

Manchester Health and Care Commissioning (Manchester Clinical
Commissioning Group)

Safeguarding Children, Adult and Looked after Children Annual Report March 2019-April 2020

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1. Introduction

Welcome to the NHS Manchester CCG (the CCG) Safeguarding and Children Looked After Annual Report. This report describes the range of activities and developments that the safeguarding team have supported in designing and delivering effective safeguarding arrangements across Manchester. The report provides assurance to the Governing Body and members of the public that the CCG has fulfilled its statutory responsibilities to safeguard the welfare of children, adults and children looked after.

The narrative throughout this report gives an overview and summary of assurance against our statutory functions, our internal mechanisms and the shared local priorities of safeguarding partners.

This report will conclude by looking forward to the year ahead identifying key priorities for 2020/ 21. Throughout our activity we have and will continue to, promote a culture where the voices of children and adults are heard. Over the last year we have focused our work priorities on national changes and establishing the arrangements of the Manchester Safeguarding Partnership for adults and children. Our safeguarding activity takes in to account any key changes to national legislation and learning from local and national safeguarding reviews.

A key area of work during 2019/20 has been to support the local development of the statutory changes set out in the Children and Social Work Act (2017), which led to a revised publication of Working Together (July 2018).

Our core business is to support vulnerable people by fully understanding the outcomes we want to achieve together and continually reflecting on how well we do things. We want to be able to work with our partners and be in a position to evidence the impact our work makes on the lives of children, young people and adults by keeping the individual at the centre of everything we do in order to:

- Keep them free from harm, abuse or neglect
- Protect their wellbeing and human rights
- Protect their health

Finally, we must not underestimate the impact of COVID-19. During the COVID-19 crisis children, young people and adults with care and support needs have been much more vulnerable to abuse and neglect. The COVID-19 situation adds additional risk and the safeguarding response should be strongly rooted in existing policies, principles, culture and best practice. The work completed during the Covid 19 pandemic will be reported more fully in the 2020-2021 report. However, the executive team of Manchester Health and Care Commissioning have received regular updates on the work completed by Designated Professionals to support children and adults at risk of abuse, Looked after Children and Care Leavers.

1.0 Purpose

- 1.1 The purpose of the CCG Safeguarding Adults, Children and Looked After Children Annual report is to provide assurance to Manchester Health and Care Commissioning and the Governing body of NHS Manchester CCG (the CCG) of the safeguarding arrangements in place for the CCG. The report provides assurance on how the CCG is meeting its statutory requirements for safeguarding adults (with care and support needs) and children. It provides an overview of the key achievements for 2019/ 20 and identifies safeguarding priorities for the CCG in 2020/ 21.
- 1.2 The Clinical Commissioning Group (CCG) as a statutory body has a responsibility for ensuring those organisations, from which they commission services provide a safe system that safeguards adults (with care and support needs-referred to throughout the document as 'adults') and children from harm and abuse.
- 1.3 The CCG has membership throughout the Manchester Safeguarding Partnership (MSP) for children and adults. These members have responsibility to inform the CCG of safeguarding requirements, lessons learnt and developments. The CCG Safeguarding Team supports the work of the Manchester Safeguarding Partnership (MSP) through the Leadership and Accountability Board, Children's and Adults Executive Committees and Subgroups.

The CCG's safeguarding priorities are underpinned by the Greater Manchester Safeguarding Assurance framework (Contractual Standards). The framework outlines the means by which the CCG holds both NHS and independent healthcare providers to account for the quality of care that they deliver to ensure our local population receives high quality and safe health care.

2.0 The Statutory Responsibilities of CCGs

2.1 Safeguarding Assurance

- 2.1.1 The publication of the **Safeguarding Vulnerable People in the NHS - Accountability and Assurance Framework (July 2019)** sets out a framework for safeguarding including roles, duties and responsibilities of all organisations commissioning health and social care.
- 2.1.2 Safeguarding should be embedded in all organisations' duties across the health system. There is a distinction between provider responsibilities of delivering high quality safe care and support and commissioner responsibilities, in partnership with providers, of seeking assurance of safety and effectiveness of commissioned services. The CCG continues to seek assurance from the services they commission that findings from inquiries, reviews and legislative

requirements regarding safeguarding are embedded across these organisations and that this is evidenced in practice through the delivery of high-quality care. This is facilitated using the Greater Manchester Safeguarding Assurance framework which is reviewed on an annual basis to reflect new legislation, arrangements or requirements.

2.1.3 The wider context of safeguarding continues to change in response legislation and to findings of Inquiries.

Key Roles and responsibilities of the: CCG Governing Body, Clinical Chief Officer/Executive Governing Body Level lead as outlined in Section 11 of the Children Act 2004, NHS accountability framework 2015 and the Care Act 2014

	Standard	MHCC position March 2020	RAG rating
1	A clear line of accountability for safeguarding, properly reflected in the CCG governance arrangements, i.e. a named executive lead to take overall leadership responsibility for the organisation's safeguarding arrangements.	MHCC has a clear line of accountability from the Accountable Officer for the organisation and there is executive lead in post	
2	Clear policies setting out their 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.	MHCC has a safeguarding policy in place which reflects the outlined standard and the requirements of the Manchester Safeguarding Partnership (MSP)	
3	Training their staff in recognising and reporting safeguarding issues, appropriate supervision, and ensuring that their staff are competent to carry out their responsibilities for safeguarding	All staff are required to complete Level 1 training for adult and children safeguarding via e learning The figures at the 31 st March were 81% for both adults and children training The Designated Team have access to Level 5 training via opportunities offered by NHS England	
4	Equal system leadership between LA children's services, the police and the CCG is now required	MHCC (Manchester CCG) are equal partners within the MSP, as required by the legislation and guidance	

	under the Working Together to Safeguard Children Statutory Guidance 2018	The MHCC/CCG are represented by the Executive lead the Designated professionals and members of the safeguarding team on the various Boards and committees	
5	Effective inter-agency working with LAs, the Police and third sector organisations, including appropriate arrangements to co-operate with LAs in the operation of safeguarding children's partnerships, Corporate Parenting Boards, SABs and Health and Wellbeing Boards	As above MHCC hold membership on all the board identified in the standard	
6	Ensuring effective arrangements for information sharing	The CCG/MHCC share information as required and as outlined in the CCG safeguarding policy in line with GDPR and Information Governance, The Children Acts 1989,2004 and The Care Act 2014	
7	Employing the expertise of designated professionals for safeguarding children, children in care, safeguarding adults and a designated paediatrician for Sudden Unexpected Deaths in Childhood	The CCG employs directly a Designated Nurses for Child Safeguarding and Looked after Children, Designated Nurses for Adult Safeguarding The CCG employs Designated Doctors for Child Protection and Looked after Children There is a Named GP for Safeguarding in post Additionally, the CCG employs a designated paediatrician for Sudden Unexpected Deaths in Childhood via its commissioning arrangements with Manchester Foundation Trust	
8	Effective systems for responding to abuse and neglect of adults	The CCG requires all its providers to have systems and training in place to enable them to respond to suspected abuse and neglect of adults. The CCG will support the Local Authority/Greater Manchester Police/HM Coroner where they are making enquiries about abuse and neglect and health is an element.	

		The CCG will support the LA in cases where organisational neglect and abuse are known and/or suspected	
9	Supporting the development of a positive learning culture across partnerships for safeguarding adults, to ensure that organisations are not unduly risk averse	The CCG works with and supports its providers with risk management when safeguarding adults via the Serious Incident process and the work of the Manchester Safeguarding Partnership (MSP)	
10	Working with the Local Authority to ensure access to community resources that can reduce social and physical isolation for adults	Manchester CCG formed a partnership with Manchester City Council in 2017 and is committed to being fair and open in the way we make decisions and commission services according to the needs of our local population. Our aim is to always give our patients access to the highest quality health and care services while making sure that we achieve the best value from the money we have available.	
11	CCGs need to demonstrate that their designated professionals are involved in the safeguarding decision making of the organisation, with the authority to work within local health economies to influence local thinking and practice.	<p>The CCG ensures that safeguarding is considered at all points of the commissioning cycle</p> <p>The executive team of MHCC receive regular papers outlining the work of the safeguarding team and learning from reviews and incidents</p> <p>The CCG safeguarding teamwork with the providers in respect of assurance of the safeguarding standards and support and challenge as required</p>	
12	For children in care, CCGs have a duty to cooperate with requests from LAs to undertake health assessments and help them ensure support and services to looked-after children are provided without undue delay	<p>The CCG commissions a service from a local provider to ensure that all children receive timely and quality health assessments</p> <p>This is monitored in respect of performance on a regular basis and quality assurance will be monitored via audits by the CCG safeguarding team</p>	

		The outcomes are reported annually to both the Governing Body and the Corporate Parenting Board via and the annual report	
13	CCGs should ensure that adult and children's services work together to commission and provide health services that ensure a smooth transfer for young people and children in care, including a planned period of overlap to avoid the abruptness of a sudden change in clinicians, culture, frequency of appointments and environment	This area is currently in development with an integrated transition board chaired by MCC with representatives from across health education and care along with a transition group at Manchester Foundation Trust led by the consultant nurse for transition. The CAMHS providers MFT and GMMH also have a CAMHS to AMS transition group. In addition to this work we are looking at exploring services/pathways that can provide to the age of 25	

Team at 31st March 20

MHCC Designated Safeguarding Team (March 2020)



2.2 Significant changes to legislation

2.2.1 **The Mental Capacity (Amendment) Act 2019** this is a new change to be cited in this report. New provisions entitled the Liberty Protection Safeguards (LPS) are due to replace Deprivation of Liberty Safeguards (DOLS) in 2022, this is a delayed implementation due to the COVID-19 situation.

2.2.2 The implications for the CCG include new duties as a 'responsible body' under the legislation; and a requirement to resource the required changes that implementation of the Act will bring. The CCG and the local Authority will need to consider the implications in readiness for when the Act becomes operationalised.

2.2.3 **The Children and Social Work Act 2017/ Working Together to Safeguard Children (2018)**- this is another key legislative change relevant to this reporting period. The Act brought about wide-ranging reforms to safeguarding arrangements during 2019-20. The Act specified a new duty upon CCGs under

the legislation whereby the CCG will be equal partners with the Local Authority and Police for implementing and overseeing the multi-agency Safeguarding arrangements in their area.

- 2.2.4 During 2019-20 the Manchester Safeguarding partnership (MSP) came into effect and the local Safeguarding Children Board ceased to exist and three statutory 'partners' (CCG, Local Authority and Police) were required to implement these changes.
- 2.2.5 The Manchester Safeguarding Partnership arrangements were implemented throughout Quarter 1 and 2 of 2019-20. The arrangements for Manchester have been agreed as an adult and children model.
- 2.2.6 The Act brought in changes to the Child Death Review Process. CCGs and local authorities are the new Child Death Review Partners. The Partners can decide how to undertake Child Death Reviews in order to meet the statutory requirements under the Children Act 2004 (the Act) for reviewing all deaths of children.
- 2.2.7 There is a National Child Safeguarding Practice Review Panel responsible for identifying and overseeing reviews of serious child safeguarding incidents that raise complex issues or become important on a national scale. The Panel will be responsible for deciding how the system learns lessons on a national level, while local responsibility will land with the Safeguarding Partners within the new arrangements.

3.0 Achievements in 2019/2020

2019/20 work areas	We have
<p>Continue to promote a culture of learning via training and supervision to embed lessons learned.</p>	<ul style="list-style-type: none"> • Training has been delivered online in a lunchbox learning format and face to face covering topics such as; Bruising, Safeguarding Standards, ICON, Suicide Prevention, Neglect and Early Help Self neglect and Safeguarding/MCA for non-NHS providers • The CCG Safeguarding Team are the Lead Commissioners for IRIS – Identification and Referral to Improve Safety which provides Domestic Violence and Abuse training to GP Practice Staff as well as a frontline service. 732 staff were trained in 2019/20 including 420 practitioners and 312 reception staff.
<p>Work with partners to understand safeguarding children referral rates and develop plans to safely reduce the numbers</p>	<ul style="list-style-type: none"> • Engaged with the work of task and finish groups to understand system demand and the impact on resources • Influenced the partnership approach to address demand in different work streams such as Early Help, permanence • Ensured that MHCC commissioners and Board are appraised of recommendation to re-commission and re-design services within the locality plans to reflect system capacity and demand
<p>Continue to work with the MSP to support appropriate safeguarding adult referrals and alerts</p>	<ul style="list-style-type: none"> • Maintained oversight of the processes and referrals within the adult Multi Agency Safeguarding Hub (MASH) to monitor patterns and trends for adult referrals. • Supported the development of the 'Managing High Risk together document which is part of the escalation process for complex case referrals.'
<p>Work with partners to ensure robust information sharing for</p>	<ul style="list-style-type: none"> • Prioritised improvements with the Local Authority to the care experience of children and young people in Manchester

<p>Looked After Children (LAC) placed in and out of Manchester and engage with initiatives to support increased compliance with timeliness of health assessments to improve the health outcomes for LAC and care leavers</p>	<ul style="list-style-type: none"> • Influenced system re-design of pathways for LAC from notification of placement to completion of assessment and health action plan • Co-designed and implemented a new service specification and KPI's to improve efficiency, quality and compliance with the health offer for LAC and care leavers
<p>Continue to embed the principles of the Mental Capacity Act (MCA)</p>	<ul style="list-style-type: none"> • Maintained oversight of the implementation of the Mental Capacity Act/Deprivation of Liberty Standards. • Influenced the partnership planning for the implementation of the amended Act and new Liberty Protection Safeguards. • Worked with the Local Authority to embed lessons learnt from Safeguarding Adult Reviews in relation to the MCA such as exploring 'executive capacity' – whether someone could execute the decision within training and policy/procedure updates.
<p>Strengthened information sharing processes across Primary Care including contribution to Child Protection Conferences, LAC and care leavers and within adult safeguarding.</p>	<ul style="list-style-type: none"> • Resources in place for child protection case conferences, LAC and care leavers. • Promoted attendance at the safeguarding forum quarterly events and reviewing the feedback received to ensure that future developments are reflective of the primary care voice. • In adult safeguarding information sharing was included within a Non Attendance Policy and Guidance and embedded within the self-neglect training and the Primary Care Safeguarding Standards.
<p>Respond to the high levels of domestic violence and abuse (DVA) in Manchester by supporting General Practices to refer into specialist DVA services.</p>	<ul style="list-style-type: none"> • Commissioned IRIS to support patients and GP staff who are affected by Domestic Violence and Abuse. The IRIS service received 964 referrals in 2019-2020. It was first commissioned in 2012. Prior to IRIS GP practices made 4-6 referrals per year in total across the City to all domestic abuse services. The team monitor the service and have found that IRIS service user feedback is positive and they have met all of their KPIs.
<p>Strengthen information sharing within Primary Care to support</p>	<ul style="list-style-type: none"> • Ensured that the IRIS service provide training and advice for GPs who want to make a referral for a patient at high risk of DVA.

high risk victims of Domestic Violence and Abuse	<ul style="list-style-type: none"> •
Strengthen safeguarding Practice and systems to ensure compliance with statutory Prevent Guidance and duties	<ul style="list-style-type: none"> • Monitoring of Prevent Training compliance in line with NHSE guidance and the Greater Manchester Safeguarding Assurance framework • Identified as a learning priority for Primary care
Support the quality and safeguarding assurance and improvement of regulated care providers where the care fails to protect vulnerable adults	<ul style="list-style-type: none"> • Continued engagement and leadership with the local Performance, Quality and Improvement processes
Continue to strengthen the health input to the children and adults Multi-Agency Safeguarding Hubs (MASHs) and the complex safeguarding hub to support information sharing and timely partnership decision making.	<ul style="list-style-type: none"> • Contributed to partnership work streams for the hubs • A business case was developed to secure the substantive clinical posts of the MASH Health Lead & MASH Practitioner within MHC. This will provide stability to the MASH health team, succession planning and determine future team development It will also afford the MASH health team with stability and consistent health input into the MASH. • Commissioned an independent review of the MASH to evaluate whether the investment was returning value for money and to see where improvements could be made to improve the outcomes of the service.
Implementation of the safeguarding arrangements to ensure compliance with the revised Working Together (2018)	<ul style="list-style-type: none"> • Proactively influenced the transition arrangements into the Manchester Safeguarding partnership for adult and children • Represented at all levels of the MSP • Workshops and CCG Governing Body events to support the implementation • A revised governance arrangement within the CCG for safeguarding assurance and oversight
Within the clinical governance framework offer safeguarding	<ul style="list-style-type: none"> • Safeguarding Supervision was provided for the Named Nurses by the CCG Designated Nurses. This included staff from:

supervision to provider Named Nurses	Manchester University NHS Foundation Trust The Christie NHS Foundation Trust
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4.0 Safeguarding Assurance of Commissioned Services including Primary Care

4.1 Safeguarding assurance is facilitated using the Greater Manchester Safeguarding Assurance framework which is reviewed on an annual basis to reflect new legislation, arrangements or requirements. This has included assurance visits, quality walk rounds and attendance at some provider safeguarding committees. There are also arrangements to monitor key performance indicators (safeguarding outcomes), risk management and quality improvement initiatives with providers when required.

4.2 The Greater Manchester Safeguarding Assurance framework is distributed to all CCG Commissioned service and our contracted smaller providers. Compliance of the completed framework tools are monitored via the CCG Safeguarding Team and support provided as required. Guidance to support commissioned providers in ensuring robust safeguarding policies are in place, has been developed

4.3 A Primary care assurance framework was distributed to practices and the practices self-evaluated themselves against the standards. The following table identifies the gaps identified and the action taken towards remediating the gap.

Primary Care Framework identified the following gaps	Response
Systems to flag safeguarding risks on electronic patients record	The MHCC safeguarding team contributed to the development of guidance and training for our GP practices on the required application of safeguarding alert codes to children, young people and adults electronic records identified as being vulnerable. These have been shared with the aim to strengthen safeguarding arrangements so additional vulnerabilities /safeguarding risks are clearly identified during consultations and any clinical involvement.
Compliance with safeguarding training	<p>Training guidance produced for all Primary Care staff to raise awareness of the new revised increased safeguarding training requirements as outlined in the Intercollegiate Guidance for both adults and children. In addition we have:</p> <ul style="list-style-type: none"> Delivered some face to face bespoke Level 3 safeguarding for primary care staff -ICON, Confidentiality and information sharing, GMC Safeguarding guidance in practice, Neglect and Early

	Help, PREVENT , Self-Neglect and MCA, safeguarding case discussions and learning from serious case reviews.
Overall themes for improvement	<ul style="list-style-type: none"> • Focus on the application of multi-agency processes and children's thresholds that continue to be a challenge within the Manchester system • Developing processes to obtain more robust assurance from GP practices • Developing processes to share Child in Need information with Primary Care

5.0 Learning from Safeguarding Incidents and Child Deaths

We continue to engage with the Manchester Safeguarding Partnership and the Manchester Community Safety partnership through the work of the Safeguarding Adult Review subgroup and the Child Safeguarding Practice review sub-group to disseminate and embed learning from reviews and share good practice

Published reports are available via the Manchester Safeguarding Partnership website

<https://www.manchestersafeguardingpartnership.co.uk/resource/child-reviews/>

Manchester Health and Care
Commissioning
Looked After
Children March
2019-2020

6.0 Looked After Children

Looked After Children and Care leavers ('Our children and young people')

Between April 2019- March 2020, we had an average of 1407 Looked After Children in Manchester.

Context:

At the time of reporting, an average of 1407 children (114 per 10 000 of the population compared to 67 per 10 000 across England) were looked after by Manchester Local Authority between April 2019- March 2020.

Of these more than half were accommodated outside of Manchester but 80% of these were within Greater Manchester area, 20 miles from home as per Statutory Guidance for meeting the health needs of Looked after children (2015). During this time period, Manchester accommodated fewer Looked After Children from other geographical areas in comparison. The CCG ensured that appropriate services were commissioned to meet the health needs of all Manchester's Looked after children and those placed in Manchester by other Local Authorities. Additionally, in response to changes in legislation, Manchester CCG developed a new service specification that extends its health offer to include on-going support for care leavers up to the age of 25 years.

Compliance with Statutory Health Assessments:

Compliance with health assessments remains variable due to a series of co-dependant multi-agency challenges, including notifications systems, capacity of staff and lack of engagement from young people. Annual compliance for the year 2019-20 is as follows:

Initial health assessments - 80%

Review Health Assessments – 87% (90% national average)

Up to date Immunisations – 83% (88% national average)

% Substance misuse in LAC – 7% (3% national average)

% of LAC who have had dental health checks 82% (86%)

SDQ's Data on this measure of mental health and wellbeing in looked after children aged 4- 16 years will be collated and reported in next year's report (2020-21)

Compliance for health assessments was affected by a range of issues including delay in the receipt of the notification from the local authority, a delay in outside providers being able to provide an appointment within the timescales, children not being brought to appointments.

Immunisations data is affected by a range of reasons including young people's reluctance to attend organised sessions and preferring an individual approach. In addition, work is ongoing to validate immunisation data, which is not always up to date due to system issues.

Themes identified from health assessments:

The main health needs identified from statutory health assessments include mental health issues, obesity, poor dental hygiene, poor immunisations uptake at the point of children coming into care. Moreover, Manchester's unaccompanied asylum-seeking children presented with additional health issues relating to their trauma as result of lack of medical care in their originating countries and journeys into the country. These include post-traumatic stress disorder, sleep problems, exposure to blood borne infections, TB and exploitation.

Our children and young people were also overrepresented in missing from home episodes, sexual exploitations and county lines, all which may result in mental health issues including self-harm, early pregnancy, increased drugs & alcohol intake, increased criminality and domestic violence.

Achievements/ innovation:**LAC service specification re-design**

The LAC health service specification was re-designed and implemented in Q3 of 2019/20 with a new key performance indicator dataset which focuses on outcomes for LAC. This was developed in compliance with national guidance, as well as to identify and respond to the health profile of Manchester's LAC. The implementation has focused on navigating barriers and system challenges affecting the compliance and performance of statutory health assessments for LAC. The dataset is in its early stages and assurance measures will continue to be monitored throughout 2020/21.

Virtual Mental Health Team for Looked After children with Disabilities

In response to need, Manchester CCG allocated short-term funding to extend the mental health services of Manchester's Looked After Children to specifically support those young people with a learning disabilities/autism and complex needs, who are placed outside of Manchester. This is in line with their local transformation plans, driven by the Future in Mind document and with the wider Greater Manchester plans based on the green paper and iThrive model of support. The team is a part of the existing CAMHS LAC and this service offers a virtual mental health team to the identified population.

Challenges/ Areas of improvement 2020-2021:

- Effective partnership working
- Ongoing health service for those leaving care and transitioning into adult services
- Timeliness of statutory health assessments
- Immunisations
- Dental access
- Completion of SDQ's by Manchester City Council workforce and integration of scores into health assessments

The CCG Safeguarding team continues to work across the system to mitigate and address these challenges.

Reducing Unwarranted Variation for Looked After Children (LAC)

The health system together with local authorities as 'Corporate Parents' should together have high aspirations to improve outcomes for these children and young people. NHS England have identified reducing unwarranted variation for Looked after Children as a key area of focus. Work is ongoing to reduce unwarranted variation for all LAC across the Greater Manchester footprint.

The primary areas of unwarranted variation are:

- Access to timely and quality health services regardless of where LAC are placed in the United Kingdom
- The health commissioning pathways to meet the statutory duties for all LAC are complex and there is no single service specification for delivery nationally
- Access to mental health services for LAC and care leavers

Strengthening Governance Arrangements for Looked After Children (LAC)

Work continues across Greater Manchester to improve the efficiency and compliance with statutory health assessments, notification of placements and tracking of children. The Designated Nurse and Doctor are supporting improvements such as:

- Scoping of current cases awaiting health assessments
- Performance reporting strengthened, escalation process in place across pathways
- Increasing timeliness of notification and consent to health teams from the Local Authority
- Access to social care systems for health staff to promote accurate timely data

We will continue to progress the action plans at pace but are unlikely to see an immediate increase in performance until system and practice changes are embedded across the partnership.

7.0 Priorities for 2020-21

7.1 The CCG Safeguarding team will continue to work collaboratively, to engage in work streams to improve quality, strengthen safeguarding arrangements and where necessary mitigate organisational and partnership risks.

7.2 In particular the following areas will require focused oversight and planning:

- **Planning for the implementation of the Domestic Abuse Bill**
- **Ongoing scrutiny and oversight of LAC health provision**
- **Re-design of the commissioned services for safeguarding children with a focus on complex safeguarding**

7.3 The priorities for MHCC are:

- Improve the health and wellbeing of people in Manchester
- Strengthen the social determinants of health and promote healthy lifestyles
- Ensure services are safe, equitable and of a high standard with less variation
- Enable people and communities to be active partners in their health and wellbeing
- Achieve a sustainable health and care system

7.4 During 2020-2021 the CCG Safeguarding Team will contribute to these priorities by:

Ensuring CCG Safeguarding arrangements are in place:

- Continue to deliver the CCG Core Statutory Safeguarding Functions
- Continue to contribute and influence the Manchester Safeguarding Partnership
- Ensuring robust CCG safeguarding governance and reporting processes are in place

Development and Maintenance of high quality standards of safeguarding practices across the health system:

- Support Primary Care to ensure effective safeguarding arrangements are in place
- Monitor, assure and reduce impact when performance fails in order to improve quality
- Improve compliance with LAC statutory assessments, develop pathways to improve service delivery and reduce unwarranted variation
- Maximise learning from Serious Incidents and all types of safeguarding/ statutory reviews

Commissioning of safe services

- Ensure safeguarding is appropriately considered and referenced in all stages of the commissioning process
- Contribute to a review and realignment of the services currently commissioned for safeguarding to ensure that key partnership priorities are achieved
- Continue to ensure that safeguarding compliance is a requirement of performance and quality monitoring.

8 Summary

The information contained in this report demonstrates that the CCG has continued to ensure robust arrangements are in place for safeguarding through our work with partners to support service development, delivery methods and governance arrangements. The need for continuous safeguarding improvement is set against a backdrop of significant changes in the landscape across health and social care services as well as the current COVID-19 pandemic.

A key area of work during 2019/20 has been to embed the new Manchester Safeguarding Partnership arrangements which are very different to the previous arrangements of safeguarding Boards. The changes will impact significantly on the responsibility and accountability of the CCG. This is a key opportunity for the CCG to take a proactive role in influencing the newly embedded safeguarding arrangements.

The safeguarding agenda is complex, and arrangements are frequently under review, often due to national drivers and local challenges. This annual report demonstrates a wide range of activity to support and enhance safeguarding arrangements and the priorities outlined above will support the CCG to continue to strengthen arrangements and where necessary mitigate current organisational and partnership risks.