Safeguards
IHA	Initial Health Assessment (for a Child Looked After)
LeDeR	Learning Disabilities Mortality Review
MALAP	Multi Agency Looked After Partnership
MARAC	Multi Agency Risk Assessment Conference
NCUHT	North Cumbria University NHS Hospitals Trust
QSG	Quality Surveillance Group
RHA	Review Health Assessment (for a Child Looked After)
Section 11 Audit	Statutory Requirement to complete annual safeguarding audit
SMART	Smart Measurable Attainable Realist Timely (Actions)
UHMBT	University Hospitals Morecambe Bay NHS Foundation Trust

14. References

NHS Cumbria CCG Safeguarding Strategy Plan on a Page

<http://www.cumbriaccg.nhs.uk/about-us/safeguarding/PDFs/Useful-Documents/160201-safeguarding-strategy---plan-on-a-page.pdf>

NHS Cumbria CCG Safeguarding Strategy

<http://www.cumbriaccg.nhs.uk/about-us/safeguarding/PDFs/Useful-Documents/160201-ccg-safeguarding-strategy---final.pdf>

Safeguarding Vulnerable People in the NHS Assurance and Accountability Framework, NHS England. Update June 2015.

<https://www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-accountability-assurance-framework.pdf>

Safeguarding Children and Young People: Knowledge, Skills and Competences for Health Care staff. Intercollegiate document. March 2014

Looked After Children: Knowledge, Skills and Competences for Health Care Staff, March 2015. Intercollegiate role framework.

http://www.rcpch.ac.uk/system/files/protected/page/Looked%20After%20Children%202015_0.pdf

The Care Act, 2014. Factsheets accompany Part 1 of the Care Act and reflect changes made to the Care Act statutory guidance in March 2016, Department of Health: -

<https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets>

Cumbria LSCB – Published Serious Case Reviews. Link:

<http://www.cumbrialscb.com/LSCB/professionals/learningscr.asp>

Cumbria Safeguarding Adults Board - Published Serious Case Reviews. Link: -

<http://www.cumbria.gov.uk/healthandsocialcare/adultsocialcare/safe/seriouscasereviews.asp>

Domestic Homicide Review – Copeland

http://www.copeland.gov.uk/sites/default/files/attachments/dhr_overview_final_2015.pdf

Child Protection Information Sharing (CP-IS). Health and Social Care Information Centre. Link:

<http://systems.hscic.gov.uk/cpis>

Revised Statutory Guidance for the conduct of Domestic Homicide Reviews. June 2013. Home Office.

<https://www.gov.uk/government/publications/revised-statutory-guidance-for-the-conduct-of-domestic-homicide-reviews>

Cumbria LSCB Child Death Overview Panel Annual Report 2015/16 (CDOP)
<http://www.cumbrialscb.com/professionals/cdop.asp>

15. Acknowledgements

Louise Mason-Lodge, Designated Nurse for Safeguarding
Simon Parker, Deputy Designated Nurse for Safeguarding
Dr Amanda Boardman, County Lead GP for Safeguarding Children
Dr Venetia Young, County Lead GP for Safeguarding Adults
Linda Awang, Performance Officer, Cumbria County Council
Bethan Hill-Gorst, Performance Officer, Cumbria County Council
Anne Cooke, Safeguarding Business Manager

NHS Cumbria CCG Safeguarding Dashboard Report - 31 March 2017 Update

Summary of safeguarding arrangements across health economy of Cumbria

Key issues for consideration		Safeguarding Assurance Exception Reporting from Safeguarding Standards	
CCG compliance with statutory /national safeguarding arrangements – Leadership	The CCG is compliant with all standards as per the accountability framework - with the exception of the vacant post of Designated Doctor for Safeguarding Children and CLA.	Provider	Comments
PREVENT	Implement plans to raise awareness and monitor competency requirements for Prevent in the CCG and primary care	CPFT	NHS and Section 11 assurance for 2016/17 : contractual obligation via NHS Self Assessment.
System Leadership in assuring Safeguarding standards in Care Homes	To formalise current processes and reporting arrangements; this includes assurance visits in liaison with Quality Team	NCUHT	NHS and Section 11 assurance for 2016/17 : contractual obligation via NHS Self Assessment.
Assurance of implementation of Mental Capacity Act	Assurance of health system-wide implementation required.	UHMBT	NHS and Section 11 assurance for 2016/17 : contractual obligation via NHS Self Assessment.
Appointment of a Designated Doctor for Children and Children Looked After	Interim arrangements were in place for 2016/17. A Service Level Agreement is currently in place with a fixed term arrangement.	Primary Care Providers and assurance	Section 11 audit completed. Analysis of responses by Named GP.
Organisation/Issue	Status	Rolling Log of Statutory Reviews with current CCG safeguarding team involvement. Recently published reviews.	
Children's SCRs	1 completed and due for publication - planned publication date date Aug 2017 1 ongoing - North Cumbria 2017		
Adults SARs	0 cases ongoing		
DHRs	1 ongoing (Carlisle)		
Published Reviews - Children's	Cumbria Children's SCR cases (5) L, N, R, O, AC (2016).		
Published Reviews - Adults	Adults SAR cases (1) - Adult Y (Feb 2016). 3 cases awaiting publication - currently no CSAB proposed publication date		
Published Reviews - DHRs	DHRs (3) DHR S Lakes, DHR W Cumbria (Jan 2016), DHR N Cumbria (June 2016)		

Action required	Status	Comments/Update
Safeguarding Team to be directly involved in ICC Development in North Cumbria CCG		Safeguarding team to be directly involved in the ongoing developments around ICCs in relation to safeguarding and CLA. This will also include input into the wider STP / ACO developments.
Ensure implementation of the Care Act to influence working together on complex cases.		Improving safeguarding practice and oversight in complex case management. Included in Nursing and Quality Team OGIM. The Lead Commissioner is developing an escalation process which will include escalation of safeguarding issues.
Ensure the Designated Leads' roles and functions include discussions and action with commissioners in relation to services commissioned by other organisations. Eg. Unity, School Nursing.		Ensured a coordinated approach to safeguarding in the changing landscape of commissioning and provision.
Develop a supervisory system for Named GPs		Formal arrangements were in place A Safeguarding escalation process in place for Primary Care General Practice from GP to Safeguarding Practice Lead to Named GP / Designated Leads for Safeguarding
Standardise the quality of primary care meetings for vulnerable patients (child and adult)		This was included in actions in learning from Serious Case Reviews. Guidance and template for meetings developed by Named GPs in collaboration CPFT Named Nurse, for dissemination to all General Practices.
Liaise with NHS England / Pharmacy regarding safeguarding issues and medication errors.		Messages in the learning from Serious Case Reviews (Adult Y) The profile of safeguarding issues linked to medication errors has been raised in multiagency case reviews and PLT sessions. The issue has also been discussed with the CCG's Primary Care team and NHS England
Support Primary Care to ensure trauma histories are taken when interviewing appropriate patients.		Message in the learning from Serious Case Reviews (DHR 2 - Copeland) Training was delivered via PLT sessions.
System of self assessment of adult safeguarding standards to be implemented in Primary Care.		There is currently no statutory requirement for primary care to undertake a safeguarding self assessment for adult safeguarding. Early work has been completed around support to primary care in relation to prospective standards and there is a plan to update the Adult Safeguarding Protocol in 2017/18.
Ensure lessons from serious case or domestic homicide reviews are cascaded and establish evidence of impact		Taking full account of the number and range of reviews to seek assurance of impact on practice. There is a mechanism in place to communicate the learning. LSCB and CASB briefings are routinely communicated to staff. Audit work is planned for 2017/18 to evidence impact.

<p>Develop comprehensive safeguarding performance framework to incorporate national KPI requirements.</p>		<p>Framework developed in collaboration with the Children's Commissioning Team; this needs to be reviewed in the context of the provider and ICC framework. Delayed implementation was linked to CCG boundary change.</p>
<p>Ensure that mechanisms are in place that utilise the views of vulnerable children and adults in service developments</p>		<p>Work has taken place with the children's commissioning team which has led on a number of pieces of work to engage and support children and young people in providing feedback of their experiences eg. regarding the eating disorder services and health services for individuals with learning disabilities. There is a plan to hold an engagement event to specifically capture the voices and experiences of Children Looked After.</p> <p>The Voice of the Child remains a standing agenda item on all CCG led health safeguarding / CLA meetings.</p> <p>The work plan for 2017/18 will include development and activity to mirror the above work for adults.</p>
<p>Ensure that NHS Cumbria CCG meets the requirements in Promoting the health and well being of CLA (March 2015) and knowledge and skills framework</p>		<p>Ensure that all relevant service specifications meet the requirements. Outline the key components for inclusion in provider training strategies.</p> <p>The Safeguarding Team has been actively involved in the collaborative commissioning of the 0-19 service and this has included a specification for the CLA service, including the skills and competences to deliver.</p>
<p>Ensure that the changing profile of the Child Looked After population informs future commissioning arrangements and workforce plans.</p>		<p>The CLA Health Group is well established. It is chaired by the Designated Nurse for Safeguarding and a clear set of priorities has been agreed with an action plan in place. A deep dive presentation on the health needs of CLA went to the Corporate Parenting Panel.</p> <p>There is representation from the Corporate Parenting Board on the CLA Health Group.</p>
<p>Ensure health needs assessments and the profiling of children looked after health needs informs the JSNA and key health priorities eg. Smoking cessation.</p>		<p>Using current CLA health needs assessment and progress against the 2015/16 priority areas in particular.</p> <p>Children Looked After Health Needs to inform the JSNA refresh.</p>

Appendix 2

Data:
Safeguarding Adults and Children
and Children Looked After
Annual Report:
2016 / 17

List of Data Appendices: -

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4		Cumbria Activity Data – Children Looked After (CLA) -	10

1. Safeguarding Leadership Roles within NHS Cumbria

CCG:

NHS Cumbria CCG Leadership	
Medical Director and Accountable Officer	David Rogers
Director of Nursing and Quality	Helen King
Director for Children and Families	Eleanor Hodgson
Senior Management Officer – Allegations (Children)	Peter Rooney
Designated Leads for Safeguarding	
Designated Doctor for Safeguarding Children	Nicola Cleghorn
Designated Nurse for Safeguarding Adults, Children and CLA	Louise Mason-Lodge
Deputy Designated Nurse for Safeguarding Adults, Children and CLA	Simon Parker
County Lead GP for Safeguarding Children	Amanda Boardman
County Lead GP for Safeguarding Adults	Venetia Young
Primary Care – Named GPs	
Named GP – Allerdale	Nicola Hughes (until Dec 2016)
Named GP – Carlisle	Jane Nolan
Named GP - Copeland	Nicola Hughes (until Dec 2016)
Named GP - Eden	Vacant (Designated Leads and County Lead GPs advise / support)
Named GP - Furness	Lauren Dixon
Named GP – South Lakes	Amy Lee

2. Cumbria Activity Data

Children's Safeguarding

Population data

The under 18 population of Cumbria is approximately 94,000 (19% of the overall population of Cumbria). The total population of Cumbria is just under 500,000.

The following data has been provided by Performance Officer, Cumbria County Council.

Children on a Child Protection Plan

	31 March 2017			
	Allerdale & Copeland	Barrow & South Lakeland	Carlisle & Eden	Cumbria
Number of Children with CP Plan	179	158	186	523

1 April 2013

Number of Cumbrian children on a Child Protection Plan was 345

2 May 2014

Number of Cumbrian Children on a Child Protection Plan was 618

31 January 2015

Number of Cumbrian Children on a Child Protection Plan was 348

31 March 2016

Number of Cumbrian Children on a Child Protection Plan was 413

31 March 2017

Number of Cumbrian Children on a Child Protection Plan was **523**

To note:

In respect of the variation in numbers of children on a Child Protection (CP) Plan:

In July 2014 Cumbria LSCB received a paper on the findings of an audit undertaken by Children's Services, which outlined that, in the auditor's view, 28% of children in Cumbria who were subject to a Child Protection Plan, did not meet the threshold for a CP Plan. As a result of the findings, discussions with key partners resulted in an action plan to address the key issue of the application of thresholds.

Children on a Child Protection Plan - at 31 March 2017

Number of Children on a Child Protection Plan by Category of Abuse:

Category of abuse	Number
Neglect	240
Physical Abuse	32
Sexual Abuse	18
Emotional Abuse	231
Multiple	2
Total	523

Number of Children on a Child Protection Plan by Duration of Plan - 31 March 2017:

Duration of Plan	Number
Under 3 months	177
3 to 6 months	127
6 to 12 months	147
1 to 2 years	69
Over 2 years	3
Total	523

Referrals to Cumbria Children's Safeguarding Hub

Initial Contacts by Source - Year ending 31 March 2017

Source	Number
Anonymous	473
Education	1740
Health	1901
Individual	1828
Legal	342
Other	1226
Police	7621
Social Care	409
Total	15,540

Initial Contacts by Outcome - Year ending 31 March 2017

Outcome	Number
Transfer to Children's Social Care	1153
MASH Episode	2910
Progress to Early Help (CAF) Episode	1714
Link to Existing Early Help (CAF) Episode	671
Provide Information and Advice	2966
No further action	6126
Total	15,540

Serious Case Reviews

5 Serious Case Reviews were published

Child L, Child N, Child O, Children P, Child R, Child AC

1 Serious Case Review was completed and awaiting publication

2 Serious Case Reviews initiated during 2016/2017

Child Deaths

2016 - 2017

There were **22** deaths of children and young people who were residents of Cumbria.

By comparison the numbers of child deaths of children and young people who were resident in Cumbria in recent years: -

2013-2014 26

2014-2015 26

2015-2016 29

3. Cumbria Activity Data

Adult Safeguarding

Numbers of Safeguarding Referrals

2016 - 2017

Cumbria data shows there were 1107 safeguarding concerns logged by Health and Care Services, Cumbria County Council.

Of the 1107: -

Number of Section 42 Safeguarding Enquiries	377
Number of other Safeguarding Enquiries	<u>3</u>
Total	<u>380</u>

Adult Safeguarding Enquiries by source of risk

Table SG2a	Concluded Section 42 Enquiries			Other Concluded Enquiries		
Counts of Enquiries by Type and	SOURCE OF RISK			SOURCE OF RISK		
	Service Provider	Other - Known to Individual	Other - Unknown to Individual	Service Provider	Other - Known to Individual	Other - Unknown to Individual
Physical Abuse	14	102	66	4	4	4
Sexual Abuse	0	34	18	0	5	1
Psychological Abuse	9	61	21	3	5	1
Financial or Material Abuse	4	48	27	0	8	2
Discriminatory Abuse	7	2	0	0	0	0
Organisational Abuse	9	5	13	2	0	0
Neglect and Acts of Omission	23	28	67	0	4	2
Domestic Abuse	0	16	2	0	1	0
Sexual Exploitation	0	0	0	0	0	0
Modern Slavery	0	0	0	0	0	0
Self-Neglect		11			0	

Source: Cumbria County Council (2016/2017 data)

Adult Safeguarding Enquiries by location descriptor

Table SG2b	Concluded Section 42 Enquiries			Other Concluded Enquiries		
Counts of Enquiries by Location	SOURCE OF RISK			SOURCE OF RISK		
	Service Provider	Other - Known to	Other - Unknown to	Service Provider	Other - Known to Individual	Other - Unknown to
Own Home	16	68	38	0	7	2
In the community (excluding	7	38	20	1	4	1
In a community service	2	9	4	0	0	0
Care Home - Nursing	11	17	29	1	0	3
Care Home - Residential	16	54	58	3	2	0
Hospital - Acute	0	3	6	0	1	1
Hospital - Mental Health	0	3	1	0	0	0
Hospital - Community	0	0	0	0	0	0
Other	2	17	10	0	4	1

Source: Cumbria County Council (2016/2017 data)

Adult Safeguarding Enquires by age of individual

Table SG1a	Age Band					
Counts of Individuals by Age Band	18-64	65-74	75-84	85-94	95+	Not Known
Individuals Involved In Safeguarding Concerns	348	143	260	306	50	0
Individuals Involved In Section 42 Safeguarding Enquiries	140	46	82	97	12	0
Individuals Involved In Other Safeguarding Enquiries	3	0	0	0	0	0

Source: Cumbria County Council (2016/2017 data)

4. Cumbria Activity Data

Children Looked After

CLA – by age of the child

31 March 2017			
Cumbria			
Age	Under 1	36	6%
	1 to 4	84	13%
	5 to 9	160	26%
	10 to 15	272	43%
	16 and over	75	12%
	Total	627	

Legal status of Cumbria CLA

31 March 2017			
Cumbria			
Legal Status	Interim care order	103	16%
	Full care order	385	61%
	Placement order	80	13%
	Accommodation under s20	58	9%
	Emergency/Police Protection order	0	0%
	Other	1	0%
	Total	627	

Source: Cumbria County Council

Placement type

31 March 2017			
Cumbria			
Placement	Foster placement - friends and family	79	13%
	Foster placement - other foster carer - LA	192	31%
	Foster placement - other foster carer - AGENCY	176	28%
	Residential - children's home - LA	10	2%
	Residential - children's home - PRIVATE	46	7%
	Residential - school	28	4%
	Placed for adoption	34	5%
	Placed with parent(s)	47	7%
	Other	15	2%
	Total	627	

Source: Cumbria County Council

Children placed more than 20 miles from home outside Local Authority boundary

31 March 2017		
Cumbria		
Children living in placements more than 20 miles from home outside LA*	Number placed 20 miles + from home outside LA	159
	Number looked after	614
	Percentage	25.9%

*excluding children whose LA of placement is unknown (those living in Scotland, Wales or outside the UK, or children in confidential placements)

Source: Cumbria County Council