NHS
Lancashire and South Cumbria
Integrated Care Board

2024-25 Safeguarding Annual Report

June 2025

www.lancashireandsouthcumbria.icb.nhs.uk

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1 Executive Summary

This annual report summarises safeguarding activity and progress within NHS Lancashire and South Cumbria Integrated Care Board (ICB) for the period April 2024 to March 2025. It outlines how the ICB has met its statutory responsibilities to protect and promote the welfare of children, adults, and those leaving care, while adapting to significant organisational and system changes.

The ICB has continued to strengthen its safeguarding culture, emphasising partnership working and the voice of service users. Key achievements include progress against most strategic priorities, improvements in governance, assurance of commissioned services, active response to new legislation, and targeted initiatives in areas such as trauma-informed care, domestic abuse, and support for children in or leaving care. The report also highlights learning from reviews, performance data, and system challenges, such as resource pressures and workforce capacity.

Looking ahead, the ICB remains committed to continuous improvement and collaborative working, with priorities for 2025/26 including further development of safeguarding strategies, improved health outcomes for children in care, effective implementation of new statutory requirements, and maintaining safeguarding standards during ongoing system reform.

2 Introduction

This report outlines the activities and progress of the NHS Lancashire and South Cumbria Integrated Care Board (ICB) Safeguarding Team between April 2024 and March 2025. It provides assurance that the ICB has fulfilled its statutory responsibilities to safeguard the welfare of children, adults, and those looked after or leaving care.

The ICB continues to promote a culture where the voices of children and adults are heard, with partnership working central to our approach. The Safeguarding Team has maintained strong representation in all key partnerships to fulfil commissioning and statutory responsibilities.

Statutory safeguarding roles and functions are governed by the NHS Accountability and Assurance Framework (2019), Children and Social Work Act (2017), Working Together to Safeguard Children (2023), Promoting the Health and Well-being of Looked After Children (2015) and the Care Act (2014). The ICB's responsibilities include ensuring effective safeguarding arrangements, both as a commissioner and as an employer. The ICB has a responsibility for ensuring it effectively discharges statutory safeguarding duties including gaining assurance that the organisations from which it commissions services have effective safeguarding arrangements in place.

Oversight and accountability for safeguarding rests with the Chief Executive Officer, delegated to the Chief Nursing Officer and Director of Safeguarding, who lead a team of designated and named professionals. The ICB is a safeguarding partner across Cumbria, Lancashire, Blackburn with Darwen, and Blackpool, as well as contributing to partnership arrangements for those adults, children and families living on the borders.

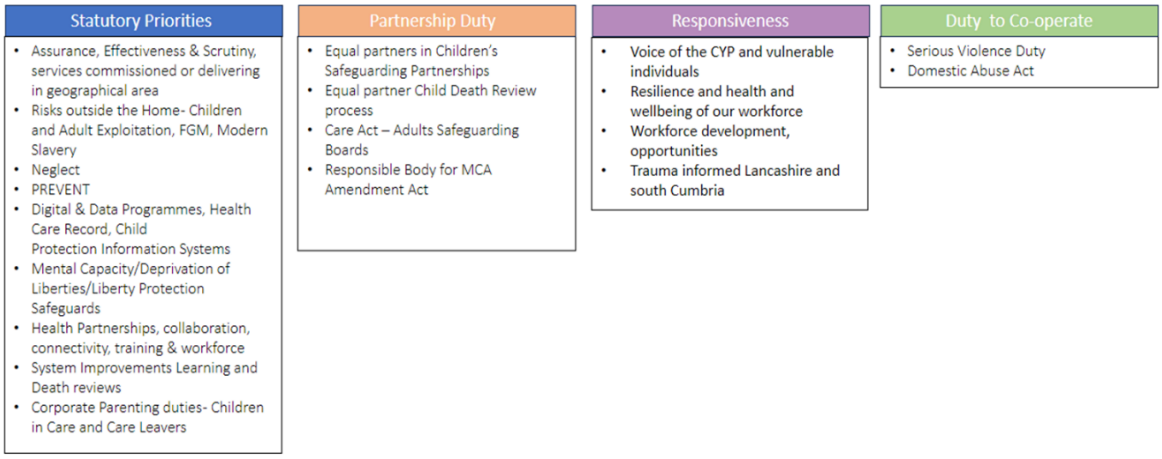
3 ICB Vision and Priorities

Vision for Safeguarding

Our vision comes alive when we consider the day in the life of a child, young person, or vulnerable adult. Safeguarding priorities are built around the voice of children, young people, and vulnerable adults, alongside statutory duties, partnership working, and co-operation.

- Protect and safeguard
- Address health inequalities
- Enable and empower
- Deliver equity of access to high-quality, evidence-based services
- Address causes of ill health
- Work in partnership to improve public health outcomes

In 2024 the ICB published the Safeguarding Strategic Plan 2024-2027 and the ICB Learning to Improve Safeguarding Assurance and Accountability Framework is in place.



4 Progress Against 2024 – 2025 Priorities

For 2024–2025, 10 priorities were outlined, the majority progressed. The table below summarises their year-end status and notes any priorities that will continue into 2025–2026.

Table 1 | Progress Against 2024-2025 Priorities

Priority	Fully Achieved	Partially Achieved	Not Achieved	25/26 Priority
Publish Safeguarding Strategy & strategic objectives	X			
Review effectiveness of partnership arrangements	X			
Achieve Trauma Informed Quality Charter Mark			X *(ICB funding declined)*	
Review response to child deaths		X		X
Implement CP-IS Phase 2 (shared care record)		X		X
Work with partners to strengthen the assessment of neglect *		X		
Safeguarding support for delegated services (pharmacy, optometry and dentistry)		X		X
Review enhanced commission of safeguarding services			X	X
Implement assurance framework to ensure learning from reviews/inspections		X		X
Review ICB Safeguarding Assurance process against NHS Accountability Framework	X			X
Improve timeliness of health assessments for children in care		X		X

*This 2024-2025 priority will be business as usual for 25/26 as per the partnership priorities

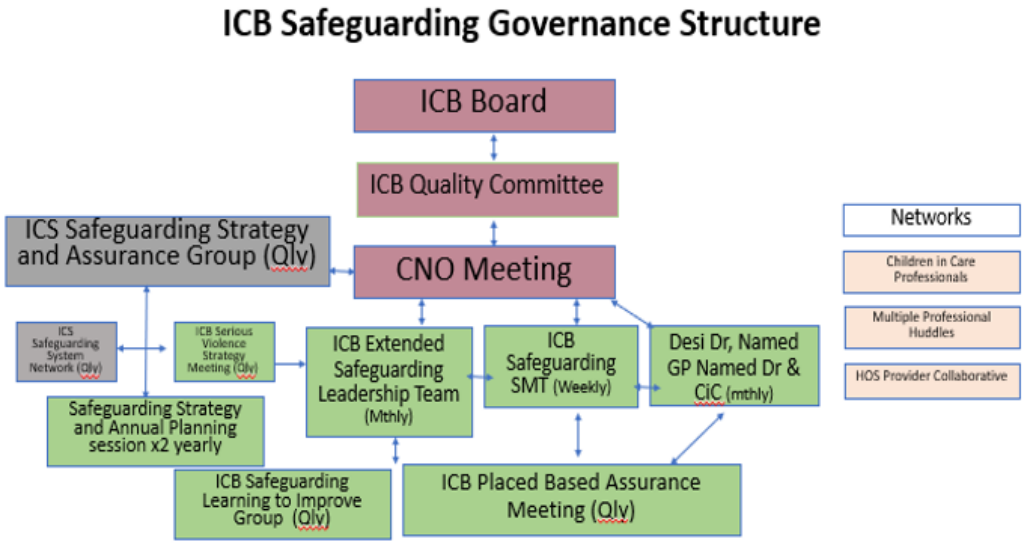
5 ICB Safeguarding Governance and Reporting Structure

Over the past year, the ICB has continued to strengthen safeguarding governance and reporting arrangements. The chart below demonstrates the reporting and assurance structure within the ICB.

The ICB Quality and Outcomes Committee received regular reports on safeguarding, including risks, mitigations, emerging themes, escalations, strategy updates, benchmarking, and outcomes.

A safeguarding dashboard is provided to ensure risks are identified and managed proactively.

Chart 1 | ICB Safeguarding Governance and Reporting Structure



During 2024-2025 the following changes were made to the structure:

- ICS Safeguarding Assurance Group transformed to the Safeguarding Health Executive
- ICB Quality Committee changed to ICB Quality and Outcomes Committee

Terms of reference were updated accordingly.

6 ICB Safeguarding Accountability

Accountability Structure

The Chief Executive Officer (CEO) is accountable for safeguarding within the ICB. Delivery, discharge, and assurance of statutory safeguarding duties are delegated to the Chief Nursing Officer (CNO).

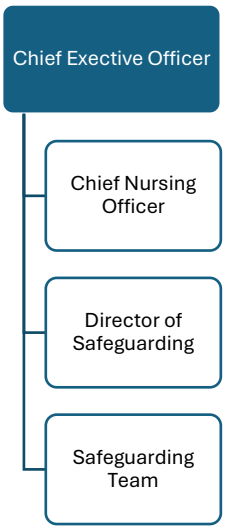
The CEO is the Lead Safeguarding Partner; the CNO is the Delegated Safeguarding Partner.

A dedicated safeguarding team, led by the Director of Safeguarding, incorporates statutory roles of Designated and Named Professionals and complementary skill mix team members.

The safeguarding team ensures safe discharge of safeguarding duties, compliance with national standards, and assurance from commissioned organisations.

The ICB is a statutory partner in Safeguarding Adults Boards, Children's Partnerships, and Corporate Parenting Boards and has a duty to actively engage in safeguarding priorities within the ICB footprint. Appropriate arrangements with surrounding border partnerships remain in place.

Chart 2 | ICB Safeguarding Structure



ICB Assurance

Throughout the year, full representation has been maintained within safeguarding partnership arrangements for adults and children, and children in care / care leavers.

The ICB has provided assurance submissions against its safeguarding responsibilities:

- Quarterly Safeguarding Commissioning Assurance Toolkit (S-CAT)
- Annual Section 11 Audit

With the exception of the Children in Care health assessments and Mental Capacity Act Court of Protection applications, which are identified on the safeguarding risk register, there are no other areas of non-compliance. The risk register details appropriate mitigations.

Learning and Development

Regular staff training, information sharing and learning opportunities ensure a competent and informed workforce. The Safeguarding Team facilitate:

- Safeguarding newsletters
- Campaign materials
- Useful documents and tools to support practice
- Learning from review briefings
- Bespoke training
- System wide safeguarding learning forum
- Development of Safeguarding Champions across AACC Team

During Q4 of 2024-2025 the ICB has completed a review of mandatory training requirements for all staff. Roles have been mapped and aligned to appropriate training requirements on the electronic staff record system (ESR). As we move into Q1 of 2025-2026 there will a focus on ensuring compliance with mandatory training and accurate reporting will be available via ESR.

The table below outlines the available data for the ICB staff training position as end of March 2025.

Table 2 | ICB Staff Training Position (March 2025)

Competency	Compliance Rate
Preventing Radicalisation (Level 1)	93%
Safeguarding Adults (Level 1)	91%
Safeguarding Children (Level 1)	91%

There has been a focus throughout the year to deliver Trauma Informed Practice training cross health care setting, and a Trauma Informed Champion programme is in place with over 250 Champions signed up to the ICB Trauma Informed Pledge.

ICB Safeguarding Policy

ICB Policy renewal this year has included -

- Adult Not Brought for Primary Care
- Managing Allegations
- Mental Capacity Act
- Safeguarding Children and Adults
- Managing Domestic Abuse in the Workplace

Additionally, a new ICB Safeguarding Supervision Policy is now in place.

7 ICB Assurance of Commissioned Services

Annual Safeguarding Audit 2024-25

The ICB is responsible for assuring itself that NHS-commissioned services deliver high standards of safeguarding and Mental Capacity Act (MCA) practice.

The annual Safeguarding Assurance Framework (SAF) audit is a contractual requirement, involving provider assessment. In 2024–25, a stronger focus on bespoke processes for five distinct service areas was applied, reflecting ICB responsibilities.

The ICB commissions services from six large provider organisations, all compliant with statutory submissions. No major risks have been identified; action plans are in place where compliance was not fully achieved.

Audits were also conducted for Primary Care GP services, small/independent providers and other commissioned NHS services. Findings inform compliance, future development, training, and support.

Chart 3 | SAF Returns and Reviews Table

Provider Group	SAFs sent	SAFs returned
Independent Contractors	161	70
Primary Care	220	168
Main NHS Provider Trusts	6	5

Themes from 2024-2025 findings:

Non-compliance with safeguarding responsibilities was noted across the following themes; safeguarding training compliance including MCA, supervision and recording, and robust LADO and PIPOT processes.

The ICB will continue to support Providers to achieve compliance through training, policy support and advice and guidance.

Action taken when non return

Providers who did not return a SAF in the contract year 23/24 received a letter reminding them of the requirement to return under contract. The letter stated an expectation of a return in the SAF for this year 24/25 that contract escalation will be used in exceptional circumstances if any provider does not submit their SAF audit within appropriate mutually expected timeframes.

Planned for 2025-2026:

A benchmarking audit of Pharmacy, Dentistry, and Optometry Services.

8 Safeguarding Risks

Multi-Agency Safeguarding Hubs

During this reporting period, ongoing challenges included health resource capacity versus demand in Multi-Agency Safeguarding Hubs (MASH) across most local authority areas.

A review of health resources in MASH was conducted (January–August 2024) and is now guiding future partnership models.

The review considered the health offer against:

- Learning from relevant local, national inspections and reviews
- Research-based evidence
- Health reported performance and impact
- Capacity within the teams and the current commissioning arrangements.

There is significant variation in ICB-commissioned health resource in local MASHs, impacting outcomes for children. Findings from the review will be used to inform the proposals for the future commissioning of an equitable Health MASH model.

ICB Safeguarding Risk Register

In addition, the ICB Safeguarding Risk Register details risk and mitigating action in relation to:

- Timeliness of Children in Care Health Assessments
- Permanency of the Medical Advisor functions for adoption and fostering
- Timeliness of Cout of Protection applications and Section 21A Challenges
- Response to Serious Violence Duty and Domestic Abuse Act
- Learning from reviews and assurance of impact

Emerging Risk

The ICB is noting increased Person in a Position of Trust (PiPoT) activity, leading to policy, procedure, and reporting improvements in collaboration with NHSE, health services and local authorities. Data will continue to be monitored in 2025/26.

9 Child Death Overview Process

Responsibility for child death reviews lies with “child death review partners”: local authorities and ICBs. Across the Lancashire and South Cumbria footprint, there are two Child Death Review Panels (CDOPs); Pan Lancashire and Cumbria. Cumbria CDOP does not currently review the recommended annual number of child deaths and efforts are ongoing to strengthen thematic learning.

The ICB commissions a Sudden and Unexpected Death in Childhood (SUDC) Nurse Service, ensuring coordinated response to unexpected child deaths across Pan Lancashire and a bespoke arrangement is in place for South Cumbria.

Key statistics for 2024–2025

- 41 sudden unexpected child deaths (lower than previous years)
- Most related to underlying health needs or acute illness; unsafe sleep remains a theme
- Notable increase in road traffic deaths (ongoing work with Road Safety Team)

CDOP Key Points

- ICB’s neonatal mortality rate aligns with England average.
- Infant mortality rate is significantly higher than average, with deprivation a contributing factor. Public health is taking a more detailed look at the data to explore any specific learning.

Planned Service Developments

- Pan Lancashire CDOP have a rolling audit programme and action plans support improvements.
- Supporting Safer Sleep Week and ICON week (abusive head trauma campaign)
- Deep dive into vicarious trauma and its mitigation and management across the footprint is planned
- Establishment of the Cumbria CDOP Action Group to support cross boundary working
- Engagement with the QUINTET study on end-of-life care inequity
- Implementation of e-CDOP for Primary Care

10 Listening to Children, Young People and Adults

Capturing the voices of children, young people, and adults is a continuing development area for the ICB. The team connects with safeguarding partnerships and boards to understand lived experience and improve impact of services. Direct work with local children, adults and families informs priorities.

Children's rights-based approach to participation (Article 12; UNCRC, 1989) and is a strategic priority for the ICB and Partnerships with a variety of models being adopted, including the Lundy Model which focuses on ensuring meaningful participation by addressing four key elements: Space, Voice, Audience, and Influence.

Service user and family feedback drives improvements, and training for professionals will increasingly include child and adult participation themes

Recent initiatives include:

- Partnership with the Violence Reduction Network and the Hope Collective to capture young people's views on prevention of serious violence ("Hope Hack" sessions).
- ICB have held "Feedback Fortnight" during March 2025 to capture children, young people, parents and carers views on health services within the ICB footprint.
- Lived experiences shared though case presentations at governance meetings
- Families involved in Safeguarding Adults Reviews (SARs) have also shared their experiences of the process at Adult Boards
- Safeguarding Voices Project with the Lancashire Safeguarding Adult Board
- Focus on advocacy and patient voice through Court of Protection Deprivation of Liberty Safeguards delivery to ensure Mental Capacity Act principles and Best Interests processes embedded

Direct work

- A care leaver participated in a Q&A session for the Nursing Directorate, prompting changes to local processes and documentation.
- Co-production of a revised care leaver health summary pathway.
- Adult voices are integrated into governance, learning reviews, and best interest processes/ case management.
- Lived experience of statutory review health assessment has led development of resources and guidance to increase understanding of assessments.
- Voice of survivors of Domestic Abuse (DA) reported as 'you said' 'we did' into Westmorland and Furness Community Safety Partnership Domestic abuse subgroup. Co-production of the DA Strategy.

11 Safeguarding Children, Children in Care and Care Leavers

The Safeguarding Children Team provides advice, support, and quality assurance to ensure children's safeguarding arrangements across NHS-commissioned services.

Statutory responsibilities include designated roles for children, children in care, and care leavers. The ICB demonstrates strong leadership, has appropriate representation and consistent attendance within the Safeguarding Children Partnerships and Corporate Parenting Boards. The Chief Nursing Officer and safeguarding professionals support the chairing arrangements of Partnership / Boards and subgroups.

Priorities across Safeguarding Children's Partnerships include neglect, contextual safeguarding and domestic abuse as informed by themes from reviews, data and audit. The ICB provides leadership into all sub-groups to ensure a collaborative approach in progressing the priorities and workplans. The Partnerships published their multi-agency safeguarding arrangements within the agreed timescales and the Lead and Delegated Safeguarding Partners within the ICB are named.

Key Statistics

Table 4 | Children in Receipt of Statutory Intervention

Area	Lancashire	Blackburn with Darwen	Blackpool	Westmorland & Furness	England	Northwest
Population 0-17yrs	256,087	43,804	30,600	38,981		
CP Plans	899	328	249	197		
Rate per 10, 000	35.1	82	86.9	50.3	41.6	48.8
CIN Plans	1232	386	406	350		
Rate per 10, 000	48.1	96.5	141.6	89.3	82.6	91.5
Children in Care	1703	354	528	258		
Rate per 10, 000	66	88	187	66	70	94

The ICB has responsibility to ensure services for approximately 2051 children placed in the area by other Local Authorities and 1397 Care Leavers.

Key Points

- Westmorland and Furness and Blackpool have seen a reduction in children subject to a CP plan with Lancashire and Blackburn and Darwen noting a significant increase.
- With the exception of Lancashire, the number of CP plans remain higher than the England and Northwest rate. Blackburn with Darwen and Blackpool are significantly higher, which may reflect the deprivation and complexity within the area.

- The number of Children subject to Child in Need (CIN) plans have remained similar to the previous year. Blackpool continue to have the highest rate for CIN per population which reflects the level of need.
- Number of children in care continues to increase in line with national trends
- There have been improvements in Initial Health Assessments (IHA) and Review Health Assessments (RHA) timeliness and quality, although not yet achieving national targets, due to demand and capacity, placements moves and child refusal or was not bought.
- Nationally, 91% of the total cohort of children with disabilities and complex needs in residential settings had child in care or care leaver status, local assurance arrangements have been strengthened.

Inspection Activity

In this reporting period the ICB and Partners have been subject to a Joint Targeted Areas Inspection (JTAI) of the multi-agency response to identification of initial need and risk in Blackpool. The JTAI highlighted areas of good practice and a multi-agency action plan will be approved by the regulators to progress areas for development.

The JTAI for Lancashire with regards to the multi-agency response to Serious Youth Violence (conducted in 2023-2024 but published during this reporting period) has an action plan approved by regulators. Contextual safeguarding and the associated risk of serious youth violence remains a strategic priority for the ICB and all Safeguarding Children Partnerships. The numbers of children and young people referred to the exploitation teams have remained static over the last 12 months.

Key developments

- Improved compliance with statutory arrangements and corporate parenting duties for children in care.
- Regular audit of provider services and assurance of safeguarding policies.
- Participation in regional and national safeguarding networks.
- CP-IS phase 2 implementation has continued and remains in development phase at this time and will continue as a priority for 2025-2026.
- ICB Supporting the Northwest Child Sexual Abuse Strategy Development to tackle Child Sexual Abuse.
- An ICB training offer for safeguarding has been communicated to all four Partnerships.

Key achievements

- Co-design of an Enhanced Health and Wellbeing Check for Care Leavers providing additional health checks and signposting for young people leaving care.
- Provision of HOPE Boxes secured for 2025-26 for those women and babies separated at birth promoting ongoing connection between mother and baby.
- Implementation of a new health assessment pathway.
- Focus on capturing the voice of the child in assessments and plans.
- Improved data collection and reporting for Children in Care and Care Leavers.

- Bespoke training to Children and Young People Complex Care Nurses to support children with disability in residential settings.
- Bespoke training to Corporate Parenting Board (children in care and care leavers) on role of health providers in meeting their statutory responsibilities.
- Development of a multi-agency child exploitation screening tool which enables practitioners to identify and appropriately respond to concerns in relation to child exploitation.
- ICB audit of health referrals into Westmorland and Furness Safeguarding Hub completed to analyse the quality of referrals submitted by the health system, findings and action place will support improvements in quality of referrals.

Multi Agency Safeguarding Hub (MASH)

A review of the ICB commissioned health resource into the six MASH teams across the ICB footprint was undertaken between January – August 2024.

The review considered

- Learning from relevant local, national inspections and reviews
- Research-based evidence
- Health reported performance and impact
- Capacity within the teams and the current commissioning arrangements

The findings will be used to inform the proposals for the future commissioning of an equitable Health MASH model.

12 Safeguarding Adults

The ICB Safeguarding Adults Team ensures that NHS-commissioned services deliver high standards of adult safeguarding. Statutory responsibilities include designated roles for safeguarding adults and Mental Capacity Act Implementation. The team provide advice, support, quality assurance, and undertakes audits to maintain compliance with the Care Act (2014).

The ICB demonstrates strong leadership, has appropriate representation and consistent attendance within the Safeguarding Adult Boards. Priorities across Adult Boards include Innovation in Safeguarding, Effective Safeguarding and Listening, Learning and Delivery. ICB Safeguarding professionals support the chairing arrangements of Board subgroups.

Team focus has been to drive forward a response to managing and leading the co-ordination of complex safeguarding cases.

Key Points

The team works with local authorities, police, and care providers to safeguard vulnerable adults and improve outcomes.

The ICB has noted an increase in complexity of the vulnerable population in relation to groups whose mental capacity is impacted by substance misuse, mental unwellness, homelessness & self-neglect.

The team continue to provide leadership and oversight over complex case's which may involve young people who are transitioning from adolescence into adulthood.

All Safeguarding Adult Boards are developing performance and data dashboards that will provide information on referral trends and themes of neglect and abuse. Going forward this will enable a targeted approach into unmet needs.

Inspection Activity

This year, three Local Authorities have been inspected by the Care Quality Commission (CQC) regarding the adult services directorate, including the functioning of the adult Safeguarding Boards. Inspection is imminent for the remaining Local Authority. Areas of focus included, working with people, providing support, ensuring safety and leadership. Findings are expected during the coming months. The ICB has supported Inspection activity as needed as part of partnership working.

Key Developments

- Review of processes for managing allegations of Persons in Position of Trust (PiPOT).
- Benchmarking compliance against the NHS Sexual Safety Charter commenced.
- Collaboration with the Community Safety Partnership arrangements and consistent health contribution across the footprint.

- Refresh of ICB PREVENT governance arrangements following publication of PREVENT learning review
- The ICB has had a greater focus on capacity and executive functioning working closely with local SAB's to ensure easy access to resource materials to support increased knowledge and awareness.

Key Achievements

- Successful initiatives to strengthen oversight of domestic abuse, exploitation, self-neglect, and care home safeguarding.
- Multi Agency Safeguarding Adults Policy and Procedures implementation.
- Review and assurance of adult safeguarding referrals and outcomes.
- Provider support, training, and escalation processes strengthened.
- Thematic reviews and learning dissemination.
- Learning opportunities including professional curiosity, contribution to Adult Safeguarding Week, self-neglect and Mental Capacity Act including executive functioning.
- Launch and focus on the multiagency Person in a Position of Trust processes into practice (PiPOT).
- A Multi Agency Safeguarding File Audit was undertaken via the Lancashire SAB to monitor and evaluate the effectiveness of safeguarding arrangements involving statutory partners, and to provide assurance that statutory responsibilities under the Care Act were being achieved. Learning actions for health included strengthening record keeping of information shared in relation to s42 enquiries and accessibility of information for frontline professionals.

13 Mental Capacity Act

The ICB continues to ensure Mental Capacity Act (MCA) compliance across all NHS-commissioned services, promoting autonomy and best interests for adults who lack capacity advocating a human rights-based approach. The Safeguarding Team lead on training, audit, and assurance of MCA processes and practice.

The ICB is committed to ensuring the continued delivery of MCA improvement work into 2025/26, to strengthen systems and processes to embed MCA learning from Safeguarding Adult Reviews (SARs) into practice.

Key Points

The ICB is a core member of the NHSE MCA Community of Practice Group to adopt a shared learning approach, support case discussion, case law updates and emerging themes from across the Northwest Region.

Supervision arrangements are in place with large Provider Named Professionals to support in MCA implementation and the management of complex case work.

Following learning from reviews and open Section 42 enquiries, the team are raising the profile of the impact of executive functioning, where there is an impairment that impacts on decision making and the person's ability to consent to care and treatment.

Key Developments

- In partnership with the Adult Safeguarding Boards a library of MCA resources is available via websites with particular focus on learning from SARs, legal literacy and the introduction of a learning and development framework for MCA.
- A model for safeguarding and MCA complex case supervision and advice is now in place across the ICB All Age Continuing Care team.
- The ICB formed a System Safeguarding Network in 2024-2025 this met 3 times across the year. Case law discussion relating to MCA was featured with a focus on complex young people and fluctuating executive capacity.

Key achievements

- Designated professionals received MCA refresher training including access to case law, this facilitated their ability to more robustly advise complex case strategy.
- Training is in place for staff in assessing capacity and best interest decision-making.
- Assurance and audit of Deprivation of Liberty Safeguards (DoLS) compliance.
- Development of MCA tools and resources for frontline practitioners.
- Delivery of the Aqua Project, reducing restrictive practices for residents in care homes resulted in reduced restrictive practices, focus on human rights-based practice and a reduction in safeguarding incidents reported.

14 Court of Protection and Deprivation of Liberty Safeguards

The ICB must ensure that the arrangements they commission are lawful and compliant with the MCA. The team supports cases that require application to the Court of Protection (CoP), ensuring robust evidence and documentation for least restrictive care and best interest decision making.

The COP team manage Section 21A challenges whereby a patient is objecting to a placement or treatment, and a formal challenge is raised by their appropriate representative, welfare applications and potential welfare applications as well as Court of Protection Deprivation of Liberty (COPDOL) applications and subsequent renewals. They provide advice and support to clinical care teams with the ICB.

Key Points

There continues to be a steady increase in the number of Section 21a challenges (and potential challenges) year on year. In 23/24 there were 47 new cases managed by the ICB COP team. In 24/25 there were 49 cases. Some of these cases are also taking much longer to conclude due to court processes.

The number of welfare challenges managed by the COP team in 24/25 was down slightly from the previous year (23/24 17 cases, 24/25 12 cases). However, the cases that were being progressed were more complex in nature.

COPDOL11 applications received by the team have increased by 16% in 2024. This occurred as a result of service transfer and inheritance of a backlog. The longest historic cases (n2) within the ICB for allocation and completion date back to 2018. The majority of unallocated cases on the backlog are held from 2022/23 (n.102) due to the mandated Liberty Protection Safeguards scoping exercise. At the time of writing this report the total number of unallocated cases is 200. The current backlog is reflected on the Safeguarding Risk Register.

Key Developments

- Legal instruction triage within the COP team reduces the days that cases are being handled without legal oversight, especially for cases that need urgent access to the courts.
- A review of COP processes has been completed to identify how legal challenges can be identified earlier, and communication has taken place with external legal colleagues and local authority DOLS teams. As a result of this all new and potential legal instruction is directed into the COP team duty inbox for triage and appropriate management/delegation.
- The COP team now has a full complement of staff which has not been the case since at least 2023 before the Tupe to the ICB.

Key Achievements

- DoLS audit and review is ongoing, supporting providers to maintain compliance and quality in restricting liberty only when absolutely necessary.

- The Advocacy process has been reviewed with strengthened assurance arrangements in place, the outcome of this is greater oversight of funding, enhanced communication of activity/involvement, and more robust audit trails of advocacy input.
- Increased compliance with quality assurance targets since implementing a change in the process as previously this work was undertaken via legal teams, this work is now undertaken via the COP team. Prior to this change the COP team experienced significant delays in progressing applications submitted to court.
- Increased productivity in all areas including conclusion of 21A challenges and preventing some potential 21a challenges from progressing towards a court hearing.

15 Prevent

Prevent is part of the Government's Counter-Terrorism Strategy (2011) CONTEST, which is led by the Home Office. It is a statutory duty for all NHS organisations to prevent and identify radicalisation. The health sector has a non-enforcement approach to Prevent and focuses on support for vulnerable individuals and healthcare organisations in recognising and helping stop vulnerable individuals from becoming terrorists or supporting terrorism.

The ICB has a Prevent Lead supporting, staff training and case management. The Safeguarding Team works closely with regional Prevent coordinators and Channel Panels. There is robust multiagency partnership connectivity including regional and into National PREVENT groups.

In April 2024 NHSE published the new NHS Safeguarding Prevent Duty Protocol for ICBs detailing the ICBs responsibilities with regards to Prevent legislation.

Key Points

- 93% staff Prevent training compliance (Level 1).
- Quarterly reporting and audit to NHS England in place.
- Joint work with police and partners on cases of concern.
- Further exploration of data on health referrals to Prevent necessary, especially across Primary Care Services.

Key Developments

- ICB benchmark to monitor progress against this NHS Safeguarding Prevent Duty Protocol in place.
- Benchmarking against ICB responsibilities for Prevent demonstrate compliance.
- ICB Prevent Policy currently in development.
- NHSE are establishing a Prevent Community of Practice.

Key Achievements

- 100% Mental Health Service representation at Channel throughout the year in both Lancashire and South Cumbria.
- All Trusts across Lancashire and South Cumbria have attained the 85% training requirements for Prevent.

16 Learning Reviews

The ICB participates in Safeguarding Adults Reviews (SARs), Child Safeguarding Practice Reviews (CSPRs), and Domestic Homicide Reviews (DHRs).

The ICB is committed in promoting continuous improvement, learning and development. Learning from local and national safeguarding reviews is shared with providers and partners.

Key Data

Chart 5 | L&SC Open Cases by Place March 2025

Place	DHRs	SARs	CSPRs	Total
Lancashire	17	3	5	25
Blackburn with Darwen	7	2	2	11
Blackpool	1	0	3	4
Westmorland & Furness	4	1	0	5
Totals	29	6	10	40

Themes from learning reviews include:

- Recognition of neglect and early intervention
- Accurate risk assessment, risk management and care planning
- Information sharing
- Effective safeguarding responses - understanding of accumulative risk over time
- Professional Curiosity - helping to identify abuse and neglect and sharing information
- Routine enquiry into domestic abuse
- Lack of recognition surrounding impact of caring responsibilities and referrals for Carers Assessments
- Application of MCA and executive functioning in self-neglect cases
- Recognition of suicide risk where domestic abuse is a feature
- Impact of trauma and adverse childhood experiences

Key developments

- Dissemination of learning to all providers has been maintained
- A number of multi-agency audits have taken place to benchmark practice, associated improvement action plans in place
- ICB Learning to Improve Group established
- ICB Assurance and Accountability Framework has been published
- ICB acknowledge and recognise the need to continue to develop a single agency audit programme to assure implementation and application of improvement change, activity is in place to review all ICB open action plans from learning reviews.

- Following the publication of SAR Jessicca in Blackpool the ICB have launched a sample safeguarding policy for Primary Care for adults who are not brought for health appointments.

Key achievements

- Delivery of Trauma Informed Training
- Redesign of the Primary Care Learning Forum
- Bespoke learning events delivered to cascade learning
- Safeguarding policies across services reviewed and strengthened
- Activity to improve recoding and flagging of vulnerability in records
- The team have received verbal feedback from Named Professionals within provider services around the positive impact of the new LSCICB Supervision Policy.

17 Serious Violence Duty

The Serious Violence Duty requires local partnerships (including the ICB) to work together to prevent and reduce serious violence.

The ICB has engaged with the Lancashire and Cumbria Violence Reduction Network and Safer Cumbria contributing to local needs assessments, planning, and delivery of interventions.

Key Points

The Serious Violence Duty Health Co-Ordinator has provided leadership to meet statutory duties. Governance arrangements have been strengthened internally and across the Partnerships.

The ICB has strengthened relationships/connectivity and data information with Community Safety Partnerships across all districts, and a range of partnership meetings enabling us to work together to improve safety of individuals

Key Developments

- The ICB has developed a network of Trauma Informed Champions across L&SC health footprint with over 250 champions identified.
- Solutions Trail in collaboration with Warwick University continued in year reducing risk of serious youth violence through psychological therapy.
- Reducing violence against NHS staff programme progressing includes implementation of NHS Sexual Safety Charter.
- Lancashire Serious Youth Violence JTAI action plan progressing across partnership.
- ED navigators commenced in reach support and training to frontline professionals into Furness General Hospital.

Key achievements

- Over 950 multiagency professionals trained in trauma informed awareness.
- Over 1,340 individuals received support from ED Navigators across our Emergency Departments.
- Belonging and Mattering Conference hosted by ICB, focus on developing trauma informed Policies and Procedures across services.

18 Domestic Abuse

The Domestic Abuse Act (2021) and accompanying Domestic Abuse statutory guidance (2022) is intended to increase awareness and inform the response to domestic abuse. It sets out standards to promote best practice and focuses support for victims including adults and children.

Key Points

Domestic abuse remains a significant area of focus for the ICB and partners. The Safeguarding Team has worked to strengthen health responses to domestic abuse and support for victims. The commitment to support reduction and prevention of domestic abuse is recognised in the ICB Forward Plan and the ICB engages fully with commissioned health providers and partners to fulfil our statutory requirements.

ICB's have a role within the duty to collaborate (Victims and Prisoners Act 2024) on the commissioning of domestic abuse services. The ICB continues to work with in collaboration with partners to ensure that effective response to Domestic Abuse is prioritised.

Key Developments

Implementation of IRIS-I (Domestic Abuse training into General Practice) has resulted in 51 GP Practices fully trained in recognition and response to domestic abuse, 249 referrals were made to support adults experiencing domestic abuse. Domestic Abuse pathways to specialist services locally will remain in place to support primary care to continue to make referrals and continue with the partnership relations that are established.

Work with Community Safety Partnerships and Domestic Abuse Boards has seen delivery against strategic plans to support victims and children who witness domestic abuse.

Policy development has included a review of the ICB Domestic Abuse in the Workplace Policy and refresh of the sample Domestic Abuse Policy for Primary Care.

The response to high-risk domestic abuse has been revised across Lancashire and South Cumbria to ensure timely response to victim, perpetrator and children. There are scrutiny and governance arrangements in place to evaluate the quality of referrals, assessments, and safety plans to improve risk management. Further work is underway to demonstrate impact and outcomes.

Key achievements

- Several bespoke training events delivered across health care settings, identifying and responding to domestic abuse.
- Newsletters, briefings and circulation of 7MB's around best practice and learning from reviews circulated.

- Tom's Story training (a child victim and witness of domestic abuse) cascaded with many participants citing the importance of 'professional curiosity' and 'the voice of the child' in practice as significant learning.
- Support to public awareness campaigns, White Ribbon Day and 16 Days of Action.
- Partnership work continues with specialist domestic abuse services and Local Authorities i.e. survivor's network.

19 Next Steps, Reform and Priorities for 2025-2026

The ICB remains committed to continuous improvement in safeguarding practice and outcomes.

On 1 April 2025 the Government wrote to Integrated Care Boards and provider leaders to lay the foundations for reform and outline the focus for 2025-26 on delivery NHS core priorities.

ICB's will play a critical role in the future as strategic commissioners and in realising the ambitions that will be set out in the 10 Year Health Plan. ICBs are required to develop plans to reduce operating costs whilst working to improve population health, reduce inequalities and improve access to more consistently high-quality care. ICB's will be remodelled against a national blueprint published to support transition and reform.

As a result of reform, it will be necessary to continually review ICB safeguarding functions as transition progresses, against this backdrop the following priorities have been identified for 2025/26:

- Maintain safe delivery of safeguarding standards, priorities and statutory requirements during significant ICB reform and minimise impact on those most vulnerable.
- Further develop and implement the Safeguarding Strategy and Safeguarding Learning to Improve Assurance and Accountability Framework in line with revised ICB responsibilities and a focus on population health.
- Improve health outcomes and support for children in care and care leavers, secure permanent arrangements of the adoption and fostering medical advisor model, strengthen care leaver offer and respond to revised legislation for Corporate Parenting.
- Benchmark safeguarding standards across Dentistry, Optometry and Pharmacy services.
- Continue collaborative work across agreed priorities of the Safeguarding Partnerships and Boards.
- Implement ICB Safeguarding single agency Audit programme
- Review the ICB's response to child deaths to ensure consistency and compliancy with best practice and statutory guidance.
- Work with NHS Digital to implement CP-IS Phase 2 towards a single shared care record.
- Enhance the voice and participation of service users in safeguarding systems.
- Continued delivery of MCA improvement work, enhancing knowledge of executive functioning.
- Develop and implement an ICB Prevent Policy.
- To collate and review PiPoT data to evaluate and respond to themes and trends.

Progress against these priorities will be monitored by the ICB Quality and Outcomes Committee, and regular updates will be provided to stakeholders and partners.