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NHS ENGLAND – BOARD PAPER

Title:

Safeguarding – Update on Current Progress

Lead Director:

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Purpose of Paper:

This paper provides the Board with an update on the latest position across the Safeguarding programme. The paper highlights progress that has been made in line with the safeguarding business priorities for 2016/17 and the key business priorities for 2017/18.

The Board invited to:

- Note the content of this paper and the achievement made in the delivery of the priorities for 2016/17;
- Note the key business priorities that will be delivered in 2017/18; and
- Consider if any further activities would assist them in further understanding the developing safeguarding landscape and NHS England's role.

Safeguarding Update 2016

Purpose

1. This paper highlights progress that has been made in line with the safeguarding business priorities for 2016/17, and sets out the key business priorities for 2017/18.

Background

2. The Children Act 2004 and the Care Act 2014 clarified the expectations of the health and social care sector when safeguarding children and vulnerable adults. Following amendments to the NHS Act (2012), NHS England has a statutory responsibility to ensure the interests of children and vulnerable adults are protected in the NHS by:
 - Gaining assurance that it is fulfilling its statutory requirements;
 - Ensuring effective communication with partner agencies in relation to safeguarding; and
 - Providing strategic safeguarding leadership across the NHS in England.
3. The roles, duties and responsibilities of all organisations commissioning NHS healthcare in relation to safeguarding are set out in the *Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework*, published on 2 July 2015. The National Safeguarding Steering Group (NSSG), chaired by Hilary Garratt, Deputy Chief Nursing Officer, England, is responsible for gaining assurance that NHS England is delivering its roles and responsibilities in line with this framework.
4. The NSSG is a cross system group comprised of members from NHS England, CCGs and Public Health England. There are five sub-groups with clear work programmes that support the regions to work with partners to deliver safeguarding responsibilities:
 - Prevent;
 - Child Sexual Exploitation;
 - Female Genital Mutilation;
 - Looked After Children; and
 - Mental Capacity Act.
5. In addition to the sub-groups there are two Task and Finish Groups:
 - Child Protection – Information Sharing Programme; and
 - National Independent Inquiry into Child Sexual Abuse.

Update on key priority areas

Prevent

6. The Prevent statutory duty, published in 2015, applies specifically to NHS trusts and NHS foundation trusts. NHS England is responsible for overseeing the embedding of Prevent within safeguarding practice across the health sector. NHS England has ensured that compliance with the statutory duty is embedded in the existing architecture of delivery and assurance via inclusion in the NHS standard contract.
7. Due to the recent terrorist attacks in Europe, there has been heightened ministerial interest in Prevent and in particular the impact of mental health conditions for those

who are at risk of radicalisation or who may be encouraged to undertake “lone actor” attacks. The Home Office (HO) estimates that around 30%-40% of these cases include “mental health issues”, including mental illness, substance misuse, autism and learning disability. The Department of Health (DH) requested that NHS England undertake focused work to raise awareness of Prevent across mental health providers. A workshop was subsequently undertaken with the Royal College of Psychiatrists, police and DH colleagues to understand any barriers to referral to Prevent. As an outcome of the workshop, guidance is being developed and will be published in the near future. The guidance will require high risk groups (schizophrenia, severe personality disorders and strong autistic traits) to receive a mental health assessment within 1 week of being identified, so their conditions can be treated more quickly.

8. To support the ongoing work on Prevent, NHS England, DH and HO have a joint comprehensive work plan that focuses on the five strategic objectives: Mental Health, Primary Care, Communications, Information Sharing and Governance and Channel Panel activity.
9. NHS England continues to monitor training and referral data. This is shared with the DH and HO. Data collected in early 2017 saw 98% compliance from all Priority area Providers in delivery of their data.
10. The NHS is the second highest trainer in basic Prevent awareness in the public sector. Significant progress has been made through the regional Prevent co-ordinators in increasing the levels of staff having received training. In 2016/17, 66% of staff in priority area organisations have received basic Prevent awareness training (compared to 50% in 2015/16) and 56% of staff who require the more focused Workshop to Raise Awareness of Prevent (WRAP) training had received this (compared to 39% in 2015/16).

Child Sexual Exploitation (CSE)

11. The Rotherham Inquiry brought into sharp focus the scale of CSE and the work that health professionals can do to identify those at risk and support those who are suffering from abuse.
12. NHS England has had a significant focus on CSE since publication of a number of high profile CSE Inquiries, including the Rotherham Inquiry. There have been achievements in key areas of commissioning and the training of front line practitioners to recognise CSE.
13. The safeguarding team have also been instrumental in providing the leadership in the system and thus influence future policy on this issue. Our contributions were highlighted in the Tackling Child Sexual Exploitation [document](#), which was recently published by the Home Office to highlight the progress that has been made since the original document was published in March 2015.
14. The progress report notes the leadership of NHS England and particularly the work of the child protection information sharing (CP-IS) system, the requirement via the NHS contract for all NHS providers to have a CSE lead, and the work that has been undertaken to raise awareness of the importance of routine enquiry when speaking with children and young people.

15. Over the past 12 months, 62,000 copies of the CSE pocket guide for professionals have been distributed of which 12,000 went directly to school nurses and health visitors as well as those working in sexual health services.
16. NHS England continues to work with the police and other partners to understand and reduce the impact of gang related CSE.
17. Research has been commissioned from Salford University and Pennine Acute NHS Trust to review current screening tools that will support front line practitioners.
18. The National Independent Inquiry for Child Sexual Abuse continues its work. NHS England has a task and finish group that is providing system leadership to the health sector and ensuring that the requests from the Inquiry are dealt with effectively.

Female Genital Mutilation (FGM)

19. Since April 2015, it has been a requirement for NHS trusts and NHS foundation trusts to forward information to NHS Digital in respect of FGM. Over the past three years, NHS England's Safeguarding team has prepared the system not only to respond to the mandatory reporting requirement but also to understand the needs of women and girls who have experienced this abuse.
20. This work has included investment in training events, development of guidance and the use of social media to raise awareness in collaboration with the DH and other government agencies. There is intense ministerial interest in this area with Nicola Blackwood MP promoting the need to eradicate this practice. NHS England has most recently contributed to the Zero Tolerance Day in February 2017.
21. The first annual data on FGM was published in July 2016. This report showed that there were 5,700 newly reported cases of FGM that NHS staff had identified. Regional teams are receiving the data for their regions on a quarterly basis which further supports the work that regional safeguarding teams are doing with their local health systems.
22. Over the last quarter, there were 1,204 newly recorded cases of FGM reported and 1,971 total attendances in NHS organisations where FGM was identified or a procedure for FGM was undertaken. This may be surgery for correction or maternity services. Since the collection began in April 2015, over 1,200 newly recorded women and girls have been identified every quarter.
23. Four out of every nine cases relate to women and girls from the London NHS Commissioning Region; 45% of newly recorded cases and 44% of total attendances being from this region July – September 2016. Newly recorded women and girls with FGM are those who have had their FGM information collected in the FGM Enhanced Dataset for the first time. This includes those identified as having FGM and those having treatment for their FGM.

Looked After Children (LAC)

24. Looked after children – those under the care of Local Authorities - have poorer health outcomes than their peers and are more likely to experience substance misuse, mental health issues and reduced educational attainment.

25. There were 70,440 looked after children at 31 March 2016; an increase of 1% compared to 31 March 2015 and an increase of 5% compared to 2012. Numbers continue to rise.
26. The Looked after Children work stream is part of the Leading Change Adding Value work programme that is working with Right Care to reduce unwarranted variation in outcomes for these children.
27. The key deliverables are:
- Benchmarking of current provision of health assessments for LAC;
 - National dip sample audit of the statutory compliance of Initial Health Assessment timescales & collation of summary report;
 - Developing exemplars of job descriptions for all statutory LAC health roles; exemplar of key performance indicator targets, exemplars of quality assurance processes;
 - Increasing uptake in statutory health and dental assessments for those entering care to 90%; and
 - To ensure that the tariff is consistently applied across England.
28. There is also work to develop a number of pilot projects. These projects, which will commence in the autumn, are being sponsored by the Department of Education (DfE) and will look at how mental health assessment is embedded within the statutory health assessments more consistently.
29. To support the increasing number of unaccompanied asylum seeking children, a range of products have been produced. These are available for front line practitioners via an NHS safeguarding “app”. The app also provides easy access to other key national documents such as <http://www.uaschealth.org/>.

Embedding Mental Capacity Act

30. The sub-group has been working to enhance the understanding of the implementation of this legislation across the health sector. An MCA [toolkit](#) has been produced, with partners, which Clinical Commissioning Groups can use to ensure they commission services for people with mental health conditions that are compliant with the Mental Capacity Act.
31. There are a number of ongoing projects across the regions, for example in the north region there have been 85 Best Interest Assessors (BIA) trained to complete assessments following best practice guidance and the development of a Safeguarding Adults Pocket Guide that has been distributed to 50,000 frontline health professionals across the region. This guide is now published on the NHS England safeguarding webpage.
32. The Law Commission are currently drafting proposed legislative changes to how the MCA and the Deprivation of Liberty Safeguards (DoLS) are delivered. To ensure that the implications of these proposed changes are understood there has been work with DH, Law Commission and internally within NHS England. There will be a significant shift in emphasis if the planned revisions of the system are implemented with CCGs adopting a central role in the approval and monitoring regime.

Child Protection Information System (CP-IS)

33. Sharing information effectively across health and care settings is vital in protecting vulnerable children and young people and preventing further harm. CP-IS connects local authority children's social care systems with those used by NHS unscheduled care settings, such as Accident and Emergency, walk-in centres and maternity units. It is the first national system that connects child safety information in the world.
34. With CP-IS, medical and nursing staff are alerted if a child they are treating is subject to a child protection plan or are a looked after child. They will have contact details of the social care team responsible for them. Similarly social care teams are alerted when a child in their care attends an unscheduled care setting.
35. The CP-IS programme continues to make progress following a review and re-basing of the programme:
 - 44 Local Authorities are now using CP-IS.
 - 35 NHS Trusts are now using CP-IS.
 - 60% of Child Protection Plans are viewable on the CP-IS
 - 48% of all plans are now viewable on CP-IS
 - Overseen the accreditation of 88% of Social Care system suppliers.
 - Commissioned an independent review of the benefits of implementing CP-IS.

Modern Slavery

36. This year saw NHS England publish the first slavery and human trafficking [statement](#).
37. The leadership team in NHS England has been using social media to raise awareness and had a call to action in week commencing 17 October 2016. There has since been investment in training supporting regional and more local events to ensure front line practitioners are aware of and able to respond to incidents of modern slavery within care settings.
38. NHS England is working closely with the Anti-Slavery Commissioner and participated as a key organisation on the panel to launch the first annual report following publication of the Modern Slavery Act.
39. The safeguarding team are working with the UK Modern Slavery Training Delivery Group that is being led by the Crown Prosecution Service (CPS) in Cardiff to ensure the NHS is able to play a full part in eradicating Modern Slavery from the UK.

Safeguarding Reforms

40. In 2016, Alan Wood CBE undertook a fundamental review of the role and functions of Local Safeguarding Children Boards and the Serious Case Review process. The review considered the effectiveness of current arrangements in holding partners to account.
41. The Government response to the Wood Report was published in May 2016; supporting the findings of the report. The legislative process to remove LSCBs from current statute has commenced and the arrangements for both multi-agency shared leadership and the transfer of responsibility for CDOP from DfE to DH has begun.

42. The revised arrangements will be set out in the Children and Social Work Bill 2016-17; currently in the House of Commons and awaiting Royal Assent. The statutory guidance will then be published in 2017/18 for the reforms to be implemented in April 2019. These legislative proposals represent the most significant changes in child protection and safeguarding in 40 years.
43. There is a paper that will be presented to the Executive Group to outline the proposition to have a task and finish group to work through the implications of the new legislation on the health sector and ensure its implementation.
44. NHS England is currently working closely with DH and DfE to influence the regulation that will be completed later in 2017.

Priorities for 17/18

45. On 16 February 2017, the regional safeguarding leads and central safeguarding team came together to undertake a stocktake of the past 12 months of work against the business plan highlighted above and to agree the key priorities for the next 12 months.
46. The following were identified as key areas of focus in 2017/18:
 - Prevent: engage more closely with general practice and continue the work to enhance mental health services for those at risk of radicalisation or for those returning from areas of conflict;
 - Safeguarding Reforms: influence policy development and prepare the health sector for the change ahead;
 - Independent Inquiry into Child Sexual Abuse (IICSA): engage with the NHS providers and commissioners to understand the implications of the Inquiry as it progresses;
 - Further development of guidance from NHS England to take account of the rapidly changing safeguarding landscape;
 - Domestic abuse: further work is required to understand the health impact of this type of abuse; Safelives have recently produced a [report](#) that highlights the high cost to the health sector of domestic abuse;
 - Looked after children: this programme will continue to work towards its key deliverables in 2017/18; and
 - MCA/DoLS: influence the DH and prepare the health sector for the impact of the proposed changes to legislation that is currently being drafted by the Law Commission.

Conclusions

47. NHS England has been working closely with inter-governmental agencies and other stakeholders from across the health and social care sector to develop support and guidance that will impact on the health system.
48. The Annual Safeguarding Update for 2016 will be published in April.
49. The fourth National Safeguarding Conference is due to take place on 21 April 2017. This year's conference will focus on safeguarding in a contemporary commissioning system.

Recommendations

50. The Board is asked to:

- Note the content of this paper and the achievement made in the delivery of the priorities for 2016/17;
- Note the key business priorities that will be delivered in 2017/18; and
- Consider if any further activities would assist them in further understanding the developing safeguarding landscape and NHS England's role.

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