Oxfordshire
Clinical Commissioning Group

Date of Meeting: 29 March 2018	**Paper No: 18/22**

Title of Paper: Safeguarding- Update on issues and activity

Paper is for: (please delete tick as appropriate)	**Discussion**	✓	**Decision**		**Information**	✓

Purpose and Executive Summary:
This paper is to provide the Board with a summary of the safeguarding issues and activity currently being undertaken by the CCG and health partners.

Financial Implications of Paper:
OCCG actively contributes to the safeguarding boards and receives fuinding from NHS England to support primary care in fulfilling their safeguarding reponsibilites.

Action Required:
The Safeguarding Team supports continuing compliance with safeguarding requirements. The Board are asked to note and approve the contents of the report.

OCCG Priorities Supported (please delete tick as appropriate)	
✓	Operational Delivery
✓	Transforming Health and Care
✓	Devolution and Integration
✓	Empowering Patients
✓	Engaging Communities
✓	System Leadership

Equality Analysis Outcome:
Safeguarding teams ensuring vulnerable groups feel safe from harm. The CCG seeks assurance that health teams are contributing effectively within the partnership.

Link to Risk:

This paper forms a part of the evidence against risk AF22; the strategic risk that the Oxfordshire Clinical Commissioning Group (OCCG) will not identify and rectify healthcare quality issues in Oxfordshire, resulting in sub-optimal care to patients, poor patient experience and a lack of clinical effectiveness. The report provides an update on safeguarding issues and actions being taken to promote and support safeguarding activity.

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Date of Paper: 12 March 2018

Safeguarding- Update on issues and activity

1.0 Children's Safeguarding

1.1 Update on the OSCB strategy to address neglect

The impact of neglect is complex and significant to the health and welfare of those subject to it. It is the highest reason for child protection plans locally and nationally. In Oxfordshire, a new strategy has been developed to identify the issues, improve recognition and develop a joint approach to responding. Services are focused on improving outcomes for children and young people.

A Practitioner Resource Pack has been developed to provide practitioners with tools and guidance, which assist in improving the identification of neglect. The pack gives details of the resources available in communities, including early help. The Locality Community Support Service teams are working with practitioners across the county to promote awareness of the pack and support its use.

On 7 March 2018, the Safeguarding Children Board presented this resource pack at their Annual Conference.

1.2 Looked After Children

The number of children in local authority care in Oxfordshire has increased by 6% since the end of March 2017. It is 20% above the figure from the end of March 2016. Placement issues remain a challenge, with 20% of the looked after children population placed out of county. The health team supporting this population has completed assessments within the required time frames for all children entering the care system, and all under 5s.

Review assessments for school age children are currently not within the target of 95%, compliance is currently 78%. In all cases the delay in assessment is understood and was related to being out of area, reliant on local teams for completion of the assessments, or as a result of refusal to participate in the assessment by older teenagers. All of the refusers were followed up by the Phoenix nurses and ongoing liaison with the allocated social workers agreed.

1.3 Oxford Refugee Heath Initiative

Following a successful bid to NHS England, the OCCG Safeguarding Team has been working with a GP practice, psychology team and the University of Oxford Medical School on a project to enhance the existing health support given to refugees and other forcibly displaced populations in Oxford. This is done by matching unaccompanied minors with gender-matched medical students and matching families with two medical students.

Direct work with refugee families has commenced. All the medical students are supervised and supported in their roles and are carefully matched to ensure they can provide culturally appropriate support. The families all have additional health needs that the medical students can support and assist with. The families have also been helped to gain understanding and assistance in learning about local resources.

1.4 Children with disabilities audit (November 2017)
As part of a serious case review recommendation an audit of a small number of cases was undertaken by the Safeguarding Board Partnership. The aim of the audit was to assess the interagency work and communication across the child's care and support plan in situations where concerns about a child's safety had been raised.

Overall, the findings for this audit were positive. There was good evidence of strong multi-agency working across key partners in complex and challenging circumstances. Child protection planning was found to be effective and achieving results, although could have been instigated earlier in some cases.

2.0 Safeguarding Conference Report for GPs – new proforma
The role of the GP in child protection case conferences is valuable, but has often been difficult to facilitate. Case conferences require GPs to share relevant information about all members of a household. The GP contribution can be crucial to the success of the Child Protection Plan generated at the conference. The information required in the reports is complex and has required considerable time commitments from GPs.

A project has been undertaken to develop a proforma which allows GP demographic details and problem summary on to be merged on a single report form. This can then be amended by the GP. This significantly reduces the work required by the GP. The form also highlights relevant areas of the coded record, thereby supporting practices to ensure that their codes are accurate and up to date.

It is anticipated that this resource will assist in making report writing less time consuming, promote greater consistency and increase further GPs' ability to share information in a timely manner to support the case conference processes.

3.0 Adult Safeguarding

3.1 Domestic Abuse Information Sharing processes
A system has been established to support information sharing with GPs, for patients who are assessed by the multi-agency partnership (MARAC) as at high risk of harm from domestic violence. This is the result of an audit of GP practices, which identified they had been unaware of their patients' vulnerability and therefore, were only able to offer limited support following self-disclosure.

A proforma letter has been produced by the partners and will be sent to GPs in all cases where risks have been identified and safety plans agreed with the victim and professionals. The letter also provides clear guidance on coding records according to RCGP guidance.

3.2 Vulnerable Adult Mortality Reviews –Learning from Deaths

Establishing mortality review processes within NHS services in order to promote learning from deaths has been a priority for NHS England during 2017. The publication of a learning framework in March 2017 placed a number of new requirements on trusts.

In response, Oxford Heath FT and Oxford University Hospitals FT have developed directorate and corporate processes to meet these requirements. They have worked closely with the OCCG Safeguarding Team to align these with the Oxfordshire multi-agency mortality review processes for vulnerable groups established with the Safeguarding Boards.

It is anticipated that a summary of learning will be reported in May 2018 to the Safeguarding Adult Board and Quality Committee.

4.0 Learning from Case reviews and audits

Safeguarding audits and case reviews are regularly undertaken within the Safeguarding Board and Community Safety Partnerships (CSPs). The OCCG Safeguarding Team supports primary care to contribute to these multi-agency safeguarding audits and case reviews.

The recording of non-attendance at health appointments has been highlighted in reviews, both local and national. There is a need to raise awareness of the potential increased levels of vulnerability and the relevance to safeguarding in primary care. The importance of GPs coding episodes where children were not brought to appointments as "*was not brought*" rather than "*did not attend*" has been emphasised. This will reflect that children cannot attend appointments on their own.

5.0 Conclusion

The Safeguarding Team supports continued compliance with safeguarding requirements. The Board is asked to note and approve the contents of the report.

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Date: 12 March 2018