


Date:	21 st June 2018
Meeting:	Governing Body
Item Number:	Item 8.5
Public/Private:	Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>

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GB Lead: <i>(Name, Title)</i>	Catherine Wylie, Director of Nursing and Quality
Director approval	Catherine Wylie
Director Signature	

Report Title:
Safeguarding and Looked After Children Annual Report 2017-2018
Decisions to be made:
To note

Continue to improve the quality of services	<input type="checkbox"/>	Improve patient experience	<input type="checkbox"/>
Reduced unwarranted variations in services	<input type="checkbox"/>	Reduce the inequalities gap in North Lincolnshire	<input type="checkbox"/>
Deliver the best outcomes for every patient	<input type="checkbox"/>	Statutory/Regulatory	<input type="checkbox"/>
Purpose (tick one only)	Approval <input type="checkbox"/>	Information <input type="checkbox"/>	To note <input checked="" type="checkbox"/> Decision <input 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. The report is presented to the Quality, Performance and Finance Committee prior to presentation to the 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 2017 to the end of March 2018 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>	
Recommendations	1 The Quality, Performance & Finance Committee is asked to note this report.
Report history	

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"/>	

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

Safeguarding Annual Report

April 2017- March 2018

1. Introduction

- 1.1. This is the combined Safeguarding and Looked After Children, and Safeguarding Adults combined Annual Report prepared for NHS North Lincolnshire Clinical Commissioning Group (NLCCG) Governing Body.
- 1.2. NLCCG Governing Body has responsibility for ensuring that this duty is appropriately discharged. This purpose of this report is to assure the Governing Body and members of the public that NLCCG is fulfilling its statutory duties in relation to safeguarding adults, children and looked after children in North Lincolnshire.
- 1.3. The report identifies the arrangements in place in order to ensure that the above duty is being effectively discharged, and fulfils the requirement for all NHS organisations to provide an annual safeguarding report that links to the Children Act 2004 Section 11 requirements.

2. Legislative and Statutory Framework in place in 2017-2018

- 2.1. Responsibilities for safeguarding are enshrined in legislation, supported by statutory guidance issued by HM Government.

Commissioning Responsibilities

- 2.2. 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.

Safeguarding Children

- 2.3. 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. 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.
 - New legislation, the Children and Social Work Act 2017, has made a number of changes to the operation of multi-agency safeguarding children arrangements, which will come into force during the 2018/2019 year. Further details of this can be found in Section 16.
- 2.4. The key document outlining the statutory duties to safeguard children is Working Together to Safeguard Children (Department of Education, 2015)¹. This sets 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.
 - In light of the Children and Social Work Act, a new version of Working Together to Safeguarding Children was anticipated in early 2018, but had not been issued at time of this report.
- 2.5. Section 11 of the Children Act 2004, (amended by the Health and Social Care Act 2012, but unchanged by the Children and Social Work Act 2017) outlines the responsibilities and duties of Clinical Commissioning Groups, as statutory partners, as well as commissioners of services to ensure they, as well as those who work on

1

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/592101/Working_Together_to_Safeguard_Children_20170213.pdf

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 included at Appendix 1.

Looked After Children

- 2.6. The responsibilities of CCGs to Looked after Children are set out in Promoting the health and well-being of looked-after children². 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.
- 2.7. 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.
- 2.8. 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.
- 2.9. 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 providers³.
- 2.10. Specific responsibilities of CCGs and their officers for looked after children are outlined in Appendix 1b.

Safeguarding Adults

- 2.11. 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.
- 2.12. The framework for outlining how organisations should apply the legislation is within Care and Support Statutory Guidance (Chapter 14 – Safeguarding)⁴
- 2.13. Further details on safeguarding adult duties, responsibilities and principles are provided at Appendix 1c.

NLCCG Safeguarding Arrangements

3. Requirements

- 3.1. CCGs are required to demonstrate that they have appropriate systems in place for discharging their statutory duties in terms of safeguarding⁵. 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.

² Department for Education and Department of Health (2015) Promoting the health and well-being of looked-after children: Statutory guidance for local authorities, clinical commissioning groups and NHS England.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked-after_children.pdf

³ <https://www.england.nhs.uk/wp-content/uploads/2014/05/who-pays.pdf> - pages 12-13

⁴ <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

⁵ NHS England, July 2015 Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework. <https://www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-accountability-assurance-framework.pdf>

- 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.

3.2. In addition:

- 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 audits⁶ 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.

4. Accountability and Governance

4.1. The Governing Body of NLCCG is the accountable body for safeguarding arrangements. The regular oversight for monitoring safeguarding arrangements was delegated to the Quality Group (until December 2017) and then Quality Performance and Finance Group. The Quality Group received monthly briefing reports, with the QP&FG receiving quarterly briefing reports on safeguarding arrangements in the North Lincolnshire Health economy.

4.2. 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.

⁶ Section 11 Children Act 2004.

- 4.3. 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. Throughout 2017-2018, 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 2.

5. Designated Professionals

Guidance

- 5.1. The requirement for, and details of the role of, Designated Professionals is outlined in the Safeguarding Accountability and Assurance Framework published in July 2015.⁷.
- 5.2. 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.
- 5.3. 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.
- 5.4. 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^{8,9}.
- 5.5. 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

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

⁸ 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

⁹ 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

- 2 PAs per week for Designated Doctor – Looked After Children for each 400 looked After children.
- 5.6. 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

- 5.7. North Lincolnshire has a child population of 38,000, and an adult population of 129,000
- 5.8. With effect from 1st April 2017, the
- Designated Nurse for Safeguarding Children
 - Designated Professional for Safeguarding Adults
 - Designated Nurse for Looked After Children
- was consolidated into a single 1.0 wte Designated Nurse (Head of Safeguarding) post
- 5.9. The CCG also employs a 1.0 wte Specialist Nurse for Safeguarding, whose predominant role is to support
- the Designated Nurse
 - CCG safeguarding arrangements
 - primary care arrangements
- and 1.0 wte Specialist Nurse for Safeguarding Children, whose predominant role is to support
- the CCG's responsibilities around Effective Interagency Working to safeguard children
- 5.10. The Designated Doctors for Safeguarding Children and Looked After Children are employed by Northern Lincolnshire and Goole NHS Foundation Trust with Service Level Agreements in place to provide the Designated functions
- for Safeguarding Children for 1.5 PA per week.
 - for Looked After Children for 2 PAs per week.
- 5.11. As per paragraph 5.2, NLCCG has also secured the expertise of a Designated Paediatrician for unexpected deaths in childhood. Further details on this are included at Section 15 of this report
- 5.12. Details of the Designated Professionals in North Lincolnshire in 2017-2018 can be found at Appendix 2.

6. Named GP/ Doctor for Primary Care

Guidance

- 6.1. 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 adopted¹⁰
- 6.2. The role of the Named GP/Named Professional includes:

¹⁰ NHS England, July 2015 Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework

- 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.
- 6.3. The Royal College of Paediatrics and Child Health in collaboration with other colleges and health professional organisations have developed indicative capacity for specialist 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

- 6.4. NLCCG has a Named GP for Safeguarding Children and Adults with 2 PA per week in this role.
- 6.5. Details of the Named GP in North Lincolnshire in 2017-2018 is included in Appendix 2.
- 6.6. 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 and the Named GP.

7. Policies

- 7.1. North Lincolnshire CCG has a Safeguarding Policy which covers all the required areas, and is subject to review on a 3 yearly basis, or sooner, where there are significant changes in the legislative or statutory framework in which safeguarding systems operate. The policy has 2 key purposes:
- 7.2. 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 remains compliant with current statutory arrangements, but will be refreshed following publication of the new children's safeguarding statutory guidance.

8. Training and supervision

- 8.1. All North Lincolnshire CCG staff have access to Level 1 safeguarding training via e-learning, with Level 2 safeguarding training available for those requiring this level.
- 8.2. All CCG staff have accessed Prevent training, either face to face using the Workshop to Raise Awareness of Prevent (WRAP) or e-learning via the Electronic Staff Record system.
- 8.3. The Executive Lead, and Designated, Named and Specialist Professionals have accessed development opportunities through regional and national events.
- 8.4. The Governing Body last received a targeted briefing on their responsibilities for oversight of safeguarding arrangements in June 2016.

- 8.5. 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.
- 8.6. The Named and Specialist Professionals access supervision via Designated Professionals, locally and regionally.
- 8.7. CCG staff are able to access support and supervision on individual cases from the Designated, Named and Specialist Professionals.

9. Effective interagency working and information sharing

- 9.1. Working Together to Safeguard Children (Department of Education, 2015)¹¹ strengthened the responsibility for a health professional to be involved in decision making on each child referred to locality Children's Social Care departments.
- 9.2. 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.
- 9.3. 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.
- 9.4. The Specialist Nurse – Safeguarding Children (IMAP) ensures health representation at Section 47 Strategy Meetings and more recently Domestic Abuse triage. This close working arrangement and role was recognised as good practice in the Ofsted Inspection of North Lincolnshire Council Children's Services completed in June/ July 2017
- 9.5. The Specialist Nurse – Safeguarding has been collocated with North Lincolnshire Council Safeguarding Adults team for one day per week since September 2017. This approach has strengthened relationships between the services and has enhanced systems to respond to abuse and neglect of adults, by
 - providing a health insight into concerns reported through adult safeguarding, and
 - supporting (or ensuring appropriate) contribution to section 42 (safeguarding adult) enquiries.
- 9.6. 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 13 and 16 of this report.

¹¹ [HM Government \(2015\) Working Together to Safeguard Children, HMSO, London](#)

10. Commissioning and Provider Assurance

- 10.1. The CCG Safeguarding Policy includes the service standards for safeguarding which should be included in the contracts for all CCG commissioned services, along with the provider performance framework.
- 10.2. Until 2016/17 year, the involvement of the Designated Professionals in commissioning was limited to the production and circulation of the standards to commissioning leads. Provider performance was sought through professional routes with the Designated Professionals directly seeking assurance via provider safeguarding leads. The NHS England Safeguarding Assurance for CCGs process recognised that this practice was reliant on positive working relationships, and not systemic or systematic.
- 10.3. Since July 2016, the Designated Professionals have worked with commissioning and contracting leads to strengthen provider assurance processes.
- 10.4. The Designated Nurse has been involved in advising/ supporting some commissioning activity.
- 10.5. CCG commissioned providers are required to
- complete an Annual Declaration of their Safeguarding Arrangements, in respect of:
 - Policy, Procedures, Organisational Systems
 - Governance – Leadership
 - Governance – Systems
 - Multi-agency Working & Responding to Concerns
 - Recruitment and employment
 - Training
 - On a quarterly basis
 - confirm changes/exceptions to compliance with their requirements as above
 - report the following activity:
 - safeguarding supervision & training uptake
 - contribution to client focused safeguarding and child in care reviews
 - safer recruitment compliance
- 10.6. Where gaps in compliance are identified, the Designated Nurse (Head of Safeguarding) has begun to attend contract management meetings to support provider challenge.

11. Support to Primary Care

- 11.1. In the past year, the CCG Safeguarding Team have developed their offer in respect of direct support to primary care safeguarding arrangements. The Specialist Nurse for Safeguarding has been working closely with the Named GP, and has offered:
- case specific support/ supervision to GPs and primary care nurses
 - support on developing consistent pathways and policies within practices, and across primary care
 - practice based safeguarding and Prevent training for primary care staff
- 11.2. The Primary Care Safeguarding Forum, formed in November 2016, has met on a quarterly basis with membership consisting of Practice Safeguarding Leads, Named GP and the Designated and Specialist Nurses. This agenda for this forum has been responsive to Hot Topics/ key issues identified as national or local priorities or to address queries/ challenges faced by Primary Care. Through the Forum, consistent approaches to the primary care response to safeguarding issues have been developed.

- 11.3. The Safeguarding Team provided/ arranged an Annual Safeguarding Update (Level 3) for primary care staff via the Safecare Network in June 2018.
- 11.4. The CCG Safeguarding Team has developed a database of Primary Care safeguarding training delivered/ arranged by the team, and has made this available for practices to capture safeguarding training accessed through other sources.

12. Looked After Children

12.1. NLCCG commissions:

- NLaG to provide:
 - Initial Health Assessment for each child completed by a paediatrician within 20 working days of coming into the care of North Lincolnshire Council
 - Review Health Assessments for children aged 5-17, on an Annual basis
 - oversight of Review Health Assessments for children aged under 5, which are completed by Health Visitors
 - completion of Health Plans based on the Health Assessments to inform multi-agency care planning for the child, and ensure actions taken to implement the health care plan are tracked
 - principal health contact for day to day management of children in care
 - advice and health expertise to other professionals working with LAC
 - key conduit and contact point for the child and their carer, where they have difficulties accessing health services
- RDaSH to provide:
 - A dedicated CAMHS services for LAC, so services are provided promptly for children who are experiencing significant issues related to experiences of being harmed
 - Targeted support to foster carers through “Tiered Foster Care”, in order to support carers to support the children and young people in their care.

Multi-agency Partnership Arrangements

13. North Lincolnshire Safeguarding Children Board

Role and Functions

- 13.1. 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.
- 13.2. 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.
- 13.3. The core functions of an LSCB are set out in regulations and are found at Appendix 3a.

NLSCB Priorities 2017-2018

- 13.4. NLSCB identified 3 key priorities in 2017-18
- Reduce the harm from Neglect
 - Reduce the harm from child sexual exploitation

- Reduce the harm to children from domestic abuse
- 13.5. NLSCB has also begun the preparation for new multi-agency safeguarding arrangements resulting from the Children and Social Work Act 2017. (see section 14)

Membership

- 13.6. 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;
- 13.7. 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.
- 13.8. 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.
- 13.9. NLSCB met on a 4 monthly basis through 2017-2018 to review their Core Functions.
- The Board also met on a 4 monthly basis to undertake Multi-agency Case Audits
- 13.10. 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 2017-2018 year.
- 13.11. In addition to the representation from NLCCG, within the 2017-2018 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.
- 13.12. 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 (Head of Safeguarding)
 - Child Death Overview Panel

- NLCCG represented by the Designated Nurse (Head of Safeguarding) and Designated 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/ North Lincolnshire Council Public Health colleagues in preparing for the quarterly meetings.
- Serious Case Review subcommittee
 - Chaired by the Designated Nurse (Head of Safeguarding), with additional representation by the Designated Doctor, and Named GP for Safeguarding Children.
- Child Sexual Exploitation Strategy Group
 - NLCCG represented by the Designated Nurse (Head of Safeguarding)
- Early Help Strategic Leads Group (From January 2018)
 - NLCCG represented by Designated Nurse (Head of Safeguarding)/ or Specialist Nurse – Safeguarding.
- Safeguarding Pathway Lead Officers Group (from January 2017)
 - NLCCG represented by Designated Nurse (Head of Safeguarding)
- 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.

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

13.14. 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

13.15. 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 Neglect

13.16. The Specialist Nurse – Safeguarding has attended and contributed to the development of NLSCB neglect pathway.

13.17. NLSCB agreed to adopt the NSPCC Graded Care profile 2 as an assessment tool to support professional assessment of Neglect. The NSPCC have provided training to organisational/ agency leads who will in turn train their staff on the awareness of/ use of the Graded Care profile tool. Key NLCCG, NLaG and RDaSH staff were amongst those who received the “train the trainer” sessions.

13.18. Primary care staff are not expected to utilise the Graded Care profile tool, but will require an awareness of the tool.

Reduce the harm from child sexual exploitation

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

- 13.20. 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 (IMAP) 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.
- 13.21. The LSCB has altered this priority for 2018/19 to **Reduce the Harm from Exploitation**. This will allow the learning and processes which have been developed locally in respect of Child Sexual Exploitation to be applied to all children and young people who are exploited, particularly a focus on those who are being **Criminally** exploited.

Reduce the harm to children from domestic abuse

- 13.22. 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.

OFSTED Review of Local Safeguarding Children Board

- 13.23. From 20th June to 13th July, North Lincolnshire Council Children’s Social Work Services were subject to an Inspection of their **services for children in need of help and protection, children looked after and care leavers**.
- 13.24. At the same time, NLSCB was subject to a Review of their effectiveness.
- 13.25. The Designated and Specialist Nurses were involved in practice observations and discussions with the inspectors/ reviewers, as were Safeguarding Professional Leads for NLaG & RDaSH
- 13.26. The OFSTED report was published on 4th September, with the following judgement(s)

Children’s services in North Lincolnshire:	Outstanding
1. Children who need help and protection	Good
2. Children looked after and achieving permanence	Outstanding
2.1 Adoption performance	<i>Outstanding</i>
2.2 Experiences and progress of care leavers	<i>Outstanding</i>
3. Leadership, management and governance	Outstanding
The Local Safeguarding Children Board	Outstanding

The full report can be found at: [North Lincolnshire Children Services & LSCB June-July 2017](#)

14. North Lincolnshire Corporate Parenting Board

- 14.1. The North Lincolnshire strategic body which provides oversight of the arrangements for Looked After Children is the Corporate Parenting Board. This body is chaired by the portfolio holder for children’s services, and NLCCG is currently represented on this group by the Designated Nurse.

- 14.2. The Corporate Parenting Board has had a key subgroup in 2017-2018 viz. Multi-agency Looked After Children Partnership (MALACP), with 3 action groups reporting to the MALACP:
- Health Action Group
 - Education Action Group
 - Safeguarding Children in Care Group.
- 14.3. The Designated Nurse chaired the Health Action Group, with the Senior Commissioning Manager – Children and Maternity services also representing the CCG. Both the Designated Nurse and the Senior Commissioning Manager represented NLCCG on MALACP.
- 14.4. In March 2018, the MALACP recommended the dissolution of the 3 action groups.

15. Children’s Review Processes

Child Death Overview Process

- 15.1. One of the LSCB’s current functions is to review the deaths of all children who are normally resident in their area¹² 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.
- 15.2. 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.
- 15.3. 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.
- 15.4. 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

- 15.5. LSCBs are required to undertake reviews of serious cases in specified circumstances¹³, i.e.

¹² Regulation 6 of the Local Safeguarding Children Boards Regulations 2006

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.

15.6. No Serious Case Reviews were undertaken by NLSCB in 2017/18 year.

Tier 4 Quality Assurance Group

15.7. In response to a recommendation from the SI14 Serious Case Review (SCR) report published in October 2015, the Designated Nurse (Head of Safeguarding) took 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. Following a meeting process led by NLSCB held in 2015 & 2016, from early 2017, NLCCG introduced a Tier 4 Quality Assurance Group with multi-agency membership.

15.8. The group has only met when there has been a case to be considered.

16. New multi-agency safeguarding children arrangements

16.1. The Children and Social Work Act made several significant changes to the operation of multi-agency safeguarding children arrangements at both local and national levels, by amending the Children Act 2004. These arrangements will come into force during the 2018/2019 year.

Local safeguarding arrangements

16.2. The Act effectively abolishes Local Safeguarding Children Boards, removing the Children Act 2004 duties relating to them. In their place, it puts duties on three 'safeguarding partners' - the local authority, any Clinical Commissioning Groups operating in the area and the Chief Officer of Police - to make safeguarding arrangements that respond to the needs of children in their area.

16.3. Two or more areas can also combine their safeguarding arrangements, and one partner can undertake functions on behalf of the corresponding partner within the combined area (e.g. one Clinical Commissioning Group may carry out the functions of another Clinical Commissioning Group for the overall area).

16.4. Their main responsibilities are:

- To involve 'relevant agencies' in their area
- To identify and supervise the review of serious safeguarding cases in their area
- To publish their local safeguarding arrangements
- To arrange for independent scrutiny of their local safeguarding arrangements
- To publish a report every 12 months on what they and the relevant agencies have done as a result of the local safeguarding arrangements and how effective the arrangements have been in practice

Child Safeguarding Practice Review Panel

16.5. The Secretary of State will establish a new national Child Safeguarding Practice Review Panel, which will identify and review local safeguarding cases it judges to be complex or of national significance. The purpose of the review is "to identify any improvements that should be made by safeguarding partners or others to safeguard and promote the welfare of children".

¹³ Regulation 5 of the Local Safeguarding Children Boards Regulations 2006

- 16.6. A local authority must notify the panel of any instance where a child dies or is seriously harmed in their area, or where a child usually resident in their area dies or is seriously harmed outside of England. The panel has the power to request any information that will help it in its review.

Child death reviews

- 16.7. This section of the Act provides for the functioning of child death review partners in a local authority area. Much of the detail on the constitution and proceedings of the review partners will be clarified in updated guidance. The child death review partners must arrange for the review of every death of a child usually resident in their area, and of children not usually resident in their area if they consider it appropriate.
- 16.8. The purpose of the review is:
- to identify any matters relating to the death or deaths that are relevant to the welfare of children in the area or to public health and safety
 - to consider whether it would be appropriate for anyone to take action in relation to any matters identified.
- 16.9. As with the local safeguarding partners, two or more areas can combine their functions and partners can undertake work on behalf of other partners in the combined area.

Statutory Guidance

- 16.10. Draft versions of
- Working Together to Safeguard Children
 - Local safeguarding - transitional arrangements Statutory guidance for local authorities, LSCBs, safeguarding partners, child death review partners, and the Child Safeguarding Practice Review Panel
 - Child Death Review Statutory Guidance

were issued by HM Government for a consultation period from October to December 2017. NLCCG responded to the consultation.

- 16.11. The Government issued their response to the consultation on 25th February 2018. The final versions of the documents were expected in April 2018, but had not been published at the time of this report..

17. North Lincolnshire Safeguarding Adult Board (SAB)

- 17.1. Each local authority must set up a Safeguarding Adults Board (SAB)¹⁴ 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
- 17.2. 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 members¹⁵.

¹⁴ Section 43 Care Act 2014

¹⁵ Schedule 2 Care Act 2014.

- 17.3. 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 2016¹⁶”.
- 17.4. 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.
- 17.5. More detail in respect of the SAB objectives is provided at Appendix 3b.

NLSCB Priorities 2017-2018

- 17.6. NLSAB identified 4 key priorities in 2017-18
- 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

- 17.7. 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
- 17.8. 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
- 17.9. 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.
- 17.10. The SAB with membership from both the Core Members and Additional members met on a 3 monthly basis through 2017-2018.
- 17.11. NLCCG has been represented on the Executive Group) and SAB by the Director of Risk and Quality Assurance and the Designated Nurse (Head of Safeguarding) throughout the year.
- 17.12. In addition to the representation from NLCCG, within the 2017-2018 year, NLSAB has had health service representation from

¹⁶ <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

- 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.
- East Midlands Ambulance Service, via Clinical Quality Manager.

17.13. The work of NLSAB was supported through 4 Action/ Reference Groups:

- Safeguarding Adults Review (SAR) Learning Group
 - NLCCG represented by the Designated Nurse (Head of Safeguarding). The Designated Nurse is the vice chair of this group.
- Quality Assurance and Performance Group
 - NLCCG represented by the Designated Nurse (Head of Safeguarding) or Specialist Nurse – Safeguarding.
- Communications Reference Group
 - NLCCG represented by Comms Team
- Workforce and Development Group
 - Chaired by the Designated Nurse for Safeguarding and attended by the Specialist Nurse – 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

17.14. 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. Through their safeguarding standards, NLCCG seeks to ensure 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

17.15. 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.

17.16. The Designated and Specialist Nurses have also been involved in working with CCG colleagues in identifying and responding to concerns arising in care settings.

To raise awareness of keeping people safe

- 17.17. 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.
- 17.18. 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.
- 17.19. 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

- 17.20. The NLCCG Executive Lead is the Deputy Chair of the SAB and contributes to the development of the SAB, its systems and processes.
- 17.21. 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.

18. Programme of Work for NLCCG in 2017-2018

- 18.1. The work plan for the 2017-2018 is based on:
 - Maintaining compliance with legislative, statutory and organisational responsibilities
 - Responding to changes required as a result of the Children and Social Work Act 2017.
 - Continuing to enhancing arrangements to gain assurance from commissioned providers through contract management processes

19. Conclusion

- 19.1. 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 2018/19.
- 19.2. The report aims to provide a level of assurance that the CCG is fulfilling its statutory duties and responsibilities for safeguarding individuals.
- 19.3. Safeguarding is multifaceted with the agenda continuing to evolve in line with national policy, legislation and findings from learning reviews.
- 19.4. 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.
- 19.5. Safeguarding is everybody's business.

Sarah Glossop

29th May 2018.

Appendix 1.

Appendix 1a: Key features of Section 11 Children Act 2004.

All organisations are required to have:

- 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;¹⁷
- 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;
 - 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.

¹⁷ [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].

Appendix 1b: CCG Responsibilities for Looked After Children.

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 carer

Appendix 1c: Safeguarding Adult Principles

Safeguarding duties, which have legal effect 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

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

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

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.
- **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.

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.

Appendix 2. Safeguarding Leadership in North Lincolnshire for the period April 2017 – March 2018

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 and Head of Safeguarding	Sarah Glossop
Designated Doctor – Looked After Children	Dr Jailosi Gondwe
Specialist Nurse - Safeguarding	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 Suresh Nelapatla
Named Nurse (NL Acute Services) <i>1st April to 31st August 2017</i>	Sue Kidger
Named Nurse (NL Community Services) <i>1st April to 31st August 2017</i> (All NL NLaG Services) <i>1st September 2017 to 31st March 2018</i>	Jane Westoby/ Lisa Robinson
Named Midwife (North Lincolnshire)	Katie Bentham
Head of Safeguarding (trustwide)	Craig Ferris

Rotherham, Doncaster & South Humber Mental Health NHS Foundation Trust

Named Nurse (North Lincolnshire)	Charlotte Harrison
Named Doctor (trustwide)	Dr Navjot Ahluwalia
Nurse Consultant for Safeguarding (trustwide) 19th February – 31st March 2018	

East Midlands Ambulance Service

Safeguarding Lead	Zoe Rodger-Fox
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Appendix 3

Appendix 3a: Core Functions of LSCBs

The core functions of an LSCB are set out in regulations¹⁸ 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.

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

Appendix 3b: SAB Objectives

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

¹⁸ Regulation 5 of the Local Safeguarding Children Board Regulations 2006

- 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 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.

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