


Date:	12 th October 2017
Meeting:	Governing Body
Item Number:	Item 10.5
Public/Private:	Public <input type="checkbox"/> Private <input type="checkbox"/>

Report Title:
Safeguarding and Looked After Children Annual Report 2016-2017

Author: <i>(Name, Title)</i>	Sarah Glossop, Designated Nurse – Safeguarding & LAC
GB Lead: <i>(Name, Title)</i>	Catherine Wylie, Director of Nursing and Quality
Director approval/signature (MUST BE SIGNED)	
Date:	

Decisions to be made:
To note content

Continue to improve the quality of services	<input checked="" type="checkbox"/>	Improve patient experience	<input checked="" type="checkbox"/>
Reduced unwarranted variations in services	<input checked="" type="checkbox"/>	Reduce the inequalities gap in North Lincolnshire	<input checked="" type="checkbox"/>
Deliver the best outcomes for every patient	<input checked="" type="checkbox"/>	Statutory/Regulatory	<input checked="" type="checkbox"/>

Executive Summary (Question, Options, Recommendations):
<p>This is the first combined Safeguarding and Looked After Children, and Safeguarding Adults Annual Report prepared for North Lincolnshire Clinical Commissioning Group (NLCCG) Governing Body.</p> <p>The report outlines the responsibilities of the CCG in respect to Safeguarding Children and Adults, and Looked After Children.</p> <p>The report covers the period of April 2016 to the end of March 2017 and provides both the national and local context to safeguarding developments. It outlines how the CCG is meeting their statutory requirements and responses to local challenges and the expanding agenda.</p>

Equality Impact	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Sustainability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Risk	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Legal	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Finance	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Patient, Public, Clinical and Stakeholder Engagement to date									
	<i>N/A</i>	<i>Y</i>	<i>N</i>	<i>Date</i>		<i>N/A</i>	<i>Y</i>	<i>N</i>	<i>Date</i>
Patient:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Clinical:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Public:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

North Lincolnshire Clinical Commissioning Group

Safeguarding Report April 2016- March 2017

1. Introduction

- 1.1. This is the first combined Safeguarding and Looked After Children, and Safeguarding Adults combined Annual Report prepared for North Lincolnshire Clinical Commissioning Group (NLCCG) Governing Body.
- 1.2. The report outlines the responsibilities of the CCG in respect to Safeguarding Children and Adults, and Looked After Children.
- 1.3. The report covers the period of April 2016 to the end of March 2017 and provides both the national and local context to safeguarding developments. It outlines how the CCG is meeting their statutory requirements and responses to local challenges and the expanding agenda.
- 1.4. NLCCG Governing Body as the organisation's governing body has responsibility for ensuring that this duty is appropriately discharged. This report identifies the arrangements in place in order to provide the required assurance that the above duty is being effectively discharged.

2. CCG Responsibilities and Statutory Duties

- 2.1. CCGs are statutorily responsible for ensuring that the organisations from which they commission services have safe and effective systems that safeguard adults and children at risk of abuse, neglect or exploitation. This includes specific responsibilities for looked after children (LAC) and for supporting the Child Death Overview process including sudden unexpected death in childhood.
- 2.2. The role and responsibilities of CCGs is clarified in the Safeguarding Accountability and Assurance Framework.¹
 - CCGs as commissioners of local health services need to assure themselves that the organisations from which they commission have effective safeguarding arrangements in place. CCGs are responsible for securing the expertise of Designated Professionals on behalf of the local health system.
 - CCGs must gain assurance from all commissioned services, both NHS and independent healthcare providers, throughout the year to ensure continuous improvement. Assurance may consist of assurance visits, section 11 audits² and attendance at provider safeguarding committees.
 - The role of CCGs is also fundamentally about working with others to ensure that critical services are in place to respond to children and adults who are at risk or who have been harmed, and it is about delivering improved outcomes and life chances for the most vulnerable. CCGs need to demonstrate that their Designated Clinical Experts (children and adults), are embedded in the clinical decision making of the organisation, with the authority to work within local health economies to influence local thinking and practice.

3. Legislative and Statutory Framework in place in 2015-2016

Safeguarding Children

- 3.1. The underpinning legislation for safeguarding children arrangements in England is contained within the Children Act 1989, the Children and Adoption Act 2002 and the Children Act 2004.

¹ NHS England, July 2015 Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework

² Section 11 Children Act 2004.

The Safeguarding Vulnerable Groups Act 2006 also has a significant impact in terms of the recruitment of staff and the need to establish procedures to meet the requirements of the Act.

- 3.2. The key document outlining the statutory duties to safeguard children was Working Together to Safeguard Children (Department of Education, 2015)³. This set out how all agencies and professionals should work together to promote children's welfare and protect them from harm. The guidance provides a national framework within which each organisation needs to agree local arrangements.
- 3.3. Safeguarding and promoting the welfare of children is defined, in 'Working Together to Safeguard Children' as:
 - protecting children from maltreatment;
 - preventing impairment of children's health or development;
 - ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
 - taking action to enable all children to have the best outcomes.
- 3.4. Safeguarding Children is everyone's responsibility. Under section 11 of the Children Act 2004, and amended by the Health and Social Care Act 2012, Clinical Commissioning Groups, as commissioners of services have a statutory duty to ensure that those who work on their behalf carry out their duties in such a way as to safeguard and promote the welfare of children. The key features of section 11 are:
 - a clear line of accountability for the commissioning and/or provision of services designed to safeguard and promote the welfare of children;
 - a senior board level lead to take leadership responsibility for the organisation's safeguarding arrangements;
 - a culture of listening to children and taking account of their wishes and feelings, both in individual decisions and the development of services;
 - clear whistleblowing procedures, which reflect the principles in Sir Robert Francis's Freedom to Speak Up review and are suitably referenced in staff training and codes of conduct, and a culture that enables issues about safeguarding and promoting the welfare of children to be addressed;⁴
 - arrangements which set out clearly the processes for sharing information, with other professionals and with the Local Safeguarding Children Board (LSCB);
 - a designated professional lead (or, for health provider organisations, named professionals) for safeguarding. Their role is to support other professionals in their agencies to recognise the needs of children, including rescue from possible abuse or neglect. Designated professional roles should always be explicitly defined in job descriptions. Professionals should be given sufficient time, funding, supervision and support to fulfil their child welfare and safeguarding responsibilities effectively;
 - safe recruitment practices for individuals whom the organisation will permit to work regularly with children, including policies on when to obtain a criminal record check;
 - appropriate supervision and support for staff, including undertaking safeguarding training:
 - employers are responsible for ensuring that their staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role;

³ [HM Government \(2015\) Working Together to Safeguard Children, HMSO, London](#)

⁴ [\[Sir Robert Francis's Freedom to Speak Up review report can be found at https://freedomtospeakup.org.uk/wp-content/uploads/2014/07/F2SU_web.pdf\].](https://freedomtospeakup.org.uk/wp-content/uploads/2014/07/F2SU_web.pdf)

- staff should be given a mandatory induction, which includes familiarisation with child protection responsibilities and procedures to be followed if anyone has any concerns about a child's safety or welfare; and
- all professionals should have regular reviews of their own practice to ensure they improve over time.
- clear policies in line with those from the LSCB for dealing with allegations against people who work with children. Such policies should make a clear distinction between an allegation, a concern about the quality of care or practice or a complaint. An allegation may relate to a person who works with children who has:
 - behaved in a way that has harmed a child, or may have harmed a child;
 - possibly committed a criminal offence against or related to a child; or
 - behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

Looked After Children

- 3.5. CCGs in collaboration with other NHS commissioners and local authority partners have a responsibility to ensure the timely and effective delivery of health services to looked-after children.
- 3.6. In fulfilling those responsibilities, CCGs contribute to meeting the health needs of looked-after children in three ways:
- commissioning effective services,
 - delivering through provider organisations, and
 - through individual practitioners providing coordinated care for each child.
- 3.7. CCGs need to work in partnership with other commissioners of health services to ensure there are appropriate arrangements and resources in place to meet the physical and mental health needs of looked-after children.
- 3.8. Services for individual children placed out of the CCG area should be consistent with the responsible commissioner guidance Who Pays? Determining responsibility for payments to providers⁵.
- 3.9. CCGs and the officers in the local authority responsible for looked-after children's services should:
- recognise and give due account to the greater physical, mental and emotional health needs of looked-after children in their planning and practice
 - give equal importance (parity of esteem) to the mental and physical health of looked-after children and follow the principles in the national document Mental Health Crisis Care Concordat – Improving outcomes for people experiencing mental health crisis
 - agree multi-agency action to meet the health needs of looked-after children in the area
 - ensure that sufficient resources are allocated to meet the identified health needs of the looked-after children population, including those placed in their area by other local authorities, based on the range of data available about their health characteristics
 - take into account the views of looked-after children, their parents and carers, to inform, influence and shape service provision, including through Children in Care Councils and local Healthwatch where they are undertaking work in this area
 - arrange the provision of accessible and comprehensive information to looked-after children and their carers.

⁵ <https://www.england.nhs.uk/wp-content/uploads/2014/05/who-pays.pdf> - pages 12-13

Safeguarding Adults

- 3.10. The legislation relevant to arrangements for safeguarding adults at risk of abuse or neglect is found within the Care Act 2014. The Safeguarding Vulnerable Groups Act 2006 also has relevance as it does in safeguarding children arrangements.
- 3.11. The framework for outlining how organisations should apply the legislation is within Care and Support Statutory Guidance (Chapter 14 – Safeguarding)⁶
- 3.12. Safeguarding duties, which have legal affect on all NHS organisations, as well as other partner agencies) apply to an adult who:
- has needs for care and support (whether or not the local authority is meeting any of those needs)
 - is experiencing, or at risk of, abuse or neglect
 - as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect
- 3.13. The aims of adult safeguarding are to:
- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
 - stop abuse or neglect wherever possible
 - safeguard adults in a way that supports them in making choices and having control about how they want to live
 - promote an approach that concentrates on improving life for the adults concerned
 - raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect
 - provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult
 - address what has caused the abuse or neglect
- 3.14. In order to achieve these aims, it is necessary to:
- ensure that everyone, both individuals and organisations, are clear about their roles and responsibilities
 - create strong multi-agency partnerships that provide timely and effective prevention of and responses to abuse or neglect
 - support the development of a positive learning environment across these partnerships and at all levels within them to help break down cultures that are risk-averse and seek to scapegoat or blame practitioners
 - enable access to mainstream community resources such as accessible leisure facilities, safe town centres and community groups that can reduce the social and physical isolation which in itself may increase the risk of abuse or neglect
 - clarify how responses to safeguarding concerns deriving from the poor quality and inadequacy of service provision, including patient safety in the health sector, should be responded to
- 3.15. The Government has issued a policy statement on adult safeguarding which sets out six principles for safeguarding adults. Whilst not legal duties, these do represent best practice and provide a foundation for achieving good outcomes:
- Empowerment - presumption of person led decisions and consent.

⁶ <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

- Protection - support and representation for those in greatest need.
- Prevention of harm or abuse.
- Proportionality and least intrusive response appropriate to the risk presented.
- Partnerships - local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- Accountability and transparency in delivering safeguarding.

3.16. In addition to these principles, the concept of “**making safeguarding personal**” is fundamental to adult safeguarding arrangements:

- partners need to take a broad community approach to establishing safeguarding arrangements. Adult safeguarding arrangements are there to protect individuals; we all have different preferences, histories, circumstances and life-styles, so it is unhelpful to prescribe a process that must be followed whenever a concern is raised; which may in the end make the individual we are protecting unhappy.

4. NLCCG Governance & Accountability

Requirements

4.1. CCGs are required to demonstrate that they have appropriate systems in place for discharging their statutory duties in terms of safeguarding⁷. These include:

- A clear line of accountability for safeguarding, properly reflected in the CCG governance arrangements, i.e. a named executive lead to take overall leadership responsibility for the organisation’s safeguarding arrangements.
- Clear policies setting out their commitment, and approach, to safeguarding including safe recruitment practices and arrangements for dealing with allegations against people who work with children and adults as appropriate.
- Training their staff in recognising and reporting safeguarding issues, appropriate supervision and ensuring that their staff are competent to carry out their responsibilities for safeguarding.
- Effective inter-agency working with local authorities, the police and third sector organisations which includes appropriate arrangements to cooperate with local authorities in the operation of LSCBs, SABs and Health and Wellbeing Boards.
- Ensuring effective arrangements for information sharing.
- Employing, or securing, the expertise of Designated Doctors and Nurses for Safeguarding Children and for Looked After Children and a Designated Paediatrician for unexpected deaths in childhood.
- Having a Designated Adult Safeguarding Manager (DASM) which should include the Adult Safeguarding lead role and a lead for the MCA, supported by the relevant policies and training.
- Effective systems for responding to abuse and neglect of adults.
- Supporting the development of a positive learning culture across partnerships for safeguarding adults to ensure that organisations are not unduly risk averse.
- Working with the local authority (LA) to enable access to community resources that can reduce social and physical isolation for adults.

Accountability and Governance

4.2. The Governing Body of NLCCG is the accountable body for safeguarding children arrangements. The regular oversight for monitoring commissioning safeguarding children

⁷ NHS England, July 2015 Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework

arrangements has been delegated to the Quality Group. The Designated Nurse has produced a briefing report to each of the monthly Quality Group meetings and highlighted issues

- 4.3. The CCG Governing Body received a briefing on their responsibilities around oversight of health economy safeguarding children arrangements in June 2016. This ensured clarity for members in understanding of their responsibilities.
- 4.4. The responsibility for safeguarding rests ultimately with the Chief Officer. However, as with the majority of health organisations, an Executive Lead for Safeguarding is identified for NLCCG to be responsible for strategic safeguarding advice to the governing body. In 2016-2017, the Executive Lead for Safeguarding was the Director of Risk and Quality Assurance. NLCCG has also identified a Non-Executive Governing Body member to ensure appropriate scrutiny of the organisation's safeguarding performance. Further details of the Non-Executive Governing Body member can be found in Appendix 1.

Policies

- 4.5. NLCCG has a Safeguarding policy with dual purposes of:
 - ensuring staff working for, or on behalf of, NLCCG are clear around their responsibilities, and activity required, where there are concerns in respect to welfare of children and adults with care and support needs.
 - ensuring, as a commissioning organisation, NLCCG are able to gain assurances that the organisations from which they commission services have effective safeguarding arrangements in place.

The policy will be subject to review and refresh in the second half of the 2017/18 year.

Training and supervision

- 4.6. All North Lincolnshire CCG staff have access to and have undertaken Level 1 safeguarding training.
 - the Executive Lead, and Designated and Specialist Professionals have accessed development opportunities through regional and national events.
 - the Governing Body have received a targeted briefing on their responsibilities for oversight of safeguarding arrangements.
- 4.7. As single subject expects, Designated Professionals are required to actively participate in regular peer-to-peer supervision in order to continue to develop their practice in line with agreed best practice. The Designated Nurse provides/ receives supervision to/from Designated Professionals and other safeguarding leads across Yorkshire and Humber, and East Midlands.

Effective interagency working

- 4.8. Working Together to Safeguard Children (Department of Education, 2015)⁸ strengthened the responsibility for a health professional to be involved in decision making on each child referred to locality Children's Social Care departments.
- 4.9. Working Together 2015 also outlines the requirements for all agencies to have in place arrangements to offer support to children and their families at the earliest point, to promote the child's health development, rather than responding later, once problems are significant. Consistent oversight of these arrangements, and interface with statutory services is recommended.

⁸ [HM Government \(2015\) Working Together to Safeguard Children, HMSO, London](#)

- 4.10. North Lincolnshire CCG continues to provide a Specialist Nurse for Safeguarding Children post co-located with the North Lincolnshire Children’s Social Care led Integrated Multi-Agency Partnership). The core functions of this role include:-
- Acting as a health professional resource for safeguarding children to the Single Access Point process.
 - Taking the lead role for health contribution to information gathering and decision making.
 - Playing a key role in supporting the quality assurance of the health offer to early help providing information to influence future commissioning and contracting of health services.
- 4.11. NLCCG have been active in supporting the work of both North Lincolnshire Safeguarding Children Board, and Safeguarding Adult Board. Further details on this are included in sections 5 and 7 of this report.

Designated Professionals

Guidance

- 4.12. The requirement for, and details of the role of, Designated Professionals is outlined in the Safeguarding Accountability and Assurance Framework published in July 2015.⁹
- 4.13. CCGs are responsible for securing the expertise of Designated Professionals i.e.
- Designated Doctors and Nurses for Safeguarding Children
 - Designated Doctors and Nurses for Looked after Children
 - Designated paediatricians for unexpected deaths in childhood
 - Designated Professional for Safeguarding Adults
- on behalf of the local health system. It is expected that many Designated Professionals will be employed by CCGs.
- 4.14. The Designated Professional’s role is to work across the local health system to support other professionals in their agencies on all aspects of safeguarding.
- Designated Professionals are clinical experts and strategic leaders for safeguarding and as such are a vital source of advice and support to
 - health commissioners in CCGs, the local authority and NHS England,
 - other health professionals in provider organisations,
 - quality surveillance groups (QSG),
 - regulators,
 - the LSCB/SAB and the Health and Wellbeing Board.
- 4.15. The role of Designated Professionals for safeguarding children should always be explicitly defined in job descriptions, and sufficient time, funding, supervision and support should be allowed to enable them to fulfil their safeguarding responsibilities across the wider system effectively^{10, 11}.

⁹ NHS England, July 2015 Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework

¹⁰ Model job descriptions for safeguarding children designated professional roles can be found in the intercollegiate document *Safeguarding Children and Young People: roles and competences for health care staff*, March 2014

¹¹ Model job descriptions for Looked after children designated professional roles can be found in the intercollegiate document: *Looked after children: Knowledge, skills and competences of healthcare staff*, March 2015

- 4.16. The Royal College of Paediatrics and Child Health in collaboration with other colleges and health professional organisations have developed indicative capacity for specialist safeguarding children and looked after children roles.
- They recommend that for a child population of 70,000 there should be
 - 1.0 wte Designated Nurse – Safeguarding Children,
 - 4 – 5 PAs per week for Designated Doctor – Safeguarding Children
 - 1.0 wte Designated Nurse – Looked After Children
 - They further recommend that there should be
 - 2 PAs per week for Designated Doctor – Looked After Children for each 400 looked After children.
- 4.17. NHS England have provided guidance to CCGs with indicative capacity for specialist safeguarding adult roles.
- They recommend that for an adult population of 120,000 there should be 1.0 wte Designated Professional – Safeguarding Adults.

Local Arrangements

4.18. North Lincolnshire has a child population of 38,000, and an adult population of 129,000

Safeguarding Children & Adults

4.19. At the beginning of the 2016/17 year, NLCCG directly employed:

- 1.0 wte Designated Nurse for Safeguarding Children
- 1.0 wte Designated Nurse for Safeguarding Adults
- 1.0 wte Specialist Nurse for Safeguarding

These posts also provided the specialist safeguarding professional leadership to North East Lincolnshire Clinical Commissioning Group (NELCCG). There was a Memorandum of Understanding in place which set out the governance and accountability arrangements within the 2 health economies.

4.20. From 5th September 2016 – 30th November 2016, the CCGs successfully piloted a locality approach to the provision of the Designated Nurse for Safeguarding, with each Designated Nurse providing the specialist safeguarding professional leadership for both Children and Adults in one locality.

- During this period, the Specialist Nurse continued to support both Designated Nurses.
- At the completion of the pilot, each CCG agreed an uplift in Specialist Nursing capacity to create a full-time Specialist Nurse in each locality, and a change in employer was proposed for the Designated Nurse for NELCCG.

NELCCG successfully appointed to a 1.0 wte Specialist Nurse for Safeguarding post with the successful applicant commencing on 13th March 2017, and the North East Lincolnshire Designated Nurse transferred employment to NELCCG wef 1st April 2017.

4.21. The Designated Doctor for Safeguarding Children is employed by Northern Lincolnshire and Goole NHS Foundation Trust with a Service Level Agreement in place to provide the Designated function for 1.5 PA per week for NLCCG.

4.22. As per paragraph 4.10, NLCCG has also secured the expertise of a Designated Paediatrician for unexpected deaths in childhood. Further details on this are included at Section 6 of this report

Looked After Children

- 4.23. Throughout the 2016/2017 year, the Designated Nurse and Doctor for Looked After Children were provided by Northern Lincolnshire and Goole NHS Foundation Trust
- The Designated Nurse for Looked After Children was 0.5 wte, and
 - Designated Doctor had 2 PAs per week.
 - In addition, NLaG had a 1.0 wte Specialist Nurse for LAC.
- Both Designated Professionals also undertook some operational looked after children activity in the undertaking of health assessments.
- 4.24. From November 2016, further capacity was created for provision of Initial Health Assessments by a Paediatric Registrar.
- 4.25. The Designated Nurse for Looked After Children had extended sick leave from September 2016 returning to work on 13th March 2017, for a short period before retiring on 31st March 2017.
- During the period of the Designated Nurse's absence, strategic oversight of the LAC service was provided by NLaG's Head of Safeguarding working closely with the Specialist Nurse for Looked After Children, and Designated Nurse for Safeguarding.
 - Additional capacity to provide Review Health Assessments in the absence of the Designated Nurse came from bank NLaG LAC staff from North East Lincolnshire.
- 4.26. With effect from 1st April 2017, the Designated Nurse for Safeguarding will take on responsibility for Looked After Children.
- 4.27. Details of the Designated Professionals in North Lincolnshire in 2016-2017 can be found at Appendix 1.

Named GP/ Doctor for Primary Care

Guidance

- 4.28. NHS England are responsible for ensuring, in conjunction with CCG clinical leaders, that there are effective arrangements for the employment and development of Named GP/Named Professional capacity for supporting primary care within the local area. This capacity is funded through the primary care budget but it is for local determination exactly how this is done and what employment arrangements are adopted¹²
- 4.29. The role of the Named GP/Named Professional includes:
- Providing specific expertise on child health and development and in the care of families in difficulty as well as children who have been abused or neglected.
 - Providing supervision, expert advice and support to GPs and other primary care staff in child protection issues.
 - Offering advice on local arrangements with provider organisations for safeguarding children.
 - Promoting, influencing and developing relevant training for GPs and their teams.
- 4.30. The Royal College of Paediatrics and Child Health in collaboration with other colleges and health professional organisations have developed indicative capacity for specialist

¹² NHS England, July 2015 Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework

safeguarding roles. This document recommends that for a total population of 220,000 the Named GP/ Professional for Primary Care should have 2 PAs per week.

Local Arrangements

- 4.31. NLCCG has a Named GP for Safeguarding Children and Adults with 2 PA per week in this role.
- 4.32. Details of the Named GP in North Lincolnshire in 2015-2016 is included in Appendix 1.
- 4.33. The Specialist Nurse for Safeguarding for the CCG has provided 1st line support to GPs and primary care, working in partnership with the Designated Nurse(s) and the Named GP.

5. Safeguarding Children

North Lincolnshire Safeguarding Children Board

Role and Functions

- 5.1. The Children Act 2004 (section 13) requires each local authority to establish a Local Safeguarding Children Board (LSCB) for their area and specifies the organisations and individuals (other than the local authority) that should be represented on LSCBs.
- 5.2. Section 14 of the Act sets out the objectives of LSCBs, as:
 - (a) to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and
 - (b) to ensure the effectiveness of what is done by each such person or body for those purposes.
- 5.3. The core functions of an LSCB are set out in regulations¹³ and are:
 - developing policies and procedures including those on:
 - action taken where there are concerns about the safety and welfare of a child, including thresholds for intervention;
 - training of people who work with children or in services affecting the safety and welfare of children;
 - recruitment and supervision of people who work with children; investigation of allegations concerning people who work with children;
 - safety and welfare of children who are privately fostered; and
 - co-operation with neighbouring children's services authorities (i.e. local authorities) and their LSCB partners.
 - communicating and raising awareness;
 - monitoring and evaluating the effectiveness of what is done by partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve;
 - participating in the planning of services for children in the area of the authority; and
 - undertaking reviews of serious cases and advising partners on lessons to be learned.
- 5.4. In order to fulfil its statutory function under regulation 5 an LSCB should use data and, as a minimum, should:
 - assess the effectiveness of the help being provided to children and families, including early help;
 - assess whether LSCB partners are fulfilling their statutory obligations;
 - quality assure practice, including through joint audits of case files involving practitioners and identifying lessons to be learned; and

¹³ Regulation 5 of the Local Safeguarding Children Board Regulations 2006

- monitor and evaluate the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children.

NLSCB Priorities 2016-2017

5.5. NLSCB identified 3 key priorities in 2016-17

- Reduce the harm from child sexual exploitation
- Reduce the harm to children from domestic abuse
- Enhance children's emotional wellbeing and resilience

Membership

5.6. The Children Act 2004 (section 13) identifies the Board partners who must be included in the LSCB. At least one representative of the local authority and each of the other Board partners (although two or more Board partners may be represented by the same person), The statutory membership includes

- NHS England and Clinical Commissioning Groups;
- NHS Trusts and NHS Foundation Trusts all or most of whose hospitals, establishments and facilities are situated in the local authority area;

5.7. Members of an LSCB should be people with a strategic role in relation to safeguarding and promoting the welfare of children within their organisation. They should be able to:

- speak for their organisation with authority;
- commit their organisation on policy and practice matters; and
- hold their own organisation to account and hold others to account.

5.8. The LSCB should either include on its Board, or be able to draw on appropriate expertise and advice from, frontline professionals from all the relevant sectors. This includes the Designated Nurse and Doctor for Safeguarding Children.

5.9. NLSCB met on a 4 monthly basis through 2016-2017 to review their Core Functions.

- The Board also met on a 4 monthly basis to undertake Multi-agency Case Audits

5.10. NLCCG has been represented on NLSCB by the Director of Risk and Quality Assurance, as well as the Designated Professionals for Safeguarding Children throughout the 2016-7 year.

5.11. In addition to the representation from NLCCG, within the 2016-2017 year, NLSCB has had health service representation from

- Northern Lincolnshire and Goole NHS Foundation Trust via the Head of Safeguarding
- Rotherham, Doncaster and South Humber Foundation Trust, via the Nurse Consultant for Safeguarding Children/ Associate Nurse Director – Children's Care Group
- NHS England North (Yorkshire and Humber) have been represented by a Senior Nurse.

5.12. The work of NLSCB was supported through a number of key function/ action groups:

- Standards Board
 - NLCCG represented by the Director of Risk and Quality Assurance and/or Designated Nurse – Safeguarding Children
- Child Death Overview Panel
 - NLCCG represented by the Designated Nurse and Doctor for Safeguarding Children, as well as the Named GP. The Specialist Nurse – Safeguarding has played an active role in providing a health professional perspective and supporting the LSCB Business Manager in preparing for the quarterly meetings.
- Serious Case Review subcommittee

- Chaired by the Designated Nurse – Safeguarding Children, with additional representation by the Designated Doctor, and Named GP for Safeguarding Children.
 - Child Sexual Exploitation Strategy Group
 - NLCCG represented by the Designated Nurse – Safeguarding Children
 - Early Help Performance Management & Quality Assurance Group (until December 2016)
 - NLCCG represented by Designated Nurse – Safeguarding Children/ or Specialist Nurse – Safeguarding.
 - Safeguarding Pathway Lead Officers Group (from January 2017)
 - NLCCG represented by Designated Nurse – Safeguarding Children
 - Multi-Agency Audit Group
 - NLCCG represented by Specialist Nurse – Safeguarding
 - Safeguarding Operational Managers Group
 - NLCCG represented by Specialist Nurse – Safeguarding
- as well as Annual Workshops on
- Communications
 - Training with production of annual plan.

5.13. The Designated Nurse contributed to the Annual Communications and Training workshops and plan development.

5.14. The Designated Professionals have worked with all provider organisations to ensure there was appropriate health provider membership on all subgroups.

NLCCG contribution to NLSCB priorities

5.15. A requirement for commissioned providers to incorporate LSCB priorities into their services is included in the local safeguarding children standards set by NLCCG.

Reduce the harm from child sexual exploitation

5.16. The Designated Nurse – Safeguarding has attended and contributed to the ongoing oversight of the North Lincolnshire CSE strategy through the CSE Strategic Group.

5.17. The Designated Nurse – Safeguarding has engaged in activity to ensure all relevant providers are fully involved in identification and support to young people at risk of, experiencing exploitation. The Specialist Nurse – Safeguarding Children is actively involved in the gathering and analysis of health information in preparation for Multi-agency Child Exploitation meetings, which focus on the individual young people, and alleged perpetrators.

Reduce the harm to children from domestic abuse

5.18. Whilst North Lincolnshire CCG does not directly deliver services to children and families, their responsibility to ensure commissioned services provide safe and responsive system means that the CCG through the Specialist Nurse – Safeguarding have contributed to work to map and ensure a consistent approach across health services, and partner agencies to identifying and responding to harm to children for domestic abuse.

Enhance children's emotional wellbeing and resilience

5.19. Following the publication of the SI14 Serious Case Review (SCR) report in October 2015, the Designated Nurse – Safeguarding has taken the lead on the development and revision of processes to quality assure the arrangements for the placements of children and young people in residential CAMHS placements. As an immediate response to the SCR report, NLSCB had developed a Quality Assurance Tier 4 Mental Health Placements Panel. The function of this group was reviewed in early 2017, resulting in the development of a The Tier 4 Quality

Assurance Group accountable to NLCCG Quality Group which met for the first time on 30th March 2017.

6. Review Processes

Child Death Overview Process

- 6.1. One of the LSCB functions is to review the deaths of all children who are normally resident in their area¹⁴ by:
- a) collecting and analysing information about each death with a view to identifying—
 - (i) any case giving rise to the need for a review ...;
 - (ii) any matters of concern affecting the safety and welfare of children in the area of the authority;
 - (iii) any wider public health or safety concerns arising from a particular death or from a pattern of deaths in that area; and
 - (b) putting in place procedures for ensuring that there is a coordinated response by the authority, their Board partners and other relevant persons to an unexpected death.
- 6.2. In order to assist in the completion of this function, CCGs are required to employ , or have arrangements in place to secure the expertise of, consultant paediatricians whose designated responsibilities are to provide advice on:
- commissioning paediatric services from paediatricians with expertise in undertaking enquiries into unexpected deaths in childhood, and from medical investigative services; and
 - the organisation of such services.
- 6.3. NLSCB have had access to consultant paediatrician capacity as outlined above, but via a collaborative approach., The consultant paediatrician on call at the time of an unexpected death acts as the lead clinician for the rapid response and case review process for each individual case; with the Designated Doctor taking a lead role in terms of acting as medical advisor to the Child Death Overview Panel, and assisting in trend analysis.
- 6.4. North Lincolnshire has approximately 12 - 15 deaths per year. The collation of themes arising from these deaths is led by Public Health.

Serious Case Reviews

- 6.5. LSCBs are required to undertake reviews of serious cases in specified circumstances¹⁵, i.e. where (a) abuse or neglect of a child is known or suspected; and
- (b) either — (i) the child has died; or (ii) the child has been seriously harmed and there is cause for concern as to the way in which the authority, their Board partners or other relevant persons have worked together to safeguard the child.
- 6.6. No Serious Case Reviews were undertaken by NLSCB in 2016/17 year.
- 6.7. The action plan for the SI14 Serious Case Review completed in 2015 was signed off as completed by NLSCB on 26th January 2017. However, the SCR subcommittee will continue to review the actions to ensure robust embedding.

¹⁴ Regulation 6 of the Local Safeguarding Children Boards Regulations 2006

¹⁵ Regulation 5 of the Local Safeguarding Children Boards Regulations 2006

7. Safeguarding Adults

North Lincolnshire Safeguarding Adult Board (SAB)

- 7.1. Each local authority must set up a Safeguarding Adults Board (SAB)¹⁶ in its area. The main objective of a SAB is to assure itself that local safeguarding arrangements and partners act to help and protect adults who
- have needs for care and support (whether or not the local authority is meeting any of those needs)
 - is experiencing, or at risk of, abuse or neglect
 - as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect
- 7.2. CCGs, working with the health system, should ensure appropriate representation on the SAB. The local authority may include any other body it considers appropriate following consultation with other members¹⁷.

Aim

- 7.3. North Lincolnshire Safeguarding Adult Board (NLSAB) identifies its key aim as to “ensure the effective co-ordination of services to safeguard and promote the welfare of adults in accordance with the Care Act 2014 and Care and Support Statutory Guidance 2016¹⁸”.
- 7.4. NLSAB aims to achieve its objectives whilst supporting individuals in maintaining control over their lives and in making informed choices without coercion. In achieving this, the following six key safeguarding principles have been agreed.

Objectives

- 7.5. The SAB has established objectives based on the Care and Support Statutory Guidance 2016 (paragraphs 14.133-14.149). The remit and specific objectives of the SAB are:
- To promote awareness and understanding of abuse amongst service users, carers, professionals, care providers and the wider community
 - To generate community and stakeholder interest and engagement in safeguarding to ensure “Safeguarding is Everyone’s Responsibility”
 - To embed a culture that does not tolerate abuse
 - To ensure local systems to protect people at risk are proportionate, balanced and responsive
 - To ensure links and interfaces with other strategic plans and forums are established and are effective
 - To promote strategies and activities aimed at the prevention of harm and early response to manage risk
 - To hold local agencies to account for practice relating to the Mental Capacity Act 2005
 - To provide a clear legal, policy and professional framework to enable staff with safeguarding responsibilities across all agencies, to work effectively together to safeguard

¹⁶ Section 43 Care Act 2014

¹⁷ Schedule 2 Care Act 2014.

¹⁸ <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

people at risk so that responses are proportionate and consistent with personalised safeguarding

- To develop a shared workforce planning and development framework which sets the standard for safeguarding adults training and which will inform partner agencies training provision
- To hold local partners to account in relation to their delivery of safeguarding and implement an integrated performance monitoring framework focusing on outcomes rather than targets
- To implement a robust quality assurance framework and to ensure the voice and experience of users of safeguarding services are integral to these processes
- To hold agencies to account regarding the quality of services they commission and the strategies in place to monitor and improve local care services
- To provide information or advice to any public body in relation to their safeguarding adults responsibilities.

7.6. The LSAB sets out a range of key principles that underpin their work, emphasising recognition of respect for human rights, autonomy and empowerment, equality, proportionality, confidentiality and participation.

NLSCB Priorities 2014-2015

7.7. NLSAB identified 4 key priorities in 2016-17

- To keep adults safe at home
- To raise awareness of keeping people safe
- To keep adults safe in care and health settings
- To ensure the Board leads multi- agency safeguarding effectively

Membership

7.8. The Care and Support Statutory Guidance 2016 paragraphs 14.145-14.146 identifies the organisations which must be represented on the Board as:

- the local authority which set it up
- the CCGs in the local authority's area
- the chief officer of police in the local authority's area

7.9. SABs may also include such other organisations and individuals as the establishing local authority considers appropriate having consulted its SAB partners from the CCG and police. The SAB may wish to invite additional partners to some meetings depending on the specific focus or to participate in its work more generally. These additional members include:

- ambulance services
- representatives of providers of health and social care services, including independent providers
- general practitioners
- local Healthwatch
- Care Quality Commission

7.10. NLSAB has an Executive Group which met on a 6 weekly basis through 2016/17 with membership from the Core members (as per paragraph 7.8), and the chairs of the Action/Reference Groups.

- 7.11. The SAB with membership from both the Core Members and Additional members met on a 3 monthly basis through 2016-2017.
- 7.12. NLCCG has been represented on the Executive Group) and SAB by the Director of Risk and Quality Assurance throughout the year, as well as the
- Designated Professional for Safeguarding Adults (from 1st April 2016 – 4th September 2016)
 - Designated Nurse for Safeguarding (from 5th September 2016 – 31st March 2017)
- The Medical Director/ Named GP for Safeguarding has also attended the SAB to provide primary care representation.
- 7.13. In addition to the representation from NLCCG, within the 2016-2017 year, NLSAB has had health service representation from
- Northern Lincolnshire and Goole NHS Foundation Trust via the Head of Safeguarding
 - Rotherham, Doncaster and South Humber Foundation Trust, via the Director of Nursing and/or Associate Nurse Director – North Lincolnshire Care Group
 - Healthwatch North Lincolnshire, via Delivery Manager
 - Care Quality Commission, via Inspection Manager, North Region
 - NHS England North Yorkshire and Humber Area Team via Senior Nurse.
- 7.14. The work of NLSAB was supported through 4 Action/ Reference Groups:
- Safeguarding Adults Review (SAR) Learning Group
 - NLCCG represented by the Designated Professional for Safeguarding Adults, then Designated Nurse for Safeguarding. The Designated Nurse is the vice chair of this group.
 - Quality Assurance and Performance Group
 - - NLCCG represented by the Designated Professional for Safeguarding Adults, then Designated Nurse for Safeguarding.
 - Communications Reference Group
 - NLCCG represented by Comms Team
 - Workforce and Development Group
 - Chaired by the Designated Nurse for Safeguarding
- The Designated Nurse has worked with all provider organisations to ensure there was appropriate health provider membership on all subgroups.

NLCCG contribution to NLSAB priorities

To keep adults safe at home/ To keep adults safe in care and health settings

- 7.15. NLCCG have a duty to safeguard adults in all aspect of their commissioning. This includes establishing effective structures for safeguarding with clear strategies, robust governance and a competent workforce that can lead and develop safeguarding across the local health community. In order to ensure that safeguarding is integral across the commissioning cycle, NLCCG ensures that all their commissioned services:
- Support patients to reduce risks of neglect and abuse – according to the patients informed choices
 - Reduce risks of abuse and neglect occurring within their service through the provision of high quality, person centred care
 - Identify and respond to neglect and abuse in line with local multi-agency safeguarding procedures

7.16. The Designated and Specialist Nurses for Safeguarding have worked closely with the Adult Protection Team to ensure that appropriate health professional support is available within investigations involving health services, or health issues for the subject adult.

To raise awareness of keeping people safe

7.17. All staff members within the CCG have mandatory training on Safeguarding adults which includes raising awareness of how to keep adults with care and support needs safe.

7.18. Staff in regular, direct contact with adults with care and support needs, including those involved in the assessment for Continuing Health Care have additional training to enable them to act appropriately.

7.19. All CCG staff have regular access to safeguarding case management support via the Designated and Specialist Nurses – Safeguarding

To ensure the Board leads multi- agency safeguarding effectively

7.20. NLCCG Executive Lead is the Deputy Chair of the SAB and contributes to the development of the SAB, its systems and processes.

7.21. NLCCG has appropriate representation on all Action/ Reference Groups with the Designated Nurse for Safeguarding chairing the Workforce and Development Group, and acting as vice chair for the SAR Group. The Designated Nurse has represented the SAB at a regional SAR group event in 2016/17.

8. Programme of Work for NLCCG in 2017-2018

8.1. The work plan for the 2016-2017 is based on:

- Maintaining compliance with legislative, statutory and organisational responsibilities
- Enhancing arrangements to gain assurance from commissioned providers through contract management processes

9. Conclusion

9.1. This annual report provides an overview relating to local safeguarding developments and challenges taken place during the last twelve months and outlines key priorities for 2016/17.

9.2. The report aims to provide a level of assurance that the CCG is fulfilling its statutory duties and responsibilities for safeguarding individuals.

9.3. Safeguarding is multifaceted with the agenda continuing to evolve in line with national policy, legislation and findings from learning reviews.

9.4. Effective safeguarding depends on collaborative multiagency working and ensuring all children; young people and adults at risk of harm are at the centre of care provision and service development.

9.5. Safeguarding is everybody's business.

Sarah Glossop

10th August 2017.

Appendix 1. Safeguarding Leadership in North Lincolnshire for the period April 2015 – March 2016

North Lincolnshire Clinical Commissioning Group

Executive Lead for Safeguarding (Director of Risk and Quality Assurance)	Catherine Wylie
Non-Executive Lead for Safeguarding	Ian Reekie
Designated Doctor – Safeguarding Children & Designated Paediatrician for Child Deaths	Dr Suresh Nelapatla
Designated Nurse – Safeguarding Children (North & North East Lincolnshire CCGs) <i>1st April 2016-4th September 2016</i> Designated Nurse – Safeguarding (North Lincolnshire CCG) <i>5th September 2016-31st March 2017</i>	Sarah Glossop
Designated Professional – Safeguarding Adults (North & North East Lincolnshire CCGs) <i>1st April 2016-4th September 2016</i>	Julie Wilburn
Designated Nurse – Looked After Children	Jill Turner
Designated Doctor – Looked After Children	Dr Jailosi Gondwe
Specialist Nurse - Safeguarding (North & North East Lincolnshire CCGs) <i>1st April 2016-12th March 2017</i> North Lincolnshire CCG <i>13th to 31st March 2017</i>	Sally Bainbridge
Specialist Nurse – Safeguarding Children (Single Access Point/ Integrated Multi- Agency Partnership)	Liz Baxter
Named GP	Dr Robert Jaggs-Fowler

Northern Lincolnshire & Goole NHS Foundation Trust

Named Doctor	Dr Onajite Etuwewe/ Dr Suresh Nelapatla
Named Nurse (Acute Services)	Sue Kidger
Named Nurse (Community Services)	Jane Westoby/ Lisa Robinson
Named Midwife	Katie Bentham
Head of Safeguarding	Craig Ferris

Rotherham, Doncaster & South Humber Mental Health NHS Foundation Trust

Named Nurse (North Lincolnshire)	Anne Ayari Charlotte Harrison (from 1 st March 2017)
Named Doctor (trustwide)	Dr Navjot Ahluwalia

East Midlands Ambulance Service

Safeguarding Lead	Zoe Rodger-Fox
--------------------------	----------------