

Safeguarding Annual Report

2022-23



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1. Introduction

This is the Annual Safeguarding Report for NHS Gloucestershire Integrated Care Board (GICB). It includes both Children and Adult Safeguarding and covers the period from 1st April 2022 to the end of March 2023. The report aims to provide a national and local context to safeguarding developments during this period and outlines how GICB is meeting its statutory responsibilities for safeguarding.

2022-23 has been a time of significant change for the ICB Safeguarding team. We welcomed the following new team members:

- Associate Director Integrated Safeguarding/ Designated Nurse Safeguarding Children (revised post) August 2022
- Safeguarding Adult Lead nurse (new full-time post) October 2022
- Designated Dr Safeguarding Children (retirement of previous post holder) February 2023 (3 sessions)
- Children in care and safeguarding team administrator (part time)

At the time of writing this report the team are further developing proposals for a Primary Care Safeguarding Nurse post and a standalone Designated Nurse Safeguarding Children to help meet statutory requirements for these important roles, some of which are under resourced currently.

We currently also have vacancies for the Designated Dr Children in Care and Designated Dr Child Death (following retirement and have been difficult to recruit to). We are currently exploring alternative ways to fill these statutory roles.

GICB is asked to note the contents of this report and accept this report as assurance that as an organisation we are meeting the minimum statutory requirements for safeguarding children and adults.

2. Achievements and Challenges

The ICB Safeguarding Team can provide assurance on the progression of priority work areas, from a health perspective and as a key member of the wider safeguarding adult and children partnerships. These will be explored in further detail throughout the report.

- ✓ Strategic Health Safeguarding groups meeting regularly with providers to seek assurance on safeguarding activity, share best practice and a forum for professional development.
- ✓ Gloucestershire's Safeguarding Integration Group: development of integrated processes and a formal Integration Strategy as we continue to work collaboratively across health safeguarding.
- ✓ Safeguarding Supervision now integral practice for ICB and Continuing Health Care (CHC) Team. Regular drop-in GP supervision sessions in place as well as 1-1's/support sessions for Named Professionals by ICB team. Safeguarding supervision course undertaken by 16 safeguarding leads across the ICS (costs met by NHSE CPD funding) and subsequent Integration work progress in this area.

- ✓ Safeguarding Statutory reviews – providing leadership, oversight and assurance for all health contributions as strategic leads for the safeguarding health system.
- ✓ Prevent- Safeguarding Adult Lead Nurse now ICB Prevent lead and attends regional Prevent meetings. Attendance at regional NHSE led multi agency Prevent conference.
- ✓ Safeguarding training successfully continues via virtual platforms; e-learning provision, access to multi-agency training, GP Safeguarding Forums.
- ✓ Paediatric child protection medical assessments, commissioning, and pathway development ongoing.
- ✓ Further development and streamlining of the unscheduled care health dataset for safeguarding children which reports to both health trusts and to Gloucestershire Safeguarding Children Partnership – including deep dives into risk areas.
- ✓ Primary Care work area: the inclusion of Safeguarding within the Primary Care Offer including an annual safeguarding audit and quality assurance visits.
- ✓ Refugees and Asylum Seekers – working with our ICB migrant health nurses to provide safeguarding oversight.
- ✓ Safeguarding team away day held in January 2023. Safeguarding work plan developed and agreed with an increased focus on safeguarding assurance e.g., ensuring safeguarding is explicit in contracts and commissioning across the ICB.
- ✓ Domestic Abuse- Safeguarding Adult Nurse leads on Domestic Abuse and attends Sexual Violence and DA Partnership Boards

Challenges

In April 2023, NHS Gloucestershire will take on delegated responsibility for primary care dental, ophthalmic, and pharmaceutical services (POD). Currently, the impact of this on the team and safeguarding are unknown. The team will work closely with the regional Collaborative Commissioning Hub to support the design and delivery of safeguarding in POD services.

ICB increasing statutory responsibilities for Serious Violence Duty/Domestic Abuse Act (see section 11 for details)

3. Statutory Requirements

ICBs have a statutory duty to put in place appropriate arrangements to safeguard children and adults at risk. This includes:

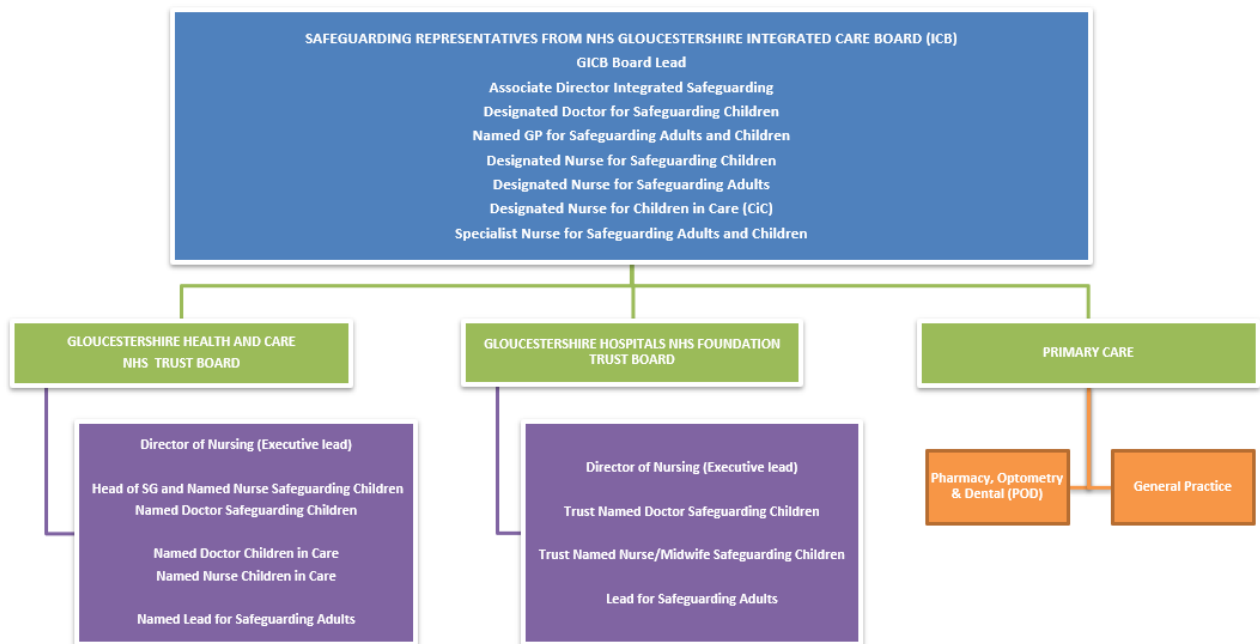
- ensuring that ICB internal safeguarding arrangements are sufficient, and that safeguarding is embedded in practice.
- being assured that the safeguarding arrangements of all commissioned services are appropriate.
- co-operating with local safeguarding arrangements.
- securing the expertise of Designated and Named Professionals on behalf of the local health system.

Focused work area:

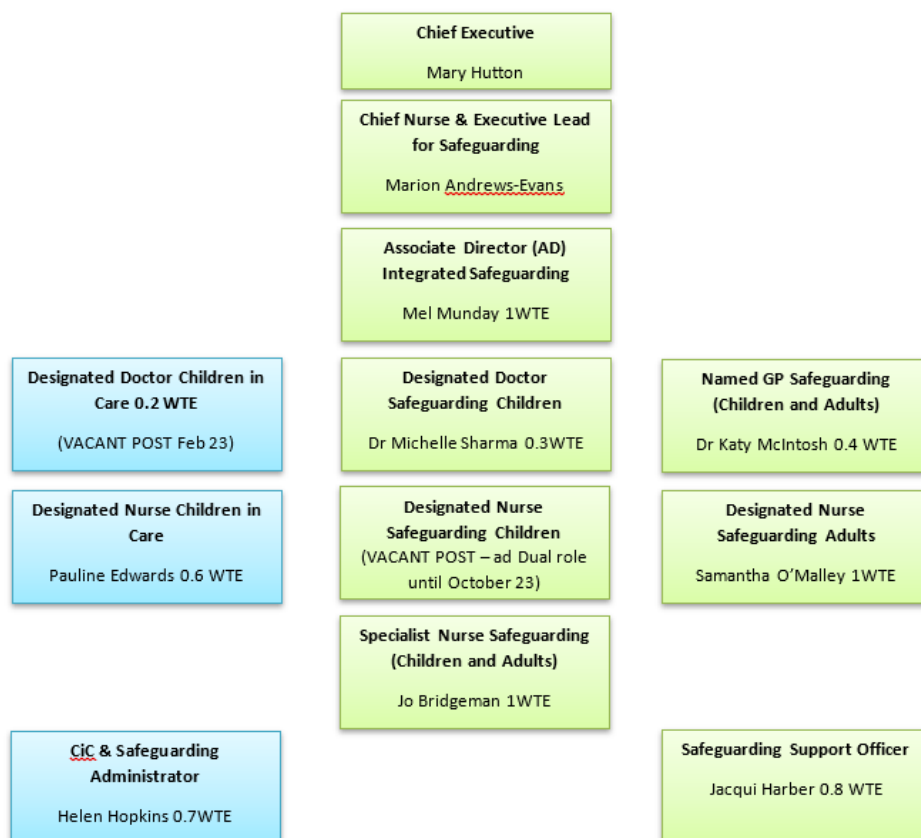
- Recommence a rolling programme of safeguarding visits to all of our large, commissioned health providers, including GP practices.

4. ICB Safeguarding Governance Arrangements

Safeguarding & Children in Care Health Structure



ICB Safeguarding & Children in Care Team Structure (including WTE)



Overview of Gloucestershire ICB Compliance

As per the “Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework” (SAAF) revised August 2022, ICBs are responsible in law for the safeguarding elements of the services they commission.

The table below illustrates our compliance against the SAAF Framework as submitted to NHSE in September 2022.

[NHSE Safeguarding children, young people and adults at risk in the NHS - Safeguarding accountability and assurance framework](#)

| AREA | STANDARD | RAG RATING |
|---|--|---|
| Leadership and Organisational Accountability | A clear line of accountability for safeguarding, reflected in the ICB governance arrangements, i.e., a named executive lead to take overall leadership responsibility for the organisation’s safeguarding arrangements. In addition, a team made up of Designated Professionals for safeguarding children, looked after children, care leavers and safeguarding adults. | Roles in place but all roles the capacity is not in line with Intercollegiate Documents guidance for WTE per population. |
| Training | Training all ICB staff to recognise and report safeguarding issues supported by a training strategy and compliance percentage in line with Intercollegiate Documents and national guidance for Prevent. | We are developing a mandatory safeguarding training reporting system and a training needs analysis (see training section) |
| Safer Recruitment | Clear policies describing the commitment and approach to safeguarding, including safe recruitment practices and arrangements for dealing with allegations against people who work with children and adults, as appropriate. The ICB support staff to follow the GCSB Escalation Policy and Allegations Against Staff Policy as appropriate (as outlined in our internal safeguarding children policy). This is explicit in safeguarding training and both formal and informal supervision. | Human Resources are responsible for ensuring the safe recruitment of staff at the ICB, including undertaking DBS and identification checks. All |

| | | |
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| | | pre-employment checks are undertaken in accordance with NHS Employment Check Standards. |
| Inter-agency working | <p>Effective inter-agency working; GCCG, Local Authority, Police and key partners, including within the operation of Gloucestershire Safeguarding Children Partnership and Gloucestershire Adult Safeguarding Board</p> <p>The Section 11 audit for GSCP is completed each year and there was evidence of improved interagency working.</p> <p>The GSAB Self- Assessment is completed yearly to evaluate how the ICB is performing.</p> <p>GICB is a key partner of the Local Safeguarding Boards; representation is undertaken by the CCG Executive Nurse and Associate Director Integrated Safeguarding. The Executive Nurse has continued as Chair of the GSCP and therefore takes an active role in safeguarding work in Gloucestershire.</p> <p>GICB Safeguarding team are now also key members of the Domestic Abuse Strategic Board, Sexual Violence Partnership Board and Safer Gloucestershire.</p> <p>Capacity for CCG to attend all sub-groups has never been wholly possible; the collaborative work of the Safeguarding Strategic Health Groups has supported a 'federated' approach to informing meeting updates and analysis of collective health impact.</p> | |
| Implementation | Appropriately engaged with all safeguarding investigations, multi-agency case reviews or safeguarding practice reviews and that the evidence of learning has been embedded into practice. | We have developed combined health action plans across GICB/GHT |

| | | |
|---------------------------|---|--|
| | <p>As the strategic health partner of GSCP and GSAB we are engaged in all statutory and non-statutory reviews and lead the health response.</p> <p>We are working on improved consistency for embedding learning as lead across large and complex multiple health organisations which is the challenge for all. Learning is shared and review action plans monitored to ensure learning is embedded as effectively as possible.</p> | and GHC to monitor actions from reviews. |
| Patient Engagement | <p>Ensures appropriate and accessible information is provided for its population in relation to how it discharges its duties for safeguarding.</p> <p>Our Safeguarding annual report is published on the ICB website (public facing) which outlines how we discharge our duties alongside information and helpful links. As partners of the GSCP and GSAB the publicly available information for our population is jointly owned by the ICB.</p> | |
| Supervision | <p>Safeguarding supervision is available to staff in line with Intercollegiate Guidance</p> <p>The GICB commissioned a Safeguarding Supervision programme from In Trac in early 2023, utilising NHS England Continuing Professional Development funding for ICS Safeguarding professionals. 16 practitioners completed this and the ICB Safeguarding Specialist Nurse has developed a peer support forum to continue to develop the learning from the programme and support us to work better together in the delivery of safeguarding supervision in line with our Integration ethos.</p> <p>Virtual Safeguarding Supervision is provided regularly (as capacity allows) to Gloucestershire GPs by the ICB Named GP for Safeguarding Adults and Children. This is a popular means of accessing support and guidance and GP's (and internal staff and commissioned other providers) can contact the safeguarding team at other times to obtain more spontaneous advice if required.</p> <p>Safeguarding supervision is established at the ICB for the Continuing Health Care Nurses by the Safeguarding Specialist Nurse, who is also a Professional Nurse Advocate (PNA) and Freedom to</p> | |

| | | |
|------------------|---|--|
| | <p>Speak Up Guardian and is available to all staff on an ad hoc basis.</p> <p>The Associate Director provides supervision to the Named Nurses and Named Midwife for Safeguarding Children as part of her dual role as Designated Nurse and the Designated Dr Safeguarding Children provides supervision to the Named Doctors for Safeguarding Children in both Trusts. The new Safeguarding Adult Lead Nurse (October 2022) provides support and supervision to the Named Adult Safeguarding Professionals in both Trusts.</p> | |
| Assurance | <p>As a commissioner of local health services, the ICB must be assured that there are effective safeguarding arrangements in place in the services and gain assurance throughout the year to ensure continuous improvement.</p> <p>GLCB safeguarding team during 23/24 will set up a rolling programme of quality assurance visits to services we commission utilising a standard template, including GP practices requiring support with supervision. The format will be based upon the SAAF as above. These visits were in place pre pandemic, and we aim to start these once again, capacity allowing.</p> <p>GP Safeguarding Self-assessment audit agreed by ICB and shared with ICB Primary Care team / Local Medical Committee. Safeguarding Assurance visit planning in place for 2023.</p> | |

NHS England Regional Safeguarding engagement

Various health safeguarding professionals across the ICS have utilised NHSE Continued Professional Development (CPD) funding to undertake Level 4 safeguarding conferences/training or University modules (Safeguarding Adults module at University of the West of England). As we were later in receiving this funding that is to be used in 2022-2023 communications have regularly been shared to encourage requests (which are flexible for individuals or for safeguarding team CPD) and funding is ring fenced.

We commissioned a 3 day Safeguarding Supervision Programme run by In-Trak during March 23 from the CPD safeguarding supervision funding. It was well attended by 16 safeguarding specialists from across the ICS with positive feedback. As part of our ongoing

Integration work, we will use this programme to work together in delivering safeguarding supervision to support the health workforce.

We were visited in March 2023 by the NHSE regional safeguarding team as part of ongoing ICB safeguarding assurance support visits in preparation for the move to an ICB. This was a face-to-face visit attended by the entire safeguarding and children in care team, the Executive Chief Nurse, and safeguarding leads from our two trusts. Key lines of enquiry were leadership, delegation and accountability, multi-agency priorities and internal governance as per the SAAF summary in section 4 outlined above, reviewing any amber areas we require additional regional support with. A follow up visit is planned for March 2024.

Policies for Safeguarding

During 2022-2023 we have updated the following policies which are ratified by the System Quality Committee and available on the ICB intranet.

- Safeguarding Adult Policy
- Domestic Abuse Staff Policy (to be ratified July 2023)

Focused work area:

- *To consider joint ICS health safeguarding policies as part of the ongoing Integration Safeguarding work across the ICB, GHFT and GHC.*

5. Safeguarding Assurance for services we commission

Safeguarding Assurance of Providers

Our main NHS Trust health providers across Gloucestershire are:



Strategic leadership and partnership working are key elements to proactively support the effectiveness of Gloucestershire's Safeguarding System. We work with health providers and partners to ensure the ICB and our commissioned services comply with the NHSE Safeguarding Assurance and Accountability Framework and have regard for our duty to protect and safeguard against abuse.

GICB as commissioners of these services have sought assurance in the following ways:

- Associate Director attends Trust Safeguarding Governance Committee/Group and receives quarterly assurance reports via this membership.

- Updates provided at the GICB Health Strategic Safeguarding Groups led by the ICB Safeguarding Team
- Supervision and support to Named Professionals in each Trust by GICB team.
- Regular Named and Designated Drop-in support session offered by GICB.
- Safeguarding Quality visits – to be re commenced in 2023-2024 using a standardised audit template.

6. The Safeguarding Integration Group

There is a commitment to continue with the integration of core functions within the current three safeguarding services of the Integrated Care Board (ICB), Gloucestershire Hospitals Foundation Trust (GHFT) and Gloucestershire Health and Care Trust (GHC), in line with the national mandate set by NHS England as part of the NHS Long Term Plan development of Integrated Care Systems. This will include continued implementation of the common function pathways, identified via the Gloucestershire ICS Integrated Safeguarding Group with leadership from the Executive Chief Nurse and Associate Director.

During 2021-2022 the Gloucestershire Integrated Safeguarding Project initially sought to create an integrated service, improving the current provision through reducing duplication in service provision, providing increased levels of robustness and resilience, ensuring a greater ability to succession plan, and ensuring more efficient use of available resources. In recognition of current inequities in service provision, it also sought to achieve parity across adults and children, and acute and community settings. During 2022 the collective decision was made for this project to become a service improvement initiative, focused upon implementing those elements of service integration which are possible without full integration. This was partly due to the challenges of each organisation having statutory requirements for specialist roles that can't be delegated (e.g., strategic Designated Nurse and Dr roles and operational Named Nurse and Dr functions).

Key Principles

The following key principles aim to shape and underpin development of the Safeguarding Integration Group:

- Support organisations and individuals to fulfil their defined statutory safeguarding requirements and roles.
- Demonstrate equal commitment and parity to both adult and children's safeguarding, maintaining a 'Think Family' ethos and with the local population needs at its core.
- Work effectively and efficiently together with external partners and partnerships, offering, when appropriate a collective voice across health-related safeguarding in Gloucestershire.
- Work towards inter-connected processes and systems, including IT where possible, which facilitate effective communication and information flow between health organisations and with safeguarding partners.
- Investment in safeguarding specialist staff across the ICS, demonstrating commitment to their Continuing Professional Development and supervision, with clear succession plans in place to enable them to effectively fulfil these distinct individual roles.

- Have a continuous service improvement ethos, promptly sharing lessons learned and embedding learning within the NHS organisations and with all relevant partners.

7. Primary Care – GP

The work undertaken by the ICB Named GP for Safeguarding Children and Adults, supported by the ICB Safeguarding Team is collated here, evidencing impact and progress across Primary Care. The Named GP was allocated an extra session in December 22 therefore has 2 sessions each for children and adult safeguarding. This is under recommended resource per population therefore work undertaken is dependent on capacity.

GICB facilitate GP Safeguarding Forums (currently held on Microsoft teams) that are well attended by Primary Care. These meetings are recorded and kept on G-Care within the education section for future access and learning [G-Care-Education&Training-SGChildren](#) and [G-Care-Education&Training-SGAdults](#). Each Practice Safeguarding Lead GP is invited to attend and thus provide a venue to disseminate learning, sharing good practice and facilitating discussion on pertinent safeguarding issues. We have also continued with safeguarding forums for Practice Managers.

Topics covered in Safeguarding Forums

| SG Children Forum – June 22, October 22 & March 23 | SG Adult GP Forum – May 22 & November 22 | Practice Manager SG Forum – September 22 & February 23 |
|---|---|--|
| Rosebank Audit | Safeguarding vs safeguarding | Prevent Update |
| Commissioners | Change, Grow, Live referrals | Sharing information |
| Teens in Crisis | Child on parent abuse | Online Access SG Records |
| System changes for all practices using TPP and EMIS | Government expectations on domestic abuse | GP online services toolkit |
| Parental information for children who have been adopted | Suicide Prevention | Safeguarding read codes |
| Impact of Parental Mental Health | Recommendations from DHRS | Safe and Well Checks & Safeguarding in the Fire and Rescue Service |
| NAI | Domestic Abuse Policy | Case Conference Audit |
| Hidden Harm – Gloucestershire Young Carers | | Training provision |
| Private Fostering | | Children in Care process discussion |
| Children in Care | | Safer recruitment |
| Perplexing presentations | | |
| Case Conference Audit | | |

Feedback from Safeguarding Forums

"I have more confidence in referring adults who are experiencing abuse by their adult children. Great topics, helps to be pointed to where we can download help/resources"

"All round very useful session thank you"

"This was one of the best sessions I've had for a long time, on any subject. Thank you"

"I will take back idea of making sure we have flags on notes of any prospective care givers as well as children in care and care leavers"

"I will feedback to colleagues about perplexing presentation pathway"

"Very useful end presentation regarding notes and always recording who attends with the patient even if for nurses etc"

"I am aware of the perplexing presentation terminology and referral"

"I will remember about our statutory duty to respond to case conference requests"

"I will feed back information on care leavers to the team and check we are flagging them"

"I will look into how adoption medicals recorded and stress importance of feeding back relevant information about changes to Social Services"

Additional advice and activity as required includes:

- Safeguarding supervision "drop in" sessions for GPs on Microsoft Teams
- Safeguarding Newsletters accessible on G-Care
- Multi-agency adult and children Safeguarding training accessible through accredited Gloucestershire Safeguarding Adult Board and Gloucestershire Safeguarding Children Partnership platforms and trainers.

Our Named GP is an active member of the Regional SW Named GP Network, with connections to Named GPs across the country, ensuring that safeguarding GP related information is shared both regionally and locally.

The Primary Care Offer is a block contract which is in place with all GP surgeries and includes all safeguarding information sharing requirements, quality assurance visits, completion of an annual safeguarding assurance audit, attendance at safeguarding adult and children training and other safeguarding statutory duties.

The ICB is exploring the impact of potential additional responsibilities following the delegation of Pharmacy, Dental and Optometry services from NHSE in April 2023

Focused work area: Primary Care

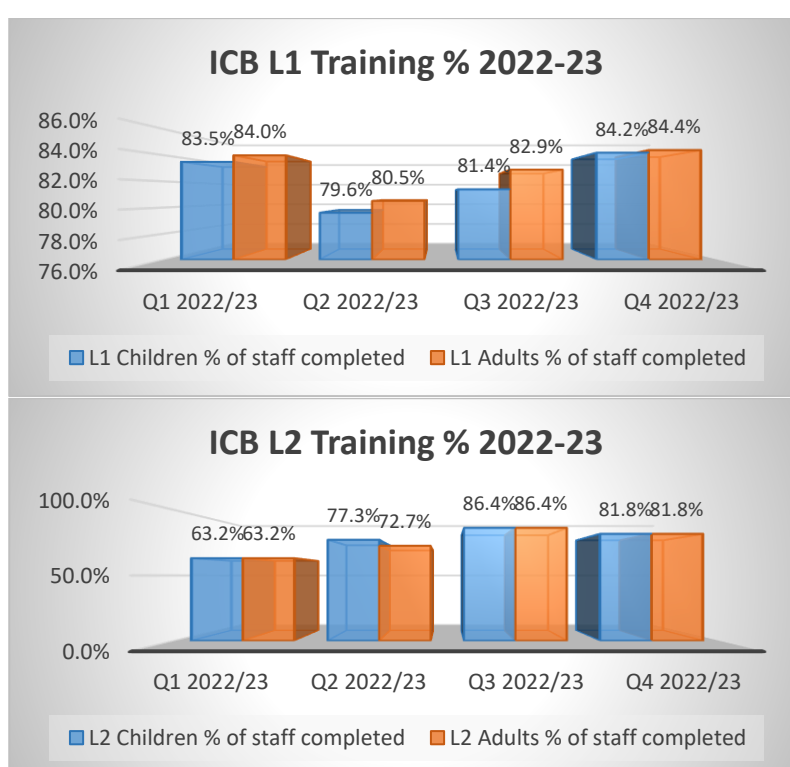
- *The ICB needs to maintain the focus on gaining assurances of Safeguarding practice through the Primary Care Offer and annual safeguarding audit*
- *The ICB needs to ensure that GPs engage with and meet their statutory safeguarding responsibilities.*
- *Safeguarding visits to practices to be recommenced*

8. Safeguarding Training Compliance

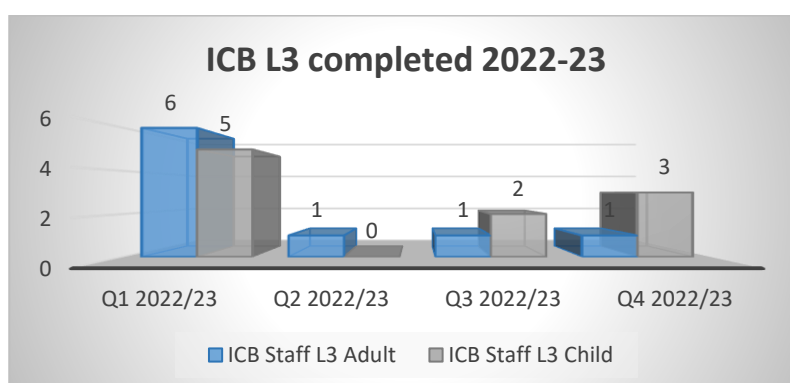
In January 2023 the safeguarding team undertook a training needs analysis with the help of NHS South, Central and West (Consult OD), we wanted to ensure all staff had access to the appropriate level of training for their role.

A new process of identifying levels of safeguarding training (1, 2 or 3) for ICB staff was created, managers are now expected to review and clarify their staff level of safeguarding training upon appointment and as part of their annual appraisals. ICB Named and Designated Safeguarding Professionals at Level 4 and 5 will also be able to record compliancy on this new system.

We will shortly be able to monitor the compliance for level 3 safeguarding training, this information was not previously collected or available.



Following the training needs analysis, we expect to initially see a drop in compliance for level 2 in Q1 of 2023-24, this is due to an increase in colleagues requiring to do this level of training, we anticipate that by the end of the year the figures will be back within the normal range (85-90%).



9. Safeguarding Children

GICB has a duty to ensure that all statutory requirements as defined in the Safeguarding Children, Young People and Adults at Risk in the NHS; Accountability and Assurance Framework (2022), Working Together to Safeguard Children (2018) and Children's Act (2004) are in place. This section provides an overview of activity for Children Safeguarding Partnerships throughout the reporting period.

Gloucestershire Safeguarding Children Partnership (GSCP)

Section 11 Children Act audit:

Gloucestershire Safeguarding Children Executive (GSCP) have continued with their annual Section 11 audit process. The themed audit (using the four areas below) is designed to check compliance with these Section 11 standards previously agreed by the partnership and chosen due to the overlap with key recommendations arising from Rapid Reviews and Local Children's Safeguarding Practice Reviews.

Focused work areas from the audit:

- Capacity of ICB safeguarding team in line with Intercollegiate requirements.
- Combined statutory roles. (Currently identified on ICB Risk Register).
- Explicit job descriptions for each role required.
- Safeguarding team to promote our service/responsibilities across the wider ICB including commissioners e.g., through training/networking/lunch and learn sessions.
- Develop a shared adults and children safeguarding policy.

| | | | |
|---------------------------------|---|--|--|
| 1-Leadership and accountability | 2-Staff safe recruitment, induction, training and development | 3-Safeguarding policies and procedures | 3-Listening to children and young people |
|---------------------------------|---|--|--|

This audit confirms that the partnership is making progress towards being a good safeguarding partnership. There was evidence of improved interagency working in several areas and some areas for improvement summarised below.

The Designated and Named Professionals continue to lead and represent the ICB at the following GSCP subgroups:

- Quality & improvement in Practice (QiiP)
- Multiagency Safeguarding Hub Subgroup
- Child Exploitation & Missing (CE & M)
- Management Group
- Executive – ICB Chief Nurse continues as Chair.
- Serious Incident Notification (SIN Group)

Rapid Reviews (RR) and Local Child Safeguarding Practice Reviews (LCSPR)

Together the partnership has undertaken 6 Rapid Reviews between April 2022 and March 2023 and commissioned 2 Local Child Safeguarding Practice Reviews (summarised below). Rapid reviews are undertaken by the partnership within 15 working days of the incident being notified to the National Panel. The purpose is to decide if a local or national child safeguarding practice review is required.

The Strategic Health Safeguarding Group led by the ICB continue to meet regularly and actions are monitored via this group and a combined health action plan and there currently no outstanding health actions.

Rapid review multi agency themes:

- Information Sharing
- Voice of the Child
- Professional Curiosity
- Mental Health Awareness for families
- Non accidental Injury
- Trauma Informed Services
- Contextual Safeguarding-looking at the risks of a wider environment.
- Thresholds for referral
- Foster Carers - Risk Assessment and Safety Planning
- Drift & Delay

LCSPR – Child ASH- Joint Surrey and Gloucestershire Safeguarding Practice Review

Ash took his own life in 2021. In a search of ASH's room, police found his mobile phone, a burner phone and two BB guns which may support the concerns he was engaged in criminal activity as a victim of criminal exploitation.

| RECOMMENDATIONS | | |
|---|---|---|
| More awareness on the impact that parental acrimony and conflict needed on a child's wellbeing. | Where parents are separated and there are concerns about the wellbeing of a child, all adults with parental responsibility are consulted at the point of referral and during ongoing assessments and interventions. | Ensure that a patient's GP is copied into all private consultations for all children under 18 and to mandate this. |
| Better access to supervision, it promotes professional curiosity and critical reflection. | <i>Ash is described by his family as a happy young boy, loved by everyone and loving and caring towards others. He was able to do well at school, enjoyed sport and joined local rugby and football clubs. Although he lacked self-confidence, he would always "give things a go" with the right support behind him</i> | understand the need to enquire about a child's education, including elective home education, and where a child is educated at home consideration is given as to whether the appropriate notifications have taken place. |
| Where there are concerns risk assessments are based on the full facts of the case and the voice of the child is obtained. | | Practitioners can recognise signs and indicators of child criminal exploitation. |

Child C (Published February 2023)

Child C was placed in long term foster care at aged 13 having experienced neglect, sexual, emotional and physical abuse with her birth family. She was sexually abused by her foster carer.

| RECOMMENDATIONS | | |
|--|--|--|
| <p>Whilst it should not be the child's responsibility to report abuse there must be confidence that our Children in Care have a voice and are empowered to use it.</p> | <p>We must ensure that Children in Care have a trusted professional or adult to talk to. This should never be seen as being undertaken solely by a Foster Carer.</p> | <p>There is a need to improve worker stability and the role of the trusted professional /adult</p> |
| <p>We must talk to children about healthy relationships, to support Children in Care to understand appropriate treatment and behaviours in their foster placement.</p> | <p><i>"My full understanding of what has happened to me has only gotten clearer as I have grown older. My life and feelings are worse now and it hurts knowing my innocence as a child and young person and how it was taken away from me by someone who was in a position of trust and power."</i></p> <p><i>The Voice of Child C</i></p> | <p>We should review all Single Agency Training to provide assurance that the voice of the child is present and provide evidence of impact on practice.</p> |
| <p>Reinforce with professionals the importance of listening to the child's voice and enabling the child and professionals to develop trusted relationships.</p> | | <p>The Local Authority should undertake a review of its Allegations Management Processes to explore and address concerns relating to the adult focus within statutory functions.</p> |
| <p>Professionals need to be confident and competent in being always alert to the potential for, identifying and responding to signs and symptoms of Child Sexual Abuse</p> | | |

10. Safeguarding Adults

Gloucestershire Safeguarding Adult Board (GSAB)

Gloucestershire Safeguarding Adult Board (GSAB) is a partnership of statutory and non-statutory organisations.

The aim of the Board is to "safeguard and promote the welfare of adults at risk to enable them to retain independence, wellbeing and choice and choice to access their human right to live a life that is free from abuse and harm".

The core purpose of the GSAB is to protect adults who are at risk, with a key responsibility to promote the wider agendas of safeguarding and prevention. GSAB endeavor to ensure that safeguarding is a seen as responsibility for all organisations and communities.

GSAB sub-groups

The ICB is predominantly represented by the Safeguarding Adult Nurse Lead, facilitating good participation and contribution to the subgroups.

The sub-groups are:

- SAR (Safeguarding Adults Review)

- Audit
- Policy and Procedures
- Workforce Development
- Comms and Engagement
- Fire Safety Development

The GSAB board is supported in fulfilling its responsibilities through the work undertaken by multi-agency sub-groups. All the work of the sub-groups informs the strategic direction of the GSAB Board and enables priorities to be identified and to have multi-agency oversight.

The GSAB main priorities are:

- Transitions (child to adult)
- Complex Needs/Multiple Disadvantage
- Hearing the voice of individuals who have been safeguarded (to better understand what difference it made and how to improve for the future)
- Ensuring a robust and sustainable quality assurance regime (including multi-agency data)
- Working more closely with the voluntary, community and social enterprise sector within Gloucestershire

Additionally, GSAB has a 3-year strategic plan 2022-25.

Some of the current 3-year strategic priorities that the ICB Adult lead is focused on are:

- “We will benchmark how we conduct SARs against the learning from the National SAR analysis and develop a comprehensive action plan to ensure that we implement all the recommendations”.
- “SAR action plans and responses to recommendations are supported by evidence from partner agencies”.
- “GSAB will work closely with Regional partners to identify potential learning”.
- “GSAB will work closely with National partners to identify potential learning”.

In response to these priorities, ICB Adult lead nurse has initiated a ‘health’ working group which is working together to ensure that all health actions for SARs and DHRs are jointly held and worked on by ICB, GHT and GHC Adult Safeguarding Leads.

Furthermore, there is adult lead safeguarding representation on the Safeguarding Adult National Network (SANN) and the regional Designated Professionals Network, where learning can be gained and identified for dissemination within Gloucestershire.

In December we gave an ICB update on our safeguarding adult priorities which was followed up with a self-assurance assessment (Feb 23).

The Safeguarding priorities were:

- To raise the profile of Adult safeguarding in Gloucestershire through improving parity. This will be achieved through continued close working with Gloucestershire partner

agencies, attendance at GSAB meetings and gaining a clear understanding of the training needs of ICB staff.

- Learning from DHR and SAR reviews
- Consider transition plans for (CIC) and those with additional needs.

The Self-Assurance Assessment

The GSAB self- assessment is completed every two years. It is a valuable assessment, RAG (red/amber/green) rated, to evaluate how the ICB is performing and then a peer challenge 'session' takes place with the provider organisations, to gain a clear understanding of how the RAG rating was concluded and where required plans to address the Amber and Red rated areas.

The assessment comprises of 23 questions, the results were; 14 green, 7 amber, 2 not applicable and no red rated.

Areas in which we are performing well are (Green areas):

- "How does your organisation ensure there are effective processes in place to manage concerns and allegations for people who are in a position of trust?"
- "Is your organisation able to demonstrate a clear working understanding, and competence, in applying the Mental Capacity Act and of the core principles within it?"
- "Your organisation has a whistle-blowing policy and a culture that enables issues about safeguarding, and the promotion of the wellbeing of adults at risk, to be highlighted and robustly addressed".
- "Please give examples of how learning from local SARs and local reviews has driven change and improvement in your organisation?"

Focused work area:

- Identifying what works well in for those transitioning into adult services
- Systems to ensure that professional curiosity is demonstrated.
- Gain the understanding of those with lived experience
- Safeguarding Adults to be embedded in corporate and service strategies.
- Ensure that Adult safeguarding is a priority in contracts and the management of contracts.

Safeguarding Adult Reviews

Safeguarding Adult Boards must undertake a Safeguarding Adult Review (SAR) when an adult in its area has died as a result of abuse or neglect, whether known or suspected, and there is reasonable concern about the way that agencies worked together to safeguard the individual (S.44: Care Act, 2014).

During 2022-23 there has been one SAR (MM) which is due to be published Summer 2023; report is in its final stage, Jasmine joint learning review with GSAB and GCSP (Published July 2022) and awaiting a decision on whether to commence a further 2 SARs.

Learning and any ICB health recommendations from 'Jasmine' Report

- The quality of service provided to Jasmine delivered the expected local and national standards.
- The need for a multi-agency care leavers pathway for complex young people like Jasmine. Jasmines GP recognised that Jasmine required a bespoke response because of her complexity. However, the way service pathways were designed meant that Jasmine and her needs did not fit with existing service routes.
- A comprehensive map of housing provision for young people transitioning from children to adults services, that can support complex care leavers.
- Effective multi-agency working- getting an understanding of “who else is involved with this person.”

In relation to SAR and DHR recommendations- relevant information is disseminated to ICB and GP colleagues through GP forums, staff meeting, ICB updates and training.

Links to the GSAB published reports: [Safeguarding Adult Reviews](#)

Domestic Homicide Reviews (DHR's)

Domestic Homicide Review is undertaken when the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse, or neglect by:

- a) a person to whom he was related or with whom he was or had been in an intimate personal relationship, or
- b) a member of the same household as himself.

held with a view to identifying the lessons to be learnt from the death.

This work requires a high level of ICB safeguarding team contribution and leadership, both in providing analytical information and in panel meetings as the strategic health safeguarding lead, to maintain oversight of draft and final reports and subsequent action plan scrutiny.

The purpose of a DHR is to:

- Establish what lessons are to be learned from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims.
- Identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result.
- Apply these lessons to service responses including changes to inform national and local policies and procedures as appropriate.

- Prevent domestic violence and homicide and improve service responses for all the domestic violence and abuse victims and their children by developing a coordinated multi-agency approach to ensure that domestic abuse is identified and responded to effectively at the earliest opportunity.
- Contribute to a better understanding of the nature of domestic violence and abuse.
- Highlight good practice.

Reviews are expected to not just simply examine the conduct of professionals and agencies but should '*illuminate the past to make the future safer*'; encourage professional curiosity, understanding the trail of abuse and seeing life through the eyes of the victim.

In addition, it is important to note that DHRs are not inquiries into how the victim died or into who is culpable; that is a matter for coroners and criminal courts, respectively, to determine as appropriate.

There are 11 DHRs currently in Gloucestershire, 4 currently with the home office awaiting to be finalised and the remaining in various stages of progressing. From these DHR's there are themes:

- A number are related to adult to parent abuse that resulted in the parent being killed by the adult child.
- A number of women who experienced Domestic abuse and took their own life, had also had their children removed from their care.
- Childhood trauma and/or unstable mental health was a feature in all cases.

Key themes arising from recent DHR's:

- Experience of Coercive and Controlling Behaviour
- Complex presenting needs: DA (both current and previous), Ill Mental Health, Substance misuse, alcohol misuse, children being taken into care and previous childhood trauma.
- Difficulty in identifying DA when presented with multiple and complex needs. In particular, mental health needs can overshadow the experience of domestic abuse.
- A need to ensure adequate training is in place across the county: review of training pathway ongoing.
- Ensure that professionals work in a trauma informed way.

There is a National DHR consultation during 2023 to review the process which the ICB safeguarding team will contribute towards.

Mental Capacity Act update

The MCA Governance Group continues to meet quarterly. All organisations within the ICB are represented on the MCAGG.

Liberty Protection Safeguards – Delay

The LPS was intended to provide protection for people aged 16 and above who need to be deprived of their liberty in order to receive their care or treatment and who lack mental capacity to consent to their arrangements.

Announcement by the Department of Health and Social Care - 5th April 2023:

the Government has set out its plans for adult social care reform in its publication of the Next steps to put People at the Heart of Care. To enable us to focus on these critical priorities, the Government has taken the difficult decision to delay the implementation of the Liberty Protection Safeguards beyond the life of this Parliament.

Although implementation of LPS has been delayed at this time, we plan to publish a summary of responses to the consultation in due course, which will set out further information about the feedback we received at consultation. We will update you via the LPS newsletter when the summary of responses is published.

In the meantime, the Deprivation of Liberty Safeguards remain an important system for authorising deprivations of liberty, and it is vital that health and social care providers continue to make applications in line with the Mental Capacity Act 2005 to ensure that the rights of those who may lack the relevant capacity are protected.

It is estimated that to delay LPS “beyond the life of this Parliament” will in effect mean a delay to the introductions of changes to the current DoLS system until 2026 or beyond. This significant delay means that the work on LPS taking place across Health and Social Care in Gloucestershire has ceased. The government also consulted on a revised Mental Capacity Act code of practice in 2022. The intention was to have a single code that incorporated guidance on how the LPS should be implemented. The government has not confirmed whether it will proceed to update the existing Mental Capacity Act Code in the light of that consultation.

Focus instead will be on the Deprivation of Liberty Safeguards processes and looking at processes for those in community settings who may be deprived of their liberty (deprivation of liberty in the community settings require direct authorisation from the Court of Protection). In addition, the Gloucestershire Multi Agency MCA Policy will be updated (revision was delayed awaiting the LPS announcement), the Primary Care MCA Policy will also now be reviewed. The MCA Governance Group is also undertaking an analysis of MCA Training needs across the County. Your input into the Policy and Training strategy is welcomed as we would like to look at how we can best support you. Further details of consultation on the revised Policy will be released in the near future.

Whilst the delay to LPS will a disappointment to many, we have the opportunity to refocus our work around mental capacity in Gloucestershire.

11.Domestic Abuse and Sexual Violence (DA/SV)

The Domestic Abuse Act became law in 2021 therefore widening the legal definition beyond physical violence to include emotional, coercive, and controlling behavior and economic abuse. The Act also recognises, for the first time, children witnessing domestic abuse or living within the home with Domestic Abuse as victims themselves. The DA Act also helpfully builds upon the legal statute to share health information.

GICB recognises domestic abuse as high risk and a safeguarding priority, alongside the detrimental impact on health and wellbeing for all ages. As such, the safeguarding team recognise DA/SV as a high priority area and are members of the Sexual Violence Strategic Board and are signed up to the overarching Delivery Plan and Strategy. The Gloucestershire Sexual Violence (SV) Strategy 2022-2025 aims to ensure that the reduction in experienced SV and sexual harassment and increased support for those who experience it, continues to be a priority within Gloucestershire. This Strategy builds on the work of the Sexual Violence Partnership (SVP) and works in conjunction with the County Domestic Abuse Local Partnership Board (DA LPB) and Strategy (2021-2024). In addition, the ICB will continue to support the work of the child exploitation subgroup with our ICS partners, and further work on the transition between child and adult health services for those with vulnerabilities.

Serious Violence Duty 2022

The Serious Violence Duty places a duty on specified authorities to work together to prevent and reduce serious violence (set out in the Police, Crime, Sentencing and Courts Act 2022 and accompanying statutory guidance¹). ICBs are one of the specified authorities; the Duty came into force on 31 January. The definition of 'serious violence' now includes domestic abuse and sexual offences.

The Duty requires the specified authorities; Police, Local authority, **ICB**, Criminal Justice system and Fire and Rescue Services to work collaboratively together to develop a Strategic Needs Plan which will inform the locality delivery of the SVD "Duty" and to work together to share information, analyse the situation locally and come up with solutions, to prevent and reduce serious violence on a local basis.

The ICB will consider the Serious Violence Duty and Domestic Abuse as a focus within its [Joint Forward Plan 2023](#)

Focused work area:

Continue to work closely with the OPCC on implementing the Serious Violence Duty by 2024.

- Agreeing a definition of how we define SV in Gloucestershire.*
- Developing a strategic needs assessment to understand the local problem*
- Consider how best to utilise Home Office funding allocated to health*

¹ <https://www.gov.uk/government/publications/serious-violence-duty>

12. Focus work areas for 2023/24

We have developed a refreshed team work plan in 22-23 to reflect our local, regional, and national safeguarding priorities as outlined throughout this report. This includes our continued work with primary care (including POD), Children in care and care leavers, Integration of health safeguarding, Transition (child to adult services and support), asylum seekers and further work to support adults who have children removed from their care.

We have also contributed to the ICB Joint Forward Plan and outlined our areas of focus for the next 5 years:

- Continued commitment to the integration of core functions within the current three safeguarding services of the Integrated Care Board (ICB), Gloucestershire Hospitals Foundation Trust (GHFT) and Gloucestershire Health and Care Trust (GHC). This will include continued implementation of the common function pathways, identified via the Gloucestershire ICS Integrated Safeguarding Group.
- We will further embed integrated safeguarding supervision across the ICS and monitoring compliancy of mandatory safeguarding and children in care training at all levels across the ICB.
- In 5 years, we will have in place a well embedded rolling programme of safeguarding assurance visits to all commissioned providers.
- Embedding learning from adult and children's statutory safeguarding reviews to ensure we prevent further harm to our most vulnerable.
- Establish a local safeguarding webspace/interactive forum for health professionals interested in safeguarding.
- A review of the Unscheduled Care Dataset for safeguarding children captured in the 2021/22 annual report (as an appendix) to ensure it is focused, not onerous to collect by stretched services and meets our collective needs. The Designated Dr Safeguarding Children will lead this work to ensure we capture selective key metrics to inform our work going forwards across all health services. The aim is to utilise wider health safeguarding children and adults' data and as appropriate.
- Effective succession planning to ensure the ICB meets the statutory requirements for key safeguarding and children in care roles now and in the future.
- The continued commitment of the ICB and its Safeguarding team as members of our Partnerships and Boards will support the people of Gloucestershire who use our health services, to live in safety and prevent harm experienced through abuse and neglect. We endeavour to work towards a health system that provides trauma informed person-centered care.

13. Conclusion

During 2022-23 with the long term continued impact and recovery of services following the pandemic, the ICB Safeguarding Team have continued to deliver our statutory duties. This has been achieved despite the challenges of system pressures, increased demand on safeguarding services. Embedding virtual working has become business as usual as we adapt going forwards. This annual report outlines how we have sustained, and enhanced partnership working and strengthened safeguarding collaboration within health despite capacity challenges.

The formation of the new ICB from July 2022 and the work we have undertaken to prepare for this transition provides an opportunity to further embed safeguarding in all elements of strategic planning and provision of health care for those who access our services across Gloucestershire. We are embracing our journey within the Integrated Care System and will strive, as capacity allows to keep safeguarding as a focal point during this transition and beyond.