

Safeguarding Assurance Report

Governing Body meeting

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18 June 2020

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Purpose of Paper	
To provide assurance to the Governing Body of the safeguarding processes and support across Sheffield during the COVID-19 outbreak.	
Key Issues	
<ul style="list-style-type: none"> • CCG Safeguarding Team have developed a support package for Primary Care • Provider Trusts continue to work with the CCG • The CCG Safeguarding Team continue to work closely with the Local Authority 	
Is your report for Approval / Consideration / Noting	
Consideration and noting	
Recommendations / Action Required by Governing Body	
The Governing Body is asked to consider the report and to note the key measures of assurance undertaken to ensure robust safeguarding across the city	
What assurance does this report provide to the Governing Body in relation to Governing Body Assurance Framework (GBAF) objectives?	
Strategic Objectives <ul style="list-style-type: none"> •To improve patient experience and access to care •To work with Sheffield City Council and other partner organisations to reduce health inequalities in Sheffield •Improve the quality and equality of healthcare in Sheffield 	
Are there any Resource Implications (including Financial, Staffing etc)?	
No additional resource required	
Have you carried out an Equality Impact Assessment and is it attached?	
Not required for this report	

Have you involved patients, carers and the public in the preparation of the report?

Not required for this report

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1. Introduction

- 1.1 This report is to inform and provide assurance to Governing Body (GB) regarding the safeguarding of children, young people and adults across Sheffield during the COVID-19 outbreak and the work being undertaken by the CCG Safeguarding Team.
- 1.2 It has been recognised that a significant number of children and young people and adults will have become increasingly vulnerable and at risk since the lockdown began, health and social services across the city have worked hard to develop alternative ways of working to mitigate these risks whilst adhering to social distancing rules.

2. Safeguarding Children

2.1 Local Authority

Children's Social Care has produced comprehensive guidance where all children known to them in any capacity have been risk assessed to determine the level of contact during the lockdown.

2.2 Referrals

The referral of children where there are safeguarding concerns has not changed. The Sheffield Safeguarding Hub is still fully operational and anyone can contact the Hub to make referrals into safeguarding or seek advice. Recognising the pressure of social isolation in those already vulnerable families

2.3 Strategy Meetings

When a referral is deemed to meet the threshold for further investigation a strategy meeting is held between social care, police and health where additional information is gathered to determine whether the safeguarding concern should progress to a child protection case conference. All strategy meetings are still going ahead but are being held via Skype video conferencing (this is the approved format for South Yorkshire Police and Sheffield Children's Hospital)

2.4 Child Protection Case Conferences

All forms of child protection case conference are still being held; these include initials, reviews, pre-birth and transfer in. The CCG Safeguarding Team are supporting the GP's by receiving the notifications for all conferences and offering to complete the report on their behalf. The vast majority of practices have welcomed and accepted this support. The conferences are being held virtually, meaning the conference chair scrutinises all the reports and will then contact any of the contributors if there are points of clarification needed. The chair will also speak with the families prior to decisions being made. During April over 100

reports were completed by the team. Picking up this work has ensured that almost 100% of case conferences will have received GP information since 1st April.

2.5 Child Deaths

Taking into consideration the pressures that all front line agencies are working in but equally recognising the importance of data collection in relation to any child deaths there was a requirement to amend the Child Death Overview process slightly. To date the numbers of deaths in those under 18 for the city have remained extremely low.

Child Death Overview Panels have been suspended but information required on any child death continues to be collated in preparation for the resumption of panels. This includes the CCG safeguarding team reviewing GP information. During April, there has been one child death notification which occurred abroad which was not Covid-19 related.

2.6 Sheffield Children Safeguarding Partnership (SCSP)

The Executive board meeting in March was cancelled but have resumed since and are being held on a virtual basis and have agreed to hold them more frequently during the pandemic. It has been suggested they will be fortnightly but no further details are available at present.

Sub-group meetings have been cancelled but there is an expectation that wherever possible on going work streams can and should continue.

Section 11 action plans have been sent to all partners and timescales are still expected to be achieved. The CCG action plan includes training, ensuring the Accountable Officer has sight of partnership minutes, audit and transition arrangements for young people of child protection plans within health.

2.7 CCG assurances

The team continue to receive and review Key Performance Indicators from Providers and support and challenge where necessary. Face to face safeguarding supervision has been postponed but the team continue to support Provider safeguarding leads remotely.

All safeguarding training has been postponed until June though this is likely to be extended.

An agreement has been made with SCSP to merge the next Section 11 audit with the CCG Self-assessment assurance tool to avoid duplication and reduce the burden on Providers

2.8 0-19 Service

Health Visitors and School Nurses are maintaining good contact with Local Authority partners in terms of supporting complex and vulnerable families so they continue to contribute to Case Conferences and Child in Need plans in line with how Social Care are delivering their service and their Safeguarding team are involved in work at the Hub level for strategy meetings and MARACs.

Health Visitors and School Nurses are really skilled at assessing individually whether families need a face to face home visit, a telephone video call or a phone call and this is working well. They have had some really positive feedback from

families about the service they have received during lock down and whilst some families have just preferred a phone call, the video calls have worked really well with others. Whilst most of their contacts are virtual, exceptionally, they have had to undertake a small number of face to face home visits through a careful assessment of each situation.

3. Looked after Children

3.1 Health Assessments

The Designated Nurse for Looked after Children is working with / in contact with the provider service LAACH team weekly .Contingency plans for Initial Health Assessments and Review Health Assessment are in place and are all going ahead without a problem so far. She is also working with them to devise a contingency plan by drawing up a RAG rating contingency should the 0-19 service or the LAACH Team become depleted of staff. This is following national advice from the National LAC Clinical Reference Group. The designated and named professionals are closely linked with the council and are having fortnightly meetings.

3.2 Adult Health Assessments

A process has been introduced where potential foster carers complete a self-declaration in relation to their health. With their consent this is being checked against the medical records by the Designated Nurse and Designated Doctor and then signed off to prevent any delays in the provision of foster care and adoptions. Catch-up medicals will be done at a later date. So far 14 Adult Health medicals for fostering and adoption panels have been completed. Rotherham, Barnsley and Sheffield are supporting each other with the medicals to ensure we are able to support panels more efficiently.

Conversations are being had with Judge Pemberton regarding adoption medicals for children and whether they need to be seen for a medical.

4. Safeguarding Adults

4.1 Referrals into Adult Safeguarding

There has been no system change for reporting adults at risk into safeguarding, and we do not have any current data on the levels of referrals especially from any of our commissioned services. The CCG would not be routinely informed of these referrals but as part of our Covid 19 arrangements we would support Section 42 enquiries to GP's.

4.2 Sheffield Adult Safeguarding Partnership (SASP)

This has not been active across the partnership since the second week in March when the government first introduced socially distancing measures. Initially the SASP business support took the decision to cancel scheduled meetings throughout March and into April to allow partners to make their own arrangements around new ways of working. During this time the SASP business support team were involved in working to get volunteers and council staff trained to support the social care sector

4.3 Following the cancellation of the scheduled executive meeting in March there was thought to be a risk however SASP has now met jointly with SCSP in May and June. IT issues within the Local Authority has been resolved enabling all previous work to resume. All safeguarding adult reviews remain within timescales.

4.4 MCA/DOLs

Applications for review of existing orders continue to be submitted to the Court of Protection and work is continuing to process applications already in the system. The reviews of cases on hold (waiting for the Liberty Protection Safeguards) which aren't rated as priority are being reviewed as capacity allows. No new applications have been made to the Court.

Mental capacity assessments are being carried out for all clients whose care arrangements have been affected by COVID-19 and best interest decisions made accordingly.

4.5 Domestic Abuse

Local data shows that helpline calls and referrals to commissioned community based support had initially not increased significantly. Referrals initially decreased around the time of the lockdown announcement but have now started to rise. Referrals from professionals other than the police had also reduced but have begun to rise again. Referrals as a whole have now returned to pre-lockdown levels and are being closely monitored.

Multi-agency Risk Assessment Conferences are being held for all high risk cases and the CCG safeguarding team are able to contribute to these when requested for information from GP's

All refuges are currently full but some new dispersed units are now becoming available.

Domestic Homicide review meetings have not been held since lockdown but work on reports and action plans has continued to progress.

5. Action / Recommendations for Governing Body

Governing Body is asked to consider the report and note the key measures of assurance undertaken to ensure robust safeguarding across the city.

Paper prepared by Sue Mace, Head of Safeguarding

On behalf of Alun Windle, Acting Chief Nurse

June 2020