

Safeguarding Annual Report 2023-2024

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Foreword

As the Chief Nursing Officer for the Bristol North Somerset and South Gloucestershire (BNSSG) Integrated Care Board (ICB) and the Executive Lead for Safeguarding, I endorse and share this Annual Report for 2023-24. This report illustrates the commitment and hard work of the BNSSG ICB Safeguarding Team in contributing both internally and externally to improving safeguarding practice and fulfilling statutory duties.

During 2023-24, our population has been affected by some significant safeguarding issues including serious youth violence, self-neglect amongst adults and domestic abuse, which remains a worrying trend impacting many cohorts of adults, children and communities throughout the area. By working in partnership system partners have responded to these challenges proactively through a number of means, supporting grass-root organisations in the community and developing strategies and tactical groups to assist in implementing change. Careful consideration has been applied throughout to give due regard for what is possible in the short, middle and long term in tackling these major issues.

The ICB is working closely with statutory partners to ensure that our safeguarding arrangements are effective and meeting the needs of our population. In service of these along with the police and local authorities we commissioned a review of our safeguarding partnership arrangements by the Local Government Association during the summer of 2023-24. This enabled conversations across the safeguarding system in relation to duplication, shared learning, elements of good practice and different systems and processed. This work gives us a key area of focus in 2024-25 launching a Systemwide Safeguarding Transformation Programme supported by Chief Executive Officers from all partners of the Integrated Care System (ICS) and Avon and Somerset Constabulary Chief Constable.

The vision for this programme is to create a safeguarding system with a scheme of delegation, which has a focus on prevention, de-escalation, protection of the whole family and is assured that organisations are safe. This would also enable influence at system level for decision-making, oversight and challenge to one another as safeguarding partners. The system would also support a degree of standardisation of common processes and functions, with greater coordination to plan work across the six localities, three local authorities and one system.

Please read with interest, I hope you find this report helpful.

Rosi Shepherd, Chief Nursing Officer

August 2024

Executive summary

The ICB has a range of statutory safeguarding duties delivered predominantly through their safeguarding team and guided by a range of national guidance including the NHS England Safeguarding Accountability and Assurance Framework (SAAF). The SAAF requires the production of an annual report demonstrating the statutory compliance of the ICB with its safeguarding functions. This report therefore focuses on the work of the ICB safeguarding team and their work with and alongside the safeguarding partnerships within the BNSSG system as well as our health partners and covers the period April 2023 to March 2024.

Our communities and the families and individuals living within them have all been gravely affected by some significant safeguarding incidents. The safeguarding partnerships worked closely together in responding to support communities in need using a trauma-informed approach. This included offering training to community members, funding and safe spaces for our population to come together and discuss what was needed. In addition to this, fair and honest learning environments have been created by system partners to discuss opportunities to learn from such incidents and develop preventative strategies in response.

The Safeguarding Team, with colleagues within the ICB have contributed to this by supporting trauma-informed training sessions, participating in learning events related to statutory safeguarding reviews and offering ideas on how as a health system we play our part in preventing such safeguarding issues.

In line with the ICS strategy in focussing on the first 1001 days of a child's life, the Children Partnerships have all during the period of this report provided some focus on preventing abusive head trauma in response to both local statutory safeguarding reviews and a paper written by the National Panel for Child Safeguarding. The ICB Safeguarding Team have played a key role in coordinating training for all system partners on how to effectively promote the ICON message. A public health message that any safeguarding practitioner could deliver to a family which aims to prevent abusive head trauma injuries to babies.

This report provides an overview of the key activity of the team during this last financial year 2023-24 and some of the work that the team are doing alongside our safeguarding partners but does not seek to provide an annual report for the partnerships all of which can be viewed on the local authority websites.

Statutory requirements

The ICB has a key role to play in safeguarding children, young people, adults and communities from harm. This is underpinned by the Integrated Care System's (ICS) statutory duty of 'improving outcomes in population and healthcare and tackling inequalities in outcomes, experience and access.' The ICS outcomes framework aligns to the Joint Forward Plan reflecting our commitment to delivering outcomes that 'people will grow up and live in homes and communities where they are safe from harm.'

The above is underpinned by statutory requirements as set out in the Safeguarding Accountability and Assurance Framework written by NHS England, and multiple pieces of legislation; Children Act 2004, Children and Social Work Act 2017, Care Act 2014, Domestic Violence, Crime and Victims Act 2004 - this is a non-exhaustive list.

The ICB has statutory duties to have appropriate arrangements in place to safeguarding children, adults at risk and communities. These include:

- **ensuring that ICB internal safeguarding arrangements are sufficient, and that safeguarding is embedded in practice.** This is through the provision of adequate Safeguarding Policies for children, children in care, adults, Prevent, Domestic Abuse and the Mental Capacity Act. In addition, a training matrix to ensure that ICB staff are trained to the appropriate level for their roles and responsibilities as set out in the Intercollegiate Guidance documents¹ and a safeguarding supervision offer to any patient-facing colleagues in the organisation.
- **being assured that the safeguarding arrangements of all commissioned services are appropriate.** This is discharged by regular communication and collaboration with our four main NHS commissioned health partners, which is further bolstered by a quarterly return against the safeguarding schedule of their individual contract. Where possible, information is then triangulated within the ICB to gain additional assurances. GP practices are offered an enhanced service from the ICB Safeguarding Team with regular Level 3 training for adults and children, drop-in Q&A sessions and bespoke individual support where necessary.
- **co-operating with local safeguarding arrangements.** There are seven safeguarding arrangements that the ICB Safeguarding Team support:
 - Keeping Bristol Safe Partnership (all-age arrangement)
 - North Somerset Safeguarding Adults Board
 - North Somerset Safeguarding Children's Partnership
 - North Somerset Community Safety Partnership
 - South Gloucestershire Safeguarding Adults Board
 - South Gloucestershire Safeguarding Children's Partnership
 - South Gloucestershire Community Safety Partnership

¹Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff
Looked after Children: roles and competencies of healthcare staff
Adult Safeguarding: Roles and Competencies for Health Care Staff

Each of these arrangements have multiple sub-groups where work is undertaken and safeguarding practice audited, quality assured and discussed. In addition to these safeguarding arrangements, the ICB also has a statutory duty to support the local authority in its Corporate Parent responsibility for children in care. This is discharged in a number of ways including the ICB Safeguarding Team being in attendance at each of the strategic Corporate Parenting Boards.

- **securing the expertise of Designated and Named Professionals on behalf of the local health system.** During 2023-24, the ICB Safeguarding Team recruited into two of these designated posts following vacancies and short interim post-holders. There have also been some personnel changes within the NHS commissioned health partner safeguarding teams, with the two acute providers embarking on an Acute Provider Collaborative in exploring how the two safeguarding teams can work more closely together and align policies, protocols and services provision, this began in December 2023.

ICB All-Age Safeguarding Team

The ICB All-Age Safeguarding Team has been expanded and restructured to reflect the intercollegiate guidance, made possible by increased investment by the ICB to ensure that its statutory duties could be delivered.

Safeguarding Governance Structure

The figures below illustrate the ways in which the ICB Safeguarding Team provides assurance and reporting on safeguarding statutory duties.

The ICB Safeguarding Team report on safeguarding risks, learning and progress against programme work through a number of routes. Board assurance is through a quarterly report to the BNSSG Outcomes, Performance and Quality Committee, a sub-committee of the board with representatives from health partners, local authorities and other key partners. Key issues identified at this committee are then onward reported by the committee chair and ICB executives to the ICB Board. The ICB safeguarding team also provide annual training to the ICB board members and have access to direct reporting of key issues affecting the community to the board.

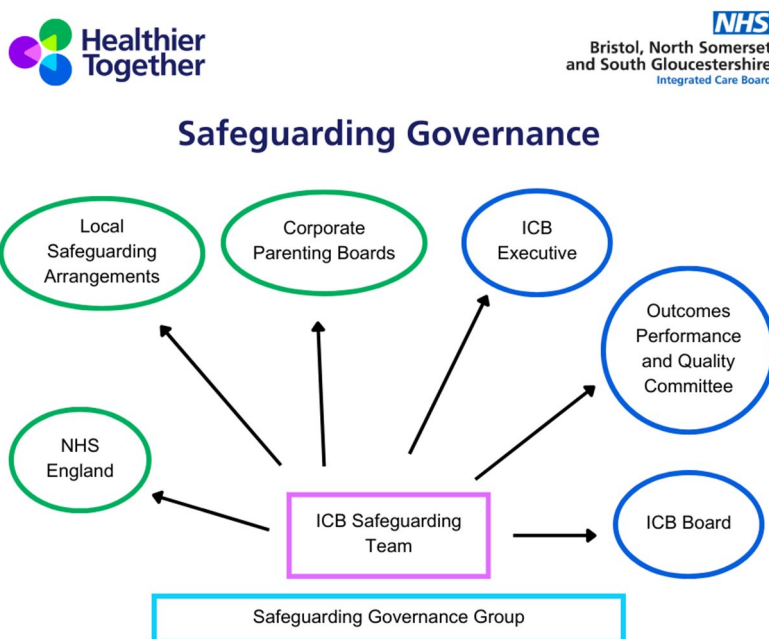
At a system level the team, along with the CNO and Deputy CNOs attend the full range of safeguarding partnership meetings and make active links to the work of the System Quality Group, the Health and Care Improvement Groups where relevant and the system planning round. Changes at a system level for 2024/2025 include the development of a pan Avon and Somerset group attended by the Chief Executives of all statutory agencies and the Avon and Somerset Police Chief Constable. This will be attended by the ICB CEO supported by the CNO.

Internal reporting is to the ICB Executive Team for approval of policies, oversight of training compliance issues and updates on specific safeguarding programmes relevant to the ICB, for example the Local Government Association Review undertaken in summer 2023. Key issues such as the LGA review and issues for escalation can also be taken to the System Executive Groups. All the safeguarding team designates have professional accountability to the ICB CNO which is fulfilled by a regular safeguarding supervision session where key risks and issues are shared.

Key issues of safeguarding concern can also be reviewed at the System Quality Group inline with the National Quality Board guidance and this has been enacted in relation to specific patient safety and safeguarding concerns in relation to some NHS providers. This has been done in close collaboration with relevant local authority colleagues and linked through to the relevant safeguarding board or partnership.

Externally, the ICB Safeguarding Team report to NHS England quarterly on numbers and themes of learning from statutory safeguarding reviews and other 'hot topics' of interest. The team will also report back to Children Partnerships, Safeguarding Adult Boards and Community Safety Partnership on the progress made against recommendations agreed as outcomes from statutory safeguarding reviews (rapid reviews, CSPRs, SARs, and DHRs). Finally, the team will report periodically into the Corporate Parenting Board in relation to how the health needs of children in care and care leavers are being met, any risks in access to services, for example dental care, and timeliness of initial and review health assessments for this cohort in line with statutory guidelines.

To support the work programme of the ICB Safeguarding services, there is a Safeguarding Governance Group, chaired by one of the Deputy Chief Nurses, which provides a forum where the team can constructively challenge itself on delivery against priorities, sign off process maps and protocols within the team and discuss risks to agree any escalations needed.



Joint Forward Plan

The Joint Forward Plan sets out how the ICB intends to deliver on the national vision to ensure delivery of high-quality healthcare for everyone in Bristol, North Somerset and South Gloucestershire (BNSSG) over the next five years.

The aims and objectives that were agreed by the ICB Safeguarding Team for 2023-24 are as follows:

- Deliver the safeguarding statutory duties of the ICB, alongside the safeguarding arrangements and priorities.
- Deliver safeguarding training and supervision to Primary Care - in particular to Safeguarding GPs across our system, including raising awareness of children in care and care leavers.
- Implement recommendations from statutory safeguarding reviews and new legislative changes, for example Domestic Abuse Act 2021, Serious Violence Duty. This would also include how we support our staff who maybe experiencing domestic abuse.
- Establish a Safeguarding Learning Assurance Network across the system, subject to the Local Government Review, to better understand the impact of improved practice in relation to safeguarding and establish an All-Age Safeguarding Health Professionals Network across the system to share learning from reviews, best practice and undertake Continued Professional Development to build the collective 'health' voice.
- Coordinate and contribute to a Systemwide Improvement Plan for Children in Care to improve the timeliness of Initial Health Assessments and Review Health Assessments.
- Support the implementation of Phase 2 of a nationally mandated programme of work; CP-IS (Child Protection-Information Sharing) system with Primary Care.
- Contribute to the Migrant Health workstream across the system to ensure that safeguarding is core business to this programme of work in settling children, individuals and families into the BNSSG population.

All the above were achieved apart from establishing a Safeguarding Learning Assurance Network, which will feature in 2024-25 as a key part of the Systemwide Safeguarding Transformation Programme Design Phase, and implementation of Phase 2 CP-IS, which was delayed nationally in 2023-24.

To mitigate the Learning Assurance Approach, during 2023-24, an All-Age Safeguarding Network was organised by the ICB Safeguarding Team to incorporate all Health Safeguarding Leads across the BNSSG footprint as a forum for sharing knowledge and formalising thoughts on areas for improvement and/or risks.

Similar aims and objectives have been set for 2024-25 in line with statutory duties and priorities for both the organisation and safeguarding partnerships.

ICB Safeguarding Training Compliance

During 2023-24, further scoping of all roles and responsibilities was undertaken in the ICB. Assessing which roles were clinical and/or patient facing and therefore required Level 3 Safeguarding Training as per the three versions of Intercollegiate Guidance for Safeguarding Children, Children in Care and Safeguarding Adults. This data was tested by various team leaders and managers.

A revised Bristol, North Somerset and South Gloucestershire (BNSSG) ICB Safeguarding Training Matrix was developed confirming that;

- Level 1 – for all staff who are not clinical in their role, do not have any contact with patients and are in any of the ICB Directorates apart from the Chief Nursing Office (CNO)
- Level 2 – for those staff members in the CNO who are not required to do any higher than Level 2.
- Level 3 – for clinical staff and/or patient facing/engagement with patients.
- Level 4 – Specialist safeguarding roles in ICB Safeguarding Team
- Level 5 - Senior Specialist safeguarding roles in ICB Safeguarding Team.

The cohort of staff requiring Level 3 was identified as a result of the scoping and these staff members were assigned this level on Consult OD. Consult OD is the system used by the ICB to monitor statutory and mandatory training. A new process was developed and then launched in December 2023 on how training for Level 3, 4 and 5 would be monitored using this system. Staff members were told about this in team meetings and briefings.

Safeguarding Training Compliance has been improving since the end of 2023-24, owing to the ICB Safeguarding Team delivering Level 3 Think Family Safeguarding Training and there is greater awareness by those staff members assigned to Level 3 on what is required of them to be compliant.

In addition to Safeguarding Training level 1-5, Preventing Radicalisation Level 1 and 2 has shown throughout 2023-24 to be 90% or above in terms of organisational compliance. Similarly, the Mental Capacity Act (MCA) (once) training on Consult OD has also shown to be over 90% throughout the year. Please see report below for further details on the additional MCA training that has been delivered to those staff members requiring more than just a one-hour e-learning package.

Local Government Association Safeguarding Review

Bristol, North Somerset and South Gloucestershire (BNSSG) works in partnership with three local authorities. The statutory requirements for safeguarding are based at a local authority footprint in service of their populations. Although many of the same issues and workstreams impact all local authorities the current statutory arrangements limit cross

boundary working which can result in repetition and duplication for all partners. All partners recognise that this can reduce the learning gained from recurrent issues, the pace and impact of change and produce inconsistency.

During 2023-24, the Local Government Association (LGA) were commissioned to undertake some diagnostic work and assess the 'as is' position and reflect back some opportunities or changes that could be undertaken. The LGA interviewed system partners, attended and observed meetings –both strategic executive meetings and operational safeguarding working groups, and in August 2023 BNSSG Executive Directors met to hear the headline findings from the review.

During September/October 2023, there was further discussion and recognition from all Executive Directors that the outputs from the LGA review supported the need for a safeguarding transformation programme piece of work exploring design principles for the safeguarding arrangements at locality, place and system in more detail.

The Systemwide Safeguarding Transformation Programme is a key priority for 2024-25 where there is a vision to design a BNSSG Safeguarding System that:

- ✓ standardises processes and functions (where possible)
- ✓ enables shared learning and continuous improvement.
- ✓ enhances coordination and workforce development / training.
- ✓ ensure roles, responsibilities for all partners are clear and agreed.
- ✓ collectively manage risks.
- ✓ demonstrates impact of safeguarding practice
- ✓ enables robust communication and engagement with all stakeholders.
- ✓ provides the right levels of check and challenge within the safeguarding arrangements and provides the right levels of skills and expertise.

Safeguarding Children

Serious Youth Violence has been a key focus during this reporting period. This was in part in response to a wave of serious youth violence within our communities which resulted in the death of three children but also affected a significant number of children who were involved in all three incidents. The ICB along with system partners have also been developing strategies to meet our collective Serious Violence Duty, the preparation undertaken as a system in relation to Joint Area Targeted Inspections. The children's safeguarding partnerships have shared their approaches to managing contextual safeguarding and risk outside of the home which impact children. Operational groups are now in place for each local authority area with support from a health organisation to contribute information and analysis to the strategy required to manage those risks. Further strategic developments are now planned to be prioritised for 2024-25 by all Partnerships. However, specifically in Bristol there is the refresh of the Preventing Serious Violence Board, a key subgroup of the Keeping Bristol Safe Partnership.

Two other key areas of focus for the children's safeguarding partnerships during the period of this report are neglect, specifically in North Somerset Safeguarding Children's Partnership- see further information below, and Non-Accidental Injury to Under 1s. The latter work programme has been responded to by the work undertaken in the system in relation to ICON which is further described below.

Achievements during April 2023 - March 2024

The ICB Safeguarding Team has developed a multi-agency training schedule in collaboration with its three local authority partners in Bristol, North Somerset and South Gloucestershire to upskill our workforce on the ICON public health message.

The inaugural ICON training session, which took place on 14 March 2024, exceeded expectations with a strong turnout of sixty enthusiastic attendees. The session was a success, with participants engaging in valuable discussions. Building on this success, further sessions have been planned for this financial year 2024-25. These future sessions promise to offer even more opportunities for learning, collaboration, and professional development. The ICON message has also been closely supported in the health system by a refreshed 'non-accidental injury Protocol' which has been compiled by paediatricians and GPs within the system for system use across the footprint; an excellent collaborative piece of work for the Partnerships.

The ICB Safeguarding Team has contributed to the chairing of partnership meetings and quarterly audits across all three children partnership arrangements by either providing chairing and/or administrative support during this last financial year. Some of the outcomes from these groups have included producing multi-agency guidance or revised policies and procedures. The team has also then ensured that any changes to safeguarding practice borne out of these audits/learning events have been incorporated into the ICB GP Safeguarding Training Programme for 2024-25, which is a key responsibility of the ICB Safeguarding Team. Team members have also successfully managed to ascertain access to the NHS Spine, to support our input into audits.

There has been the development and delivery of Level 3 Safeguarding Think Family Training within the ICB to ensure clinical and patient facing staff within the organisation who are required to do this level training are compliant, in line with the Intercollegiate Documents:

- Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff
- Looked after Children: Roles and Competencies of Healthcare Staff
- Adult Safeguarding: Roles and Competencies for Healthcare Staff

Internally within the organisation there has been the development of a Safeguarding Supervision Policy to ensure ICB staff are suitably provided with safeguarding supervision. This has required some consultations and explorations with different teams with the intentions of launching the policy and offer in Quarter 3 2024-25.

The ICB Safeguarding Team has invested support, expertise and time in supporting the Joint Targeted Area Inspection (JTAI) preparation across each local authority area in the footprint. This has also included supporting dry runs, a preparatory exercise including information sharing by all agencies.

Following the ICB financial investment in Sirona care & Health to recruit Multi-Agency Safeguarding Hub (MASH) Specialist Nurses for all three areas, the ICB Safeguarding Team has supported the development of these arrangements from a strategic position. The purpose of these arrangements is to share relevant and proportionate information with other safeguarding partners in relation to child safeguarding concerns so that decisions can be made at an early stage to prevent escalation in risk and harm. Sirona care & health provide the 'health' voice within MASH, ensuring that as a statutory safeguarding partner the ICB contributes to the information sharing exercise and also takes away any proactive actions.

Challenges during April 2023 - March 2024

There has been a significant challenge within the system on what and how 'health' contributes data to the partnership arrangements to support strategic planning and effectively monitor these arrangements. There have been difficulties in agreeing which metrics are relevant, meaningful and helpful to the partnership, and also how 'health' contributes that information because the ICB may not be in receipt of that information.

As reported above, the ICB Safeguarding Team contributes to partnership audits on a quarterly basis, however there are challenges with that because the information the ICB Safeguarding Team personnel can access is only that which is available on Connecting Care. This is usually a 'window' into the patient record and may not always reflect all of the safeguarding information. Therefore, the team has adopted an approach to contacting the GP practice directly for its input into key research questions for each audit, nevertheless this can bring challenges in relation to timeliness to respond etc.

We have identified a risk related to the Child Protection Information Sharing System (CPIS) wherein it was found that CPIS was not visible on the records of pregnant women whose unborn babies were included in the Child Protection Plan. We are actively working to address this challenge by escalating the issue with the National NHS England Safeguarding Team, NHS Digital, local authorities and CPIS colleagues.

We are actively focused on tackling the challenge of the CPIS with the objective of ensuring that it identifies and captures children and young people who may be at risk of "Contextual Safeguarding" or risk outside the home (ROTH). Collaboration with health system partners is integral in navigating these challenges to underscore the significance of attendance at Multi-Agency Risk Assessment Meetings (MARMMs) for children experiencing such risks.

Children Safeguarding Partnerships

Bristol

The Keeping Bristol Safe Partnership (KBSP) recognises that individuals will go through a variety of transitions in their lives. The KBSP has emphasised the need for support to help young people transition successfully into adulthood. To achieve this, a Transitional Safeguarding Protocol has been developed, outlining the Partnership's values and principles for working with young adults. The KBSP has identified a group of young people aged 16 to 25 within the local community who require transitional safeguarding support due to experiencing or are at risk of abuse or exploitation. By following the Department of Health and Social Care's six principles of Transitional Safeguarding, the Partnership aims to help these young people transition into adulthood successfully and safely, enabling them to lead positive lives.

The principles of Transitional Safeguarding include:

- Evidence-informed: Use evidence from research and practice, as well as the expertise of individuals with lived experience, to inform transitional safeguarding.
- Contextual/ecological: Acknowledge and respond to the significant harm that young people may face in various social contexts beyond their family and home life.
- Transitional/developmental: Develop and provide services and pathways that address the specific developmental needs of this stage of life.
- Relational: Recognise the importance of meaningful relationships in supporting young people, based on person-centred and trauma-informed practice.
- Participative: Adopt a strengths-based approach, respecting young people's expertise, and involving them in co-producing solutions and support, rather than treating them as passive recipients.
- Attending to equality, diversity, and inclusion: Identify how people's safety and well-being are affected by structural or interpersonal discrimination and address these issues within local systems.
- The protocol can be found on the [Keeping Bristol Safe Partnership's website](#).

Tier One Information Sharing Agreement

The Keeping Bristol Safe Partnership has made significant strides in recognising the impact of information sharing on critical situations in local and national reviews. While there may be concerns about sharing sensitive information, it is crucial that this does not obstruct our efforts to safeguard and promote the welfare of children, families, and adults at risk, and to prevent crime and disorder.

The Partnership has taken proactive steps by developing a Tier 1 Safeguarding Data Sharing Agreement (DSA) to facilitate the lawful sharing, use, and security of personal, special category data, and criminal offense data. This is aimed at safeguarding adults and children in need of intervention, supporting the statutory functions of the Adult Safeguarding Boards and Children's Safeguarding Partnerships, and preventing crime and disorder. This agreement is the groundwork for robust, effective multi-agency arrangements that are attuned to local circumstances and involved the right stakeholders. This approach offers the

flexibility to jointly identify and address existing and emerging needs, and to prioritise improvements in outcomes.

North Somerset

There has been some significant change within the North Somerset Safeguarding Partnership during April 2023-March 2024, with the recruitment and arrival of a new Business Manager, Director of Children Services, and Associate Director of Children Services. The Partnership has a revised focus and keen appetite to collaborate with partners.

The Partnership has commenced a “Think Tank” day series of forums to identify how partners are working together in North Somerset. The first of this kind took place during this reporting period and was based on Serious Youth Violence - a theme that the following inspectorates, HMIP, CQC, HMICFRS and Ofsted, have been very focussed on.

In addition to the above, there has also been the development of a Neglect Toolkit within this Partnership, which was launched at a local conference with support from keynote external speakers and a rolling programme of specific training.

South Gloucestershire

In this reporting period, the South Gloucestershire Children’s Partnership has actively focused on enhancing our workforces’ ability to better support the participation of fathers and male caregivers in the lives of children. As a result, the Partnership has created a self-assessment guide that outlines evidence-based methods for working with fathers and male caregivers, including partners, stepparents, males in same-sex partnerships, and any male with caring responsibilities in a child's life. This guide serves as a valuable self-assessment and planning tool, aimed at fostering a clearer and shared understanding of our current approaches to working with fathers within our organisations or services and determining necessary steps to drive progress.

Children in Care

Achievements during April 23 - March 24

There has been the recruitment of a Deputy Designated Nurse to support the Designated Nurse and the ICB in fulfilling their statutory duties. The Designated Nurse was also successfully supported to move from an interim role to a fixed term post so that there was some stability and consistency to the system in the function of this statutory post.

During this reporting period, the ICB Safeguarding Team was successfully supported by the ICB (CNO/CMO Directorates) to develop a process for funding free prescriptions for eligible care leavers with the use of free prescription exemption certificates. As an ICB, we are very proud of this decision as we are one of very few systems nationally that has a process like this in place to support our care leavers.

In addition to the above, the ICB Safeguarding Team also worked collaboratively with other ICB colleagues to ascertain funding to pilot a dental access service for children in care through the offer of an enhanced contractual offer.

The Designated Nurse and Doctor within the ICB Safeguarding Team have worked coterminously with other ICB colleagues to ensure that there was continuous improvement of health outcomes and assessments for all children in care and care leavers by the monitoring of Initial Health Assessments (IHAs) and Review Health Assessments (RHAs), following the increased investment in Sirona care & health's Children in Care Team from April 2023.

Lastly, the ICB also funded a 12-month Care Leaver Nurse post, during this reporting year, in response to the Care Leavers Barnardo's Big Ask consultation. This post was a care navigator role. As a result of the funding for this post not continuing into 2024-25, the ICB has supported conversations in how the ICB may support care leaver work experience placements.

Challenges during April 2023 - March 2024

There has been a challenge during this reporting year in how all system partners understand data and contractual reporting in relation to health assessments. This is because the ICB and Sirona care & health, as the provider of the children in care health service, will measure health assessments against statutory timeframes as set out in guidance, whereas our local authority colleagues have mostly focussed on an assessment having been undertaken rather than the timeliness of it, which has led to differing views and misunderstandings on data discrepancies.

The role of the Designated Nurse for Children in Care and Care Leavers is statutory and specialist. It has been a challenge during this reporting period at times for all system partners to understand the function of this strategic post, which is different to that of the Named Nurse for Children in Care, which resides in the provider organisation. The challenges have sometimes occurred as a result of different expectations both internally and externally.

During this reporting period, there was agreement and support by all system partners to design an enhanced health pathway for unaccompanied asylum-seeking children to improve the experience for the child and reduce the duplication in holistic assessments. There have been challenges in developing this process owing to workforce capacity within the Sirona care & health Haven site, and interpretation of what is manageable and possible. It remains a priority that we have a more equitable service offer for this group of children.

Corporate Parenting Boards

Bristol

Bristol Corporate Parenting Board also had a Local Government Association (LGA) review during this reporting period. One of the outcomes of this review was that the Board functioned with too much focus on written reports and not enough emphasis on the child's journey and experience of care. They suggested a more focused and structured approach

with corporate parenting board business taking place at the beginning of each Board meeting followed by a focussed discussion on a particular area, for example health - where focus could then be had on the quality and performance of health partners who support children in care and discuss positive improvements. It was also suggested that there could be a focused development day where Bristol City Council and partners develop their own knowledge of corporate parenting further together.

North Somerset

North Somerset Corporate Parenting Board has seen changes in personnel and leadership within the corporate parenting and associated teams. This has led to improved systems working and the sharing of information has started to improve. It is hoped that this will continue moving forward with the addition of these substantive postholders.

South Gloucestershire

Following a review by the Local Government Association (LGA) team this local authority has restructured its Corporate Parenting Board into two separate groups: operational and strategic, allowing more strategic oversight of the operational activity relating to children in the authority's care. This has allowed for appropriate membership across both of these elements and enabled more appropriate decision making and actions at each level which benefit the children and young people. The local authority has also approved the notion presented by panel members and care leaver's forum that a care leaver should become a protected characteristic, therefore there is now a member of the Board that is a care leaver. One of the main aims of this Board, during this reporting year, was to commence work on commissioning new residential homes for those children and young people who could not be at home and required more intensive input and support (tier 3.5), it is expected that at least two of the three homes will become available in autumn 2024.

Safeguarding Adults

Achievements during April 23 - March 24

There has been a focus on upskilling and developing the workforce within the ICB and the Safeguarding Team has contributed to this through the provision of Mental Capacity Act (MCA) training to the funded care team and Level 3 Safeguarding Training to ICB staff. This has been well received with many of the attendees at the MCA training providing evaluations of good or very good in all areas on the feedback forms.

Community Deprivation of Liberty (DoL) workstream is no longer on the Risk Register, it was removed from the register in December 2022. Around 66% of cases identified as high priority for securing a Court of Protection order authorising deprivation of liberty were completed by the DoLs Team. The team has also developed systems and processes in place to ensure that applications to renew existing Court of Protection orders are submitted

in a timely manner and new cases are triaged continually and assessed as soon as possible.

The ICB Safeguarding Team has continued to contribute to the statutory safeguarding reviews commissioned across the footprint, in particular Domestic Homicide Reviews (DHRs), which have been a particular focus throughout 2023/24 with seven new DHRs being commissioned during this period. The Safeguarding Team has worked hard to improve its processes to ensure each review provides the most useful learning possible. This has been achieved by changing the way that Independent Management Reviews (IMRs) are produced by having the Named GPs as the authors and direct liaison with registered GP practices to support a more reflective process. In addition, IMR training was commissioned for all health system partners to improve the quality of the IMRs produced by the health system.

Statutory Reviews (DHRs and Safeguarding Adult Reviews (SARs)) make up a large proportion of the Safeguarding Adults workflow. At the end of 2023/24, there were thirty-three open statutory reviews (25 DHRs and eight SARs). Considerable work has been completed to improve our management of these reviews, through the creation of flowcharts to ensure clear delineation of roles and the development of trackers to ensure that our national reporting is up to date and accurate. This has allowed us to ensure that all accurate learning is achieved and efficiently fed back into the system.

The ICB Safeguarding Team has also supported the Multi-Agency Risk Assessment Conference (MARAC) process through re-engaging with the MARACs hosted in all three local authorities. This has ensured a consistent approach to domestic abuse across the BNSSG area.

Challenges during April 2023 - March 2024

Statutory Safeguarding Reviews:

The number of statutory reviews commissioned and in progress across the footprint remains significantly higher than neighbouring areas. This was particularly the case in late 2022-23 when a surge of SARs were commissioned across BNSSG, and whilst some of these remain open this has a significant impact on the overall numbers. This continues to be a challenge for the ICB Safeguarding Team, as well as our health partners, which also provide services across the same geographical area. This is because it requires a significant investment of time to support the Independent Management Reviews (IMRs), panel meetings, review the report and most importantly cascade and embed the learning.

The volume of Statutory Reviews commissioned within BNSSG demonstrates a proactive approach to investigating and learning from serious incidents of abuse or neglect. As indicated above, the challenge can come from effectively implementing the learning from these reviews back into the system, as the focus has often been on completing the review rather than implementing the learning. In addition, it can often be hard to spot the overarching trends within the reviews and to identify the consistent issues that are coming

up and provide system approaches to address them when resources and capacity is limited and there is limited time for exploration of learning at system BNSSG level.

Domestic Abuse:

MARAC is an effective tool in providing a multi-disciplinary response to domestic abuse. It does, however, require intensive use of resources due to the frequency of the meetings across the three local authorities and the time taken to provide information for each case. In addition, there are currently barriers in relation to data governance around sharing necessary and proportionate information about perpetrators, which limits the effectiveness of discussions. Further work is also required to improve the information feedback loop between MARAC and GP practices to maximise the impact of these forums.

Voice, rights and decisions of the person:

A consistent theme that we have recognised through the statutory reviews and our quality assurance work undertaken in 2023/24, is that the person is not consistently being seen as central to all safeguarding processes. From a legal perspective, this can result in a lack of consistency in process on how the Mental Capacity Act is applied resulting in potential poor legal literacy and confidence in relation to court of protection applications to support the rights of the individual. This has also highlighted another challenge that the use of advocacy services are not being used to support the voice of the individual during safeguarding enquiries and protection planning.

Trauma Informed Practice:

There has been a system-wide recognition of the importance of Trauma Informed Practice. However, through statutory reviews and quality assurance processes during this reporting period, we have continued to identify that Trauma Informed Practice is not being applied consistently or effectively, which is a challenge given the overall ambition of being a Trauma Informed Integrated Care System. This can be for a number of reasons, from empathy fatigue through to resource limitations, which limits the amount of time practitioners are able to spend with people to gain an understanding of their behaviour and reflect on the reasons behind their actions.

Complex Case Management/coordination/escalation:

Another challenge that has been identified during this reporting period is in relation to the management/coordination of complex cases when there are multiple health partners involved. This can often result in a lack of accountability in relation to which processes should be used and who is responsible. This is particularly evident in cases of self-neglect and complex diabetes management in the community where mental capacity issues may be evident.

Partnerships and Safeguarding Adult Boards

Keeping Bristol Safe Partnership:

The Keeping Bristol Safe Partnership (KBSP) has undertaken a considerable amount of work in the area of statutory reviews during this reporting period, including publishing

several DHRs and SARs, and signing off several ahead of the new financial year for quality assurance by the Home Office and publication. The Partnership has also commissioned several new statutory reviews throughout 2023-24. This has resulted in Bristol having a total of twenty open statutory reviews (13 DHRs, six SARs and one Joint SAR/DHR) at the end of this reporting period, although many of these are in the final stages of report writing.

The themes that have arisen from the SARs are reflective of the national picture with 67% being raised in relation to self-neglect (60% of SARs are raised nationally are in relation to self-neglect). The most common risk factor identified in these cases was substance or alcohol misuse. As a result, self-neglect continues to be a priority for the Partnership with an audit being completed on this subject and ongoing work to design and implement an Adult Multi-Agency Safeguarding Hub (MASH) which is planned for 2024/25.

The KBSP has carried out significant work to address domestic abuse in Bristol and is currently in the process of seeking Domestic Abuse Housing Alliance (DAHA) accreditation. This award-winning accreditation involves adopting and embedding best practice in a number of key areas to improve the experience of people living through domestic abuse. It is hoped that DAHA accreditation will be achieved in 2024/25.

The KBSP has continued a number of work plans to address domestic abuse, including the Domestic Abuse and Sexual Violence Survivors Forum. This Forum was established in October 2021 and ensures the voices of victims and survivors of domestic abuse are heard and able to influence change. In addition, KBSP has increased support for victims of domestic abuse and sexual violence in health settings and has continued its work as part of Bristol Ideal to focus on improving the understanding of health relationships and safety, and support for student, staff and families affected by domestic abuse and sexual violence.

South Gloucestershire:

The South Gloucestershire Safeguarding Adults Board (SAB) published one SAR in 2023/24, Adult K. This SAR involved a young woman who died from suicide. The SAR highlighted serious gaps in resources for people with mental health difficulties, especially whilst in crisis, which resulted in significant risks to their safety. The recommendations for this SAR focused on information sharing between agencies, availability of health-based places of safety (HBPOS), the application of legal frameworks and training in relation to working with people with Emotionally Unstable Personality Disorder (EUPD). An event was arranged and delivered by the SAB to provide the learning from this SAR to all partners.

The SAB has continued to undertake Quality Assurance audits of safeguarding cases and has focused these audits on the themes of self-neglect, exploitation and neglect. A common theme identified in the recommendations from these reviews is the lack of advocacy and representation of the person's voice in enquiries. This was further reflected in the SAB's Self Audit, which showed the highest proportion of partners scoring red and amber, in the area of "Making Safeguarding Personal." This led to the SAB arranging advocacy services to speak to partners to support them in providing up to date information about advocacy services to their organisations.

Deprivation of Liberty Safeguards (DoLS) has remained on the risk register in South Gloucestershire due to high numbers of people on the waiting list with limited amounts of

standard authorisations being granted. Action has taken place to review the waiting list and remove those individuals whose circumstances have changed, however with the delay in the introduction of the liberty protection safeguards and the changes to case law that resulted from the Cheshire West verdict, the pressure on local authorities in the area of DoLS remains high.

One of the priorities for the South Gloucestershire SAB in 2023-24 was domestic abuse and this has led to greater links with the South Gloucestershire Community Safety Partnership (CSP), with regular presentations on DHRs and Violence Against Women and Girls funded programmes.

The CSP, at the end of the reporting period for this annual report, had four open DHRs in South Gloucestershire, in three of these cases the person died from suicide. These reviews are still in the panel stages and therefore no recommendations have yet been made.

North Somerset:

The North Somerset Safeguarding Adults Board (SAB) has been particularly focused on its response to the thematic self-neglect SAR that was published in March 2023. This review looked at the lives and deaths of three individuals who died as a result of self-neglect. The result of this review has been the development of the Multi-Agency Risk Management (MARM) process to support practitioners to work with self-neglect cases. The first MARM meetings are planned for early 2024/25. In addition, the SAB has been developing resources for a Self-Neglect Awareness Week that is planned for July 2024. The events during this week will be available for all practitioners working in the Southwest.

The SAB published a total of two SARs this year: a thematic SAR relating to two suicides in a secure mental health facility and a suicide in a care home. The recommendations from these reviews are still in the action planning process to ensure learning is effectively embedded into the system. No new SARs were commissioned during this reporting year in North Somerset.

The risk register in North Somerset continues to recognise the ongoing impact of the cost-of-living crisis on vulnerable people, including those in domestically abusive relationships. This risk is reflected by all three local authority Boards/Partnerships. In addition, North Somerset SAB has recognised the risk to overseas workers of exploitation and there is ongoing work to address this.

There has been positive work within the North Somerset Community Safety Partnership. This is demonstrated through the adoption of the new North Somerset Domestic Abuse Strategy 2023-25 and a new Domestic Abuse Needs Assessment, which has been planned in collaboration with neighbouring local authorities. In addition, the Partnership has been able to hold two professional events focusing on services for survivors and working with those who perpetrate harm.

Domestic abuse remains a challenging area with the rate of convictions from police referrals about domestic abuse continuing to decline throughout Avon and Somerset. In addition, the number of sexual offences in North Somerset have risen in the last five years, most notably in the last three years since the Covid-19 pandemic. The Partnership has been successful in using funding effectively to try to address domestic abuse issues

through the introduction of 6.5 specialist independent domestic violence advisor (IDVA) posts to cover identified needs and the adoption of a strategic framework based on the public health approach of Prevent (universal support and changing attitudes), Protect (early identification and early help) and Provide (safety and support) to address domestic abuse concerns.

Funding continues to be a concern in relation to domestic abuse, with many of the funds provided being short term, which can make it difficult to plan and sustain longer term solutions. There is continued pressure on resources, with the number of Domestic Homicide Reviews (DHRs) growing year on year (currently there are four DHRs open in North Somerset).

ICB Safeguarding Team - Named GPs and Named Professionals for Primary Care

The key role and function of this team is to provide training, support, advice and supervision to the GP practices across the footprint for all matters safeguarding related. Below is a short summary of what the ICB Safeguarding Primary Care mini team has offered during this reporting period.

Primary Care Training 2023-2024

- 195 Primary Care Practitioners attended Level 3 Adult Safeguarding Training.
- 225 Primary Care Practitioners attended level 3 Children's Safeguarding.
- **Total 425 Primary Care Practitioners trained at Level 3 for 2023-2024.**

The ICB Safeguarding Primary Care Team facilitated 4 GP link meetings for Safeguarding Link GPs where team members delivered additional training on specific Safeguarding Topics: Children in Care and Care Leavers, Domestic Abuse, Prevent and Learning from Statutory Reviews.

Feedback extracts from Level 3 Safeguarding Training:

- *"Really GP focused and great links to local guidelines" (anonymous feedback October 2023)*
- *"I learnt more about what to look out for and not just regarding the specific service user but also any family members in the home" (Nurse Practitioner March 2024 Level 3)*
- *"Useful content, realistic expectations and informed knowledgeable speakers" (GP October 2023)*

Direct work with GP Practices

- The ICB Safeguarding Primary Care Team facilitated nine Safeguarding Q&A sessions during this same reporting period, these sessions were open to all Primary Care practitioners across BNSSG recommending colleagues to bring Safeguarding cases for discussion and peer review.
- They worked with six individual practices across BNSSG to support best practice and lessons learnt with complex safeguarding cases.
- They have provided thirty-seven individual Primary Care practitioners with case-based supervision and safeguarding expertise for complex safeguarding cases.

Our Safeguarding Partnerships/Adults Boards, through our local authority colleagues have worked in collaboration with the ICB Safeguarding Team and individual GP Practices across the footprint when necessary to respond to safeguarding concerns and learning from statutory safeguarding reviews. GP Practices, through the communication from our Partnerships, are also frequently reminded to attend multi-agency safeguarding training which is provided by the Partnership. This is an additional requirement to the bespoke safeguarding GP Safeguarding training mentioned above. Safeguarding Partnerships have been able to evidence some attendance by GP Practices which provides assurance against competencies and engagement.

MARAC and Channel Panel

For a significant proportion of 2023-24, there was little capacity to support MARAC and Channel Panel discussions owing to workforce capacity and sickness, however the below headlines provide a level of assurance that there is a high volume and need for Primary Care representation at these forums.

- Provided Primary Care representation and liaison for Bristol MARAC for a total of 146 MARAC Cases.
- Provided Primary Care representation and liaison at South Gloucestershire MARAC for a total of 46 MARAC Cases.

Engagement with North Somerset MARAC will begin in 2024-25.

- Provided Primary Care representation and liaison at Bristol Channel Panel for seven cases.
- Provided Primary Care representation and liaison at South Gloucestershire Channel Panel for three cases.
- Provided Primary Care representation and liaison at North Somerset Channel Panel for five cases.

REMEDY

The REMEDY site has been updated with Prevent and Domestic Abuse guidance and pathways for Primary Care Practitioners.

Partnership work

The named professionals have offered support and made proactive contributions to partnership arrangements where necessary, relevant and appropriate. For example, the South Gloucestershire Learning and Development Subgroup and the Avon and Somerset Training Network, during this reporting period. As their roles become more established it is envisaged that they will also become involved in further partnership work both internally and externally.

Challenges

The greatest challenge felt by the ICB Primary Care Safeguarding Team has been the balancing act between the unplanned statutory review work and the development and delivery of training. During 2023-2024 the Level 3 Safeguarding training sessions provided online were very well attended with consistently 'good' or 'excellent' feedback. However, during this reporting period the team received an increasing number of requests in training feedback for face-to-face training.

What we planned for and what we delivered

We planned....	We did....
Build on the ICB Safeguarding offer to Primary Care by arranging some face-to-face events to support networking and system development in this area.	There was a change in workforce during this financial year, and two named professionals for primary care were recruited into these posts. A range of safeguarding sessions were delivered to primary care (GP Practices) including Level 3 Children and Adults training and regular question and answer lunchtime networks. The first face-to-face event happened in June 2024.
Support the delivery of the multi-agency arrangements for the Serious Violence Programme, which includes implementing the Domestic Abuse Act (2021) Strategies across BNSSG.	The ICB Safeguarding Team have regularly attended and proactively contributed to the work of the Violence Reduction Partnerships across the BNSSG area at executive and designated professional/deputy levels. For example-

	Chairing a 'Preventing Serious Violence' meeting in Bristol and inviting Business Intelligence Leads to support the Strategic Needs Assessment for Serious Violence.
Progress system development in relation to children in care and care leavers which will include enhanced health offers and pathways.	The ICB Safeguarding Team have collaborated with Sirona Care and Health to explore an enhanced pathway for unaccompanied asylum-seeking children that offers a one stop shop where a holistic assessment of their needs and immunisations can be offered simultaneously. Various models have been discussed and the preferred model has been prioritised for mobilisation during 2024/25.
Deliver MCA training internally to relevant ICB staff and support continuing healthcare colleagues in managing complex safeguarding impacted by system changes within community care provision.	The roll-out of face-to-face MCA and DOLs training was launched in March 2024. There has been positive and constructive feedback as a result, so far two cohorts have been trained with one further planned in September 2024.
Develop a system learning approach with quality team colleagues to ensure that recommendations from statutory safeguarding reviews are implemented and embedded in practice and policy.	A systemwide learning space was developed to cascade the learning from PSIRF, however this was not fit for purpose for learning from safeguarding reviews. A systemwide safeguarding transformation programme is prioritised for 2024/5 which will include a system forum for sharing learning and seeking assurance on 'feedback loops' from recommendations implemented. In addition to the above, by adopting a team of team's approach to System Delivery Units for the four priority areas there is opportunity to cross-pollinate information across the organisation.
Provide system leadership for safeguarding, capturing the voice of our population and workforce to support service resilience and adaptation to working within locality partnerships and the ICS.	Capacity in the ICB Safeguarding Team was increased during 2023/24 with new roles being recruited and inducted. Deputy designated nurses are now in place to support place-based work. Further work is required to capture the voice of our population and make links with the locality partnerships.

Priorities for 2024-25

Below is the ICB Safeguarding services' Business Plan for 2024-

Work collaboratively to support the safeguarding arrangements for children, children in care and adults, which adds value, prevents duplication and takes into account the one BNSSG system, three local authorities and six locality partnerships where necessary and needed.

Build greater capability and competence in primary care; GP practices, pharmacy, ophthalmology and dentistry through training, supervisions and support from the ICB Safeguarding Team.

Be assured that all ICB commissioned services are undertaking their safeguarding duties outlined in their contracts and the Safeguarding Accountability and Assurance Framework.

There is a mechanism for seeking assurance that all learning identified from statutory safeguarding reviews has been implemented and practice has improved.

Our tasks:

- Launch our safeguarding supervision model to our ICB funded care colleagues who undertake patient facing work.
- Continue to implement recommendations from statutory safeguarding reviews.
- Review and agree a consistent approach to MARAC contributions from the team so that the meetings can achieve their full potential in mitigating the risk to domestic abuse.

Our objectives:

- Provide Programme Management support to the Systemwide Safeguarding Transformation Programme which aims to create a BNSSG safeguarding system with a degree of standardisation of common processes and functions and greater coordination.
- Explore how we undertake 'feedback loops' on safeguarding learning so that we are assured that the lessons have been learnt from statutory safeguarding reviews.
- Launch the enhanced dental access pilot for children in care and care leavers.
- Launch free prescriptions model for care leavers.
- Review, re-design and deliver safeguarding training and supervision offer to Safeguarding LINK GPs in primary care.
- Agree a 'safeguarding health data set' that can be ascertained and shared with Safeguarding Partnership Arrangement for assurance of delivery against statutory duties and to contribute to the wider strategic need assessments to determine effectiveness of actions undertaken.
- Work with local and national system partners to resolve risks where CP-IS is not visible on records for information-sharing purposes.
- Continue to take proactive steps internally and externally to support preparation for JTAI inspections.

- Improve the compliance and competence in the application of the mental capacity act throughout the ICB workforce.
- Promote the use of advocacy by all system partners, through challenge and enquiry to improve understanding by all.
- Arrange and facilitate three 'stocktake' days (SAR, DHR and Child Safeguarding Reviews) with health partners to reflect and discuss the learning from statutory reviews over the last two years.
- Produce guidance for system convening on complex cases which involve multiple health partners for Safeguarding Adults and Contribute to the Bristol Adult MASH Pilot.
- Support the Southwest regionally approved and agreed care leavers digital app which will allow the care leaver to know what is available to them by way of health care support; locally, regionally and nationally.
- Work collaboratively with local authorities to explore what alternatives can be used for regulated placements; focusing on 3.5 level homes in order that our children can remain close to family and friends where possible.