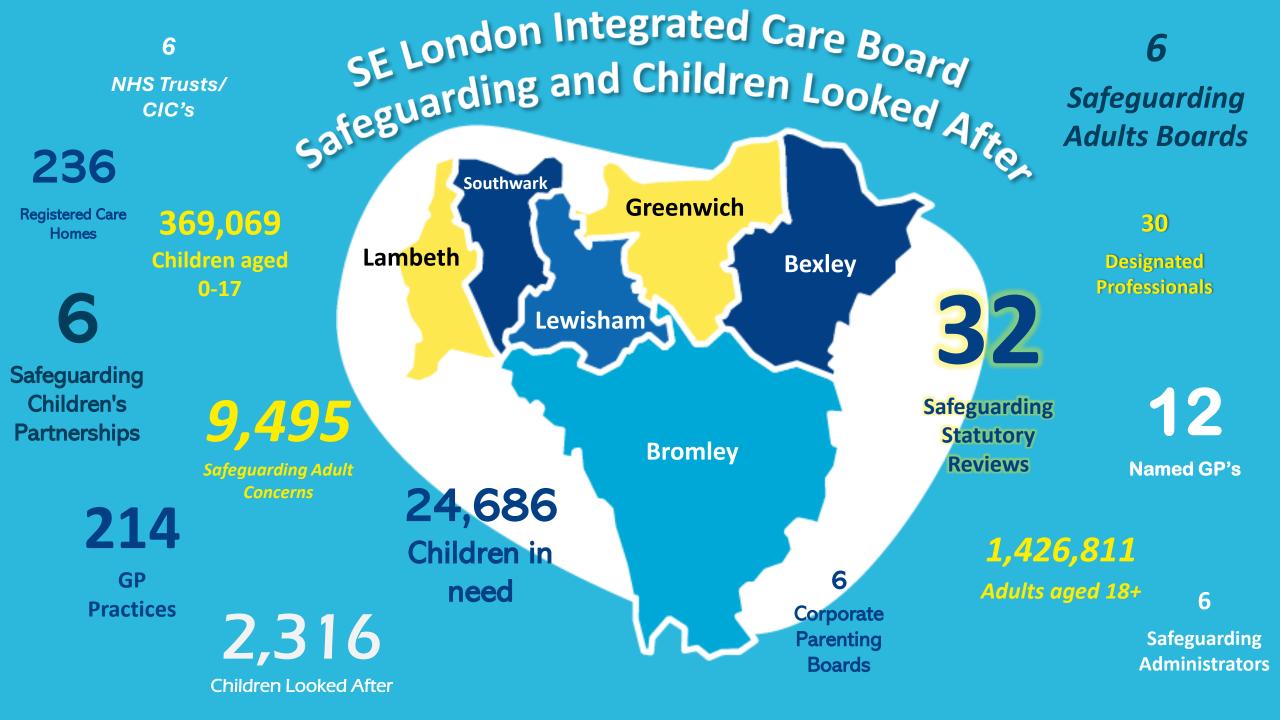




South East London Integrated Care Board Annual Safeguarding Report 2023-24



## **Foreword**

The right to live a life free from abuse or neglect is a fundamental human right for all of us. Enshrining and promoting that right is a core obligation of the NHS and all its employees.

The NHS has a duty to work in partnership with other relevant organisations to ensure people of all ages live their life free from harm.

This Annual Safeguarding Report outlines the work of the ICB in meeting those obligations.

2023-24 has been a year which has seen much change, both within our organisation and across national and local health and care services and systems. As is outlined in the report, safeguarding legislation, processes and practice continue to develop and advance.

This report provides assurance that the ICB is meeting those ongoing challenges, providing health service leadership towards safeguarding children and adults-at-risk in South East London.

Through our Designate Professionals, Named GP's, Business Support Officers and other safeguarding staff, commissioned services and partner organisations have access to expertise and support. In addition, many other ICB staff significantly contribute towards our shared ICB safeguarding commitment.

Moving forward, what is certain is that the safeguarding landscape will continue to change. We seek to build upon this year's achievements, progressing and meeting our safeguarding priorities into the next, and future years.



**Andrew Bland** - Chief Executive, South East London ICB (Accountable Officer for Safeguarding)

Paul Larrisey - Chief Nurse, South East London ICB (Executive Lead for Safeguarding)

## **Introduction and Overview**

NHS South East London Integrated Care Board (ICB) was established on 1<sup>st</sup> July 2022.

An ICB is an NHS organisation responsible for planning health services for their local population and forms an integral part of an Integrated Care System (ICS). An ICS is a local partnership between heath and care organisations whose purpose is to focus on prevention and well-being, improving outcomes and reducing health inequalities.

The strategic priorities of South East London ICS are detailed <u>here</u>. The principles by which NHS South East London ICB contribute towards those priorities is through partnership, subsidiarity (decisions made closest to where they take effect) and accountability.

This is the second South East London ICB Annual Safeguarding Report. The report builds on the achievements highlighted in the 2022/23 Annual Report and provides assurance that the ICB has fulfilled its statutory duties and responsibilities in relation to safeguarding children and young people, safeguarding adults-at-risk, and towards Children Looked After. The values, priorities and principles of the ICS, outlined earlier, are both shared by, and core to, the ICB safeguarding function.

The report outlines the broad scope of current safeguarding practice, details ICB safeguarding governance arrangements, highlights some of the work undertaken in 2023-24, and demonstrates the key achievements and challenges. The report concludes by stating the ICB's main safeguarding priorities for 2024-25.

#### **Our ICB safeguarding commitment**



Every person in the UK has the right to live their life in safety, free from abuse and neglect.

Our responsibility to protect the most vulnerable in our communities is at the heart of all the work we do.

We work in partnership and collaboration with local authorities, the Police, NHS Trusts and many other organisations to safeguard children, young people and adults who are experiencing, or are at risk of, abuse and neglect.

## The ICB has a critically important role in protecting vulnerable people in South East London. Some of our key functions include

- ✓ Safeguarding system leadership
- ✓ Expert safeguarding and health advice
- ✓ Safeguarding effectiveness and quality improvement
- ✓ System oversight identification of risks and escalations
- Ensuring safeguarding is included in our ICB Joint Forward Plan
- ✓ Identifying and embedding learning

- ✓ Safeguarding assurance in health services
- ✓ Delivery of national and regional safeguarding priorities
- ✓ Statutory safeguarding reviews
- Delivery of safeguarding supervision
- ✓ Safeguarding support to health services
- ✓ Partnership working

# Approaches that underpin our work

#### Voice of the Child

The Voice of the Child is a general term used to express how to create meaningful engagement opportunities with Children and Young People. Safeguarding work must focus on listening and responding to what Children and Young People say is important to them, taking their views into account and considering their wishes.

The ICB safeguarding teams have embedded the Voice of the Child throughout its safeguarding children work for the year, some examples being:

- Listening to Children and Young people, particularly those with experiences of being in care and of leaving care, using those experiences to influence the delivery of services to meet their needs more effectively.
- Working with commissioners to ensure the voice of the child is embedded in procurement and contract processes.
- Through engagement, ensuring the voice of care leavers influences the Care Leavers Covenant programme which aims to offer training and career opportunities for care leavers.
- Regular engagement sessions with children and young people to ensure health and care assessment questions are more sensitive to their needs and situation.

### **Think Family**

The Think Family agenda recognises and promotes the importance of a whole-family approach. It is built on the principles of

- No wrong door to services
- Looking at the whole family adults and children
- · Building on family strengths

The ICB Safeguarding teams use a Think Family approach throughout their work, strengthening pathways and outcomes for all family members when delivering services that safeguard. The teams have, for example,

- driven forward the Think Family agenda in healthcare through strategic work such as training and policy development.
- considered 'Think Family' when considering safeguarding approaches to protect Refugee and Asylum-Seeking people.

#### **Making Safeguarding Personal**

Making Safeguarding Personal (MSP) is an initiative which aims to develop a person-centred and outcomes focus to adult safeguarding work in supporting people to improve or resolve their circumstances.

MSP is applicable to all agencies working with adults-atrisk, including those with strategic and commissioning responsibilities such as the ICB. It seeks to achieve a personalised approach enabling safeguarding to be done with and not to people, focusing on the outcomes an adult wants and an improvement in a person's circumstances through person-centred practice. MSP is at the forefront of all our adult safeguarding work and decisions.

In addition, the ICB Adult Safeguarding teams all contribute to their respective Safeguarding Adults Board, who in turn participate in the London Safeguarding Adults Board Safeguarding Voices Group (LSVG). This is a forum bringing together people with lived experience of adult safeguarding. The LSVG aims to ensure that the voices of people with lived experience are at the heart of adult safeguarding governance and practice.

The ICB ensures that the contributions and recommendations from the LSVG influences all its adult safeguarding work, including the commissioning and procurement process.

## **Statutory Function**

#### **Overview**

The NHS has a broad range of duties, responsibilities and obligations in relation to safeguarding children and adults at risk. Those duties, responsibilities and obligations are contained within legislation and national guidance. Some (but not all) of the relevant legislation and guidance is listed in the table opposite.

As an organisation, the ICB has many specific safeguarding duties and responsibilities as laid out within some of these documents, for example

- > Being a key partner of a Safeguarding Children's Partnership
- > Being a core member of a Safeguarding Adults Board
- Employing Designated Professionals for Safeguarding to provide strategic oversight and health expertise towards safeguarding in the health services and wider system.
- Employing Designated Professionals for Children Looked After, who provide strategic oversight and health expertise towards services meeting the needs of children in care.
- Employing Named GPs for Safeguarding, to advise and support individual GP Practice Safeguarding Leads,
- Ensuring safeguarding obligations are included within NHS contracts, and that oversight is maintained towards organisations delivering those obligations.
- Laying out how the ICB intends to protect vulnerable children and adults-at-risk in its Joint Forward Plan
- Work in partnership with other organisations to reduce risks and enhance the well-being of children in need and adults-at-risk

#### Legislation

Children Act 1989

Children Act 2004

Children and Social Work Act 2017

Care Act 2014

Mental Capacity Act 2005

Modern Slavery Act 2015

**Domestic Abuse Act 2021** 

#### **Statutory Guidance**

Working Together to Safeguard Children 2023

Serious Violence Duty 2023

Promoting the health and wellbeing of looked after children 2015

Prevent Duty 2023

#### Guidance

Safeguarding Children and Young People: Roles and

Competencies for Healthcare Staff 2019

<u>Looked After Children: Roles and Competencies of</u>

healthcare staff 2020

Adult Safeguarding: Roles and Competencies for

**Healthcare Staff 2024** 

Safeguarding Children, Young People and Adults-at-

risk in the NHS 2024

#### 2023-24 Update

In the past year safeguarding legislation and guidance has continued to evolve in correlation with new and emerging learning, risks and vulnerabilities.

The revised **Working Together** statutory guidance gave cause for the ICB to review and strengthen its own governance structures in relation to Safeguarding Children and Young People, considering the new statutory roles of 'Lead' and 'Delegated' Safeguarding Partners.

The **Serious Violence Duty** placed obligations on the ICB to 'collaborate with other duty holders to prevent and reduce serious violence in the area'.

Safeguarding Children, Young People and Adults-at-risk in the NHS laid out the responsibilities of, and relationships between, safeguarding functions at NHS National, Regional, ICB and Provider level.

## **Governance and Workforce**

#### **People**

The ICB Chief Executive Officer has overall accountability for safeguarding in the ICB, whilst the ICB Chief Nurse has executive responsibility. The Chief Nurse is supported by the Deputy Chief Nurse and the Safeguarding Lead.

In line with the principle of subsidiarity, responsibility for delivery is mainly delegated to six borough (or 'place') teams that constitute the ICB. In each borough, a Place Executive Lead has responsibility towards ensuring

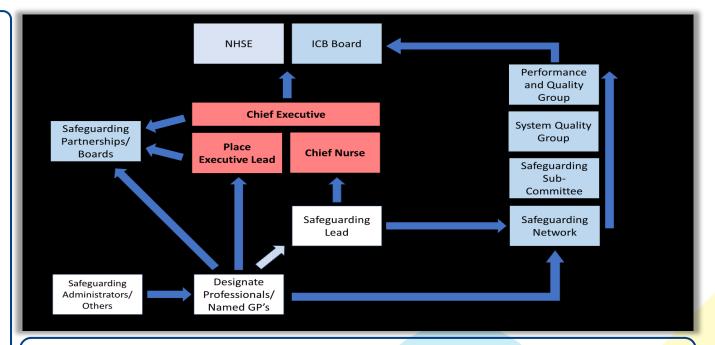
- ICB participation in the local Safeguarding Partnership and Board,
- that statutory safeguarding roles and personnel are in place, and
- that safeguarding has appropriate standing and influence in the work of the ICB at borough level.

The role of the Safeguarding Lead is to co-ordinate cross-borough safeguarding priorities and programmes, act as a central point of contact both for the borough safeguarding teams and for NHS England, and to lead on the various safeguarding networks and forums within the ICB. The Safeguarding Lead is supported by the Mental Capacity Act and Safeguarding Development Lead.

In each of the six places, there is a team of Designated Nurses and Doctors, Named GP's and administrators. These professionals drive and support the safeguarding workplans, carrying out their duties in correlation with the respective national role and competency frameworks, and working closely with safeguarding Partnerships and Boards.

#### **Forums**

The Designated Professionals, Named GP's and administrators from all six boroughs come together at six weekly Safeguarding and Children Looked After Network meetings where key workplans, risks and issues are discussed. The Networks provide assurance to the ICB Safeguarding Sub-Committee, which in turn feeds into the ICB Performance and Quality Committee and System Quality Group.



#### **2023-24 Update**

Statutory safeguarding roles are both in place and filled across the ICB, the safeguarding resource broadly meeting the recommendations of the various intercollegiate 'Role and Competency Frameworks'. There has been minimal change in safeguarding personnel during the year, postholders being highly experienced, expert within their fields, and having excellent knowledge of their local health and care systems and populations.

The ICB commenced a review of its safeguarding function during the year. The review provided recommendations towards strengthening safeguarding governance at executive and senior clinician level, enhancing clinical leadership and ensuring equity of resource across the ICB. These recommendations are currently being developed into tangible actions.

Additionally, there was a review of governance forums within the Quality and Nursing directorate, including the various safeguarding governance groups. Changes will take affect during 2024-25 and will demonstrate a more co-ordinated governance approach with the Quality function.

## South East London Safeguarding Partnerships and Boards

The ICB has fulfilled its statutory duties in relation to safeguarding boards and partnerships in each of the six local authority boroughs, providing leadership, strategic expertise and practical support. The ICB is a statutory partner of a Safeguarding Children Partnership, a core member of a Safeguarding Adults Board, and a responsible authority within a Community Safety Partnership

#### **Safeguarding Children's Partnerships**

The relevant ICB Place Executive Lead attended the executive Partnership meeting in each borough. Designated Nurses, Designated Doctors and Named GP's support their respective Place Executive Lead at the Partnership, contributing towards the delivery of effective local safeguarding processes.

The ICB safeguarding professionals contribute expert advice towards multiagency policy, procedure and training as well as taking a lead role in the formulation and embedding of learning from reviews. Annual Reports for each of the six Safeguarding Children's Partnerships can be found on their respective website

#### **Safeguarding Adults Boards**

The relevant ICB Place Executive Lead is the core representative on each of the six borough Safeguarding Adults Boards and has provided executive level support and contribution towards decisions at Board level.

The Designated Nurse and Named GP in each ICB borough team have assisted the Place Executive Lead at executive level, whilst additionally providing robust and valued leadership and guidance in the various Board sub-groups and multi-agency workstreams. These workstreams include the formulation of multi-agency policies and procedures, training and the identification and embedding of learning from Safeguarding Adult Reviews.

#### **Corporate Parenting Boards**

Corporate Parenting Boards for Children Looked After and Care Leavers have been attended by the Designate Nurse and Doctor for Children Looked After (CLA) in each of the six boroughs.

The Designated CLA Professionals have assisted and supported multi-agency workplans which improve the wellbeing and outcomes for children in care. They have also taken a lead in assuring the Boards of the health contribution towards meeting statutory CLA obligations.

### **Community Safety Partnerships**

Community Safety Partnerships (CSPs) were introduced by Section 6 of the Crime and Disorder Act 1998 and bring together local partners to formulate and implement strategies to tackle crime, disorder and antisocial behaviour in their communities.

CSP's oversee a variety of risks relevant to the safeguarding portfolio, including Violence and Women and Girls, Prevent, Modern Slavery and the Serious Violence Duty. CSP's in each local authority were attended by relevant ICB leaders, with ICB Designated Professionals and Named GP's contributing towards respective partnership strategies and workplans.

## **Safeguarding Statutory Reviews**

In general, safeguarding statutory reviews are carried out when serious harm has occurred to an individual because of abuse or neglect. Partner agencies are brought together through a relevant review process to determine what those agencies could have done differently to prevent the serious harm occurring.

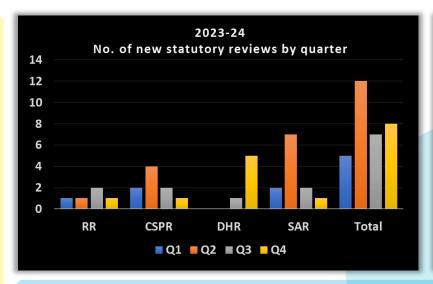
The main types of safeguarding statutory reviews that are relevant to this Annual Report are

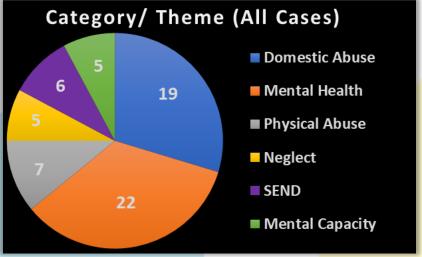
- Rapid Review (RR)
- Child Safeguarding Practice Review (CSPR)
- Domestic Homicide Review (DHR)
- Safeguarding Adults Review (SAR)

The four types of reviews identified above are typically commissioned or arranged at borough level by

- a Safeguarding Children's Partnership in the case of a Rapid Review or CSPR,
- a Community Safety Partnership in the case of a DHR, and
- a Safeguarding Adults Board in the case of a SAR,

As a statutory safeguarding partner, the ICB is an integral part of the statutory review process. However, the ownership of the statutory review ultimately lies with the relevant board or partnership that has commissioned or arranged it.





#### 2023-24 Update

The ICB has contributed to 32 new statutory reviews during the year. This does not include other multi-agency learning mechanisms which are often arranged by safeguarding partnerships and boards but are not within the statutory definitions as outlined previously. ICB Designated Professionals and Named GPs contribute significantly towards the reviews, providing expert advice during the review process and leading on delivering any health recommendations that arise from the reviews.

The ICB recognises that utilising learning derived from statutory reviews is a crucial factor in developing the ICB's own SEL wide strategic safeguarding priorities and work streams, as well as those of our NHS partners. During 2023-24 the ICB developed a *Learning from Statutory Reviews Policy and Procedures*, which outlines our commitment towards identifying and assimilating learning across the six boroughs which form the ICB, as well as providing clear guidance on the NHS Safeguarding Case Review Tracker (S-CRT). The S-CRT is national digital portal where information from statutory reviews can be added for the benefit of thematic learning. The ICB has been highly commended by NHS England in relation to its support for the S-CRT, with the Policy and Procedures being shared amongst other London ICB's.

Some of the key learning themes which are evident from the reviews include the safeguarding risks for people with mental health conditions, the need for recognition of neuro-diversity within a safeguarding context, the ongoing need for practitioners to be professionally curious and consider wider family dynamics, neglect in children, and complexities related to self-neglect in adults.

## **Safeguarding Assurance & Oversight**



South East London ICB has a lead responsibility in ensuring healthcare organisations and services operating in South East London are discharging their obligations to safeguard and promote the welfare of children and adults at risk. For safeguarding children, this responsibility extends to a statutory duty under Section 11 of the Children's Act (2004). For commissioned services, the NHS Standard Contract Schedule 32 outlines the safeguarding expectations contractually placed on the provider. Assurance and oversight is maintained through a variety of mechanisms, including

- Provider safeguarding committees
- Contract monitoring processes
- Safeguarding datasets
- ICB Safeguarding Executive Committee's
- Touchpoints with provider safeguarding leads
- Close working with the ICB Quality Team and other ICB Directorates and workstreams
- External intelligence, such as from CQC, Ofsted, Local Authorities and the various Partnerships and Boards.

The ICB's main contracts are with Kings College Hospital NHS Foundation Trust, Guys and St Thomas's NHS Foundation Trust, Lewisham and Greenwich NHS Trust, South London and Maudsley NHS Foundation Trust, Oxleas NHS Foundation Trust, Dartford and Gravesham NHS Trust and Bromley Healthcare CIC. The ICB also holds numerous other smaller contracts with independent providers. The ICB Designated Safeguarding Professionals for Children, Adults and Children Looked After work closely with leads in all provider organisations, giving practical support and expertise, monitoring, and gaining assurance that the service is delivering on its contractual safeguarding requirements.



There are 214 GP Practices in South East London. GP Practices have statutory, professional and contractual safeguarding obligations. The ICB Named GP's work with all GP Practices to ensure they are meeting their safeguarding responsibilities.

Named GPs organise, collate and analyse safeguarding assurance audits, as well as holding regular forums and touchpoints with individual practice safeguarding leads, identifying issues and providing support.



Safeguarding oversight and assurance of South East London ICB is primarily maintained by NHS England through the completion of the Safeguarding Commissioning Assurance Toolkit (S-CAT), the Safeguarding Case Review Tracker (S-CRT) and the NHSE Children Looked After return.

The ICB also complete Section 11 Audit's for the various Safeguarding Partnerships, as well as the relevant assurance tool for each Safeguarding Adult Board.

#### 2023-24 Overview

The ICB, through its borough based safeguarding professionals, has delivered on its responsibilities to ensure healthcare organisations and services are safeguarding children and adults at risk.

The ICB has assured NHS England, and local safeguarding Partnerships and Boards that our own processes and practices are robust and promote the welfare of children and adults at risk. However, the ICB plans to refresh some of the ICB safeguarding Policies during 2024-25 to further strengthen those processes, including developing a consistent assurance approach across the ICB.

## **ICB Central Safeguarding Team**

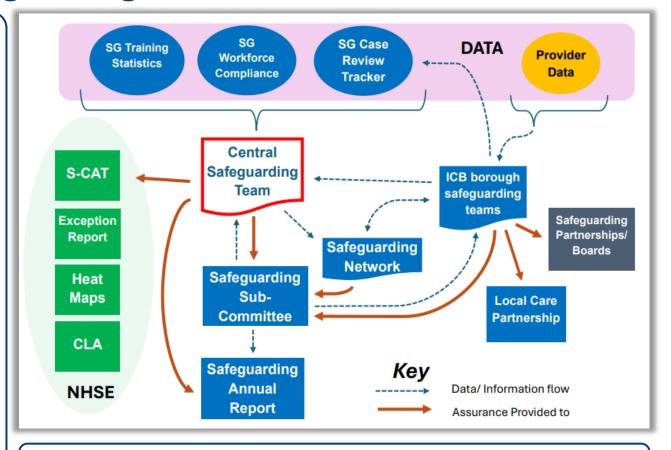
The centrally based safeguarding team consists of the Safeguarding Lead, the MCA and Safeguarding Development Lead and is supported by the ICB Statutory Compliance Manager. The team forms part of the Quality and Nursing Directorate and is the focal point for cross-borough safeguarding work programmes, as well as ICB to NHS England assurance work streams. During 2023-24, the team led the ICB's progress in relation to the national safeguarding priority work programme set by NHS England. The priorities are as follows;

- a. Support delivery of the **Child Protection Information Sharing (CP-IS)** system.
- b. Comply with the revised Working Together Statutory Guidance
- c. Strengthen local health oversight of the Prevent Duty
- d. Enhance local processes in relation to Female Genital Mutilation (FGM)
- e. Ensure appropriate ICB oversight towards combatting **Modern Slavery**
- f. Contributing towards processes and initiatives which reduce Serious Violence
- g. Supporting the local health contribution towards reducing Domestic Abuse
- h. Improving local health related processes around **Domestic Homicide Reviews**
- i. Help to implement the national Safeguarding Integrated Data Dashboard (SIDD)
- j. Reducing Child Sexual Exploitation and Abuse through local NHS led initiatives
- k. Improving outcomes for **Care Leavers**, especially with employment opportunities
- I. Enhancing safeguarding outcomes around Local Maternity and Neonatal Systems
- m. Progressing skills, knowledge and competence of Safeguarding at leadership level

The central team, working in tandem with the borough safeguarding teams and other ICB colleagues, has made steady progress on all these deliverables during the year.

In relation to its assurance function, the central team has provided data to NHS England through the Safeguarding Case Review Tracker (S-CRT) portal, the Children Looked After (CLA) portal, and the Safeguarding Commissioning Assurance Toolkit (S-CAT) portal. The team collate and combine data from the six borough teams, producing a quarterly report outlining key safeguarding risks and issues across the ICB which is shared with NHS England. Additionally, quarterly 'Heat Maps' provide NHS England with more nuanced 'deep-dive' data in relation to a specific topic, benchmarking against other ICB's.

During 2023-24 there were no areas of weakness or concern identified in relation to the various NHS England assurance mechanisms



#### Mental Capacity Act (2005) (MCA)

The MCA is the law which provides a framework around decision making for people who may not be able to make decisions themselves. Application of the MCA by practitioners, both in health and social care, has not been consistent since the inception of the MCA 2005, and this is cited in many statutory and non-statutory review processes as a contributory factor in poor outcomes for some of our most vulnerable people.

In 2023-24 the ICB continue to support improved MCA practice through our central and borough safeguarding teams, providing expert advice and delivering training. The various ICB Continuing Healthcare teams have made applications for 'Community' Deprivation of Liberty court orders, ensuring the human rights of those deprived of their liberty are fully protected.

Context

# **Workplan Priorities**

#### **Domestic Abuse**

#### Serious Violence

#### **Prevent**

The Domestic Abuse Act Statutory Guidance (2022) states 'Responding to and preventing domestic abuse should be a strategic priority for both ICBs and ICPs and should be the responsibility of all healthcare professionals working within a system.' The Domestic Homicide Review (DHR) Statutory Guidance (2016) mandates Primary Care Trusts (now ICB's) to participate in DHR's.

The ICB continues to give Domestic Abuse it's highest priority. The ICB contributed to each of the six individual borough's Violence Against Women and Girls (VAWG) strategies. The ICB continued to support GP services with Domestic Abuse practice advice and training, mainly through the IRIS programme. In addition, the ICB has commenced work on refreshing its offer to staff who are experiencing Domestic Abuse, updating the relevant policy. In relation to DHR's, as of 31st March 2024, the ICB had contributed towards 26 DHR's still open on that date. Finally, through its Safeguarding Designates and Named GP's, the ICB drives the health service Domestic Abuse response, providing strategic oversight, expertise, and advice.

The ICB aims to continue to support a zero-tolerance approach towards Domestic Abuse. It intends to implement the updated ICB Domestic Abuse Staff Support Policy. The ICB plans to strengthen our DHR processes, including identifying thematic health learning from across the six boroughs. Moreover, the ICB intends to make progress on delivering commitments in the NHS Sexual Safety Charter

on specified authorities, (including ICB's) to collaborate with other duty holders to prevent and reduce serious violence in their respective area. Moreover, the Offensive Weapons Homicide Review (OWHR) Statutory Guidance (2023) identifies the ICB as one of the 'relevant partners' that is required to contribute to an OWHR.

Through 2023/24 the ICB has sought, with partners, to progress our responsibilities under the legislation. The ICB Chief Nurse is a member of the pan-London Serious Violence Duty Network. The ICB Joint Forward Plan, published in March 2024, makes clear the ICB's focus on investing in population health to reduce inequalities and improve outcomes, thereby targeting some of the key determinants of serious violence. The ICB's commitment towards reducing serious violence is reinforced within each borough's Community Safety Partnership serious violence reduction strategies. Two of our boroughs are pilot sites for the OWHR, ICB Designate Nurses in those boroughs taking a lead role in these projects.

The ICB plans to strengthen its partnership role in aiming to reduce Serious Violence. It will continue to co-operate with other Serious Violence Duty specified authorities. NHS England plan to share anonymised data from emergency departments across London, and the ICB will utilise this data to inform strategy in this domain.

The Serious Violence Duty (2022) places a statutory duty The Prevent Duty Guidance (2023) outlines the responsibilities of 'specified authorities' in helping prevent the risk of people becoming terrorists or supporting terrorism. Although the duty identifies NHS Trusts and Foundation Trusts as being specified authorities, the ICB has a leadership, assurance and oversight role in ensuring the duty is being met in those organisations.

> Designate professionals working in their respective borough teams have carried on providing support to Prevent specified authorities during 2023/24. Many designates have contributed to local Channel Panels (a multi-agency risk assessment panel), providing expert advice and signposting. In addition, Designates have supported Prevent networks and forums both at local and regional level, including the South East London region Counter Terrorism Local Profile, disseminating information across the health system accordingly. The Chief Nurse has acted as the ICB Prevent Lead. In response to the changing landscape, the ICB has commenced a review of its Prevent Policy, ensuring pathways and procedures are updated.

> The ICB recognises the importance of continuing to support our specified authorities with carrying out their duties. The ICB plans to finalise the new Prevent Policy and ensure the training on offer to ICB staff is appropriate and relevant to their needs. The ICB will continue to monitor and analyse provider Prevent data via the NHSE data portal.

## **Organisational Development**



Throughout 2023-24, the ICB has supported development of its workforce in line with the respective Safeguarding Roles and Competency guidelines.

All ICB staff complete minimum safeguarding e-learning training in line with mandatory requirements. The training is accessed via the ICB Workforce Employee Management System. Staff requiring higher levels of competence, for example Designate Professionals, are supported to achieve competence through additional development opportunities.

The ICB safeguarding compliance rates as of 1st July 2024, is as follows

Safeguarding Adults Level 1	81%
Safeguarding Children Level 1	80%
Prevent Awareness	82%

ICB Safeguarding Professionals also contributed towards numerous training and development events both within and externally to the ICB, such as in collaboration with the borough Safeguarding Partnerships and Boards. Additionally, ICB Named GP's and Designated Professionals have trained 700 GPs to ensure they have attained Level 3 competence in Safeguarding Children and Young People.

During the year, the ICB recognised that its recording and monitoring of the various safeguarding competence levels for individual ICB employees could be improved. A Training Needs Analysis was subsequently undertaken, which led to the development of an agreed ICB Safeguarding Competency Strategy for delivery between 2024-26.



Working Together to Safeguarding Children (2023) outlines the importance of lead practitioners having access to safeguarding supervision, stating 'Effective supervision can play a critical role in ensuring a clear focus on a child's welfare and support practitioners to reflect critically on the impact of their decisions on the child and their family'. The supervisory relationship creates a safe, contained environment where the practitioner has the capacity to think and reflect.

The ICB has ensured during 2023-24 that all Designated Professionals for Child and Adult Safeguarding, Named GP's and Designated Professionals for Looked After Children have access to high quality supervision.

From September 2023, the ICB commissioned an independent provider, with significant experience and expertise in the field of safeguarding supervision, to deliver this crucial support to our safeguarding staff.

The provider has set up a range of individual and group supervision sessions, some of which have specific safeguarding themes such as 'Think Family'. The supervision has proved to be very popular, with high booking rates for sessions. Some of the feedback received from supervisees includes 'supervisors are excellent', and 'very happy with 1:1 supervision sessions.' Themes emerging from the sessions include participants working through their role and function in an ever-complex environment, as well as making sense of new ways of working since the inception of the ICB.

The ICB has reviewed and refreshed its *Safeguarding Supervision Policy* to better reflect the processes and practice of the newly commissioned service.

## CB Safeguarding and Children Looked After teams – Key Achievements 23-24

Assurance of safeguarding children obtained from all health providers

training provided for

primary care services

pharmacists, GP practices)

(dentists, opticians,

Designate and Named Children **Looked After** roles recruited into Safeguarding Children

Awareness raising and learning shared from all reviews, audits and identified risks, across the Partnership.

registered with a GP **Improved GP awareness** of domestic abuse

abuse or neglect.

Worked with named GPs to develop

EMIS alert system for adults at risk of

Continued high

**Looked After** 

levels of Children

**Developed** a plan to increase the number of **Initial Health Assessments** 

> assessment tool developed, distributed and results were analysed and disseminated

**Multi-agency Safe Discharge** Policy, including CYP living with learning disabilities

Face to face GP Level 3 Safeguarding Forum held at Millwall Football Club

**Primary Care safeguarding self-**

Collaborated with the **Community Safety** Partnership on the coproduction of the **Serious Violence Duty** Strategy

**Financial** 

**Domestic** 

contribution

towards child

Independent

Worked with partners to enhance the voice of **Children Looked After within** health services in Southwark **Collaborative** working with partners at Children Looked **After forum** 

Held a safeguarding forum on transitioning from child to adult services

Developed a health passport for **Children Looked After, including** training and user guide

**Serious Youth** Violence. **Exploitation and** Contextual Safequarding review commenced **Delivered** Mental Capacity Act Trainina



Worked on template **GP** policies on **Domestic Abuse and Was Not Brought** 

Regular on-going meetings with Children's **Commissioning Officers** 

**Prescription** certificates for **Care Leavers in** place

**Supported** introduction of processes to ensure Children **Looked After** from other boroughs are tracked and notified to health services

Pathfinder tool for Domestic Abuse completed by all health providers

Safeguarding Children trainina delivered to 130+ GP's and staff

**Training** delivered on revised Bruising Protocol to agencies from **Health and Social Care** 

**Key role in launch** of self-neglect panel in Bexley

**Introduced Vulnerable Adults register** and search as part of GP contract

Violence Advocate Implemented a mental role health pathway providing early support for parents at risk of having a child placed into care

Supported work on increasing immunisations in Children Looked After

Launch of

for Care

Leavers

prescriptions

free

**Increased** 

around Children

After across the

**Partnership** 

training

Looked

Played a key role in the establishment and ongoing delivery of the National Referral Mechanism panel in Lewisham

**Children Looked After** health service specifications updated

**GP Child Protection** records audit completed, leading to improved record keeping in both GP **Practices and Children Social** Care

Health related learning from statutory reviews have been disseminated and

progressed.

Commenced development of a pathway for Children **Looked After** impacted by **Fetal Alcohol Spectrum** 

Disorder

**Used Appreciative Enquiry to understand** risks for refugee and asylum-seeking people in the borough

Worked productively with the Children Looked After Steering Group

Promotion of the work around identifying Adverse Childhood **Experiences and the** impact of trauma

Supported the review of the Bromley FGM guidance, and led on a tabletop FGM themed learning review



Set up health screening for **Unaccompanied Asylum-Seeking Children** 

Supported the Bromley Homeless **Health Steering Group** 

**Promotion of the Fabricated** or Induced Illness/ **Perplexing Presentation Protocol through training** and briefings

**Delivered** Safeguarding training to 447 Bromlev **Primary Care** staff members

Supported the implementation of the RESTORE 2 tool in 55 care homes in Bromley

## Focus on.....the work of our Named GPs for Safeguarding

General Practitioners, and other colleagues working in GP Practice settings, have a crucial role in safeguarding children and adults-at-risk.

Named GPs provide safeguarding advice and training to their Practice colleagues, supporting and promoting good professional practice in safeguarding. They also contribute towards the improvement of multi-agency processes at Safeguarding Partnership and Board level.

### Example 1

In one of our South East London boroughs, a recent multi-agency audit focusing on children who were regularly absent from school identified a significant proportion of the absentees were autistic children, and/or living with Attention Deficit Hyperactivity Disorder (ADHD), and /or were experiencing mental health issues.

Similarly, a recent local Child Safeguarding Practice Review identified an issue with GPs being asked for and issuing sick notes for school absences. Learning was identified and recommendations made.

The ICB Named GP for Safeguarding Children for the borough was involved in both the audit and review, supporting the relevant GP Practice.

The Named GP subsequently made further enquiries with the Local Authority and identified that Emotionally Based School Avoidance (EBSA) is a matter of increasing concern in the borough.

The Named GP convened and hosted a meeting with representatives from Education, the Early Help service, Special Educational Needs and Disabilities service, and the Emotional Wellbeing and Mental Health service for Children and Parents/ Carers.

The group created a training package on EBSA and how GPs can help to keep children in school. This training is due to be delivered soon to numerous local GPs at their GP Protected Learning Time event.



### Example 2

A Domestic Abuse Policy template guidance was developed for use by GP Practices in South East London in response to a recommendation arising from a Domestic Homicide Review (DHR) that Practices should have a stand-alone policy focusing on Domestic Abuse rather than it being incorporated within, for example, the Practice's Adult Safeguarding Policy.

An ICB Named GP for Adult Safeguarding developed the template guidance using resources which included the Royal College of General Practitioner's guidelines on Domestic Abuse, the Care Act (2014), and the Domestic Abuse Act (2021).

This research enabled the Named GP to expand their knowledge of Domestic Abuse and consequently their ability within their clinical role to identify and support patients experiencing domestic abuse, as well their skills in developing recommendations within Individual Management Reviews (IMRs) which contribute to an overall DHR.

The original intention was that the template guidance would be used for GP Practices in one specific borough, however, in line with the integration of the boroughs under the ICB umbrella, it was decided that the document could be used across the ICB.

Following review by stakeholders, including local authority Violence Against Women and Girls programme leads and ICB Designated Professionals, the guidance was approved for use by all South East London Practices as they wish.

As well as providing a resource for Practices who wish to develop their own policy, the policy can also be used as a standard against which to audit the Domestic Abuse policies of GP Practices.

## Southwark

- \* Focus on child neglect by identifying key themes
- \* develop a multi-agency data set around adolescent risk which highlights themes and trends
- \* participate in local authority Domestic Abuse service procurement process
- \* support safer discharges from hospital
- \* improved interagency VAWG working
- \* improve interagency working around transitional safeguarding
- \* Drive the influence of the voice of the child in delivering services to Children Looked After
- \* Review guidance and support in relation to Gender Dysphoria in Children Looked After

## *Lewisham*

- \* Continue to work collaboratively with the Safeguarding Children's Partnership
- \* Increase professional curiosity around safeguarding and neurodiversity
- \* continue to develop the safeguarding commissioning assurance function
- \* Support development of the ICB cross-borough safeguarding function
- \* Support commissioners in implementing the Children Looked After health specifications
- \* Continue to develop a local pathway for Children Looked After affected by Foetal Alcohol Spectrum Disorders
- \* Review reporting framework around a child's journey through placements

## Greenwich

- \* Work with partners to address risk and impact of harm to early years children and families
- \* Improve the safeguarding children processes in local GP practices and carry out quality assurance visits
- \* Improve dental care for Children Looked After
- \* Support competence for healthcare staff in Children Looked After
- \* Focus on improving skills and awareness in primary care on self-neglect and hoarding

## ambets

- \* Review safeguarding information arising from Learning Disability health checks.
- \* Continue to work towards meeting the performance targets for Children Looked After statutory functions
- \* Review and refresh the Partnership subgroups considering the Working Together 2023 changes, and further develop multiagency data set

## Bromler

- \* Support the Partnership in response to Children and Young People with Gender Dysphoria
- \* Continue to support schools in respect of Emotionally Based School Avoidance, children excluded and children not in school.
- \* strengthen the VAWG agenda within health
- \* further improve placebased safeguarding and commissioning processes
- \* continue to promote the importance of primary care in safeguarding
- \* continue to drive health agenda at strategic safeguarding forums
- \* Empower care leavers to access healthcare

## Bexley

- \* Continue to work on embedding a Think Family Model of care.
- \* Provide training around safe enquiry in domestic abuse for GP practices
- \* Continue improving transitional safeguarding health response
- \* continue to ensure the voice of children looked after is heard
- \* contribute to the effectiveness of the new Bexley self-neglect panel, including delivering training
- \* continue to improve the uptake of immunisations in Children Looked After
- \* Continue to improve and strengthen the mental health of Children and families in Bexley

23-24 Overview

# **Safeguarding - Programme Intersections**

#### **Children Looked After (CLA)**

#### **Child Death Reviews**

### **Special Educational Needs and Disabilities (SEND)**

The 'Promoting the health and well-being of looked-after children Statutory Guidance' (2015) sets out the ICB responsibilities in this area. The Statutory Guidance states that [ICB's] 'have a duty to cooperate with requests from local authorities to undertake health assessments and help them ensure support and services to looked-after children are provided without undue delay.'

The Children Act 2004 states that 'child death review partners must make arrangements to review each death of a child normally resident in the area'. Child death review partners are defined as the local authority and ICB. The Child Death Review Statutory Guidance (2018) further outlines that a Designated Doctor for Child Deaths 'should be responsible for the child death review process.

The SEND Code of Practice outlines the responsibilities of the ICB in relation to people with Special Educational Needs and Disabilities. It states, 'Local authorities, [ICB's] and other partners must work together in local Health and Wellbeing Boards to assess the health needs of local people, including those with SEN or who are disabled.' This assessment is called the Joint Strategic Needs Assessment.

The number of CLA continues to rise across South East London during 2023/24. The ICB CLA Designated Professionals in each borough team, have worked closely with their respective Corporate Parenting Boards, local authorities, commissioned health services, and other stakeholders to meet demand and improve the health and wellbeing of Children Looked After. The CLA designates and associated ICB commissioners have driven forward the quality and compliance of Initial and Review Health Assessments. Focus has been placed on unaccompanied asylum-seeking children, due to their specific vulnerabilities. The CLA designates attend regular ICB CLA Network forums to examine risks and share good practice.

The Child Death Overview Panel (CDOP) is the final stage of the child death review process. There are two CDOP's in South East London, each having a tripartite borough arrangement. ICB Designated Professionals, collaboration with the Designated Doctors for Child Death's, have continued to take a lead role in supporting the CDOP's. Moreover, the ICB has sought to strengthen arrangements in relation to learning from child death reviews. A Child Death Oversight across South East London Group has been set up. This group feeds into the system focused Learning from Deaths Group, which aims to triangulate learning from a range of review types, identifying themes and areas for targeted action.

ICB boroughs generally employ a Designated Clinical Officer (DCO), a non-statutory role recommended in the Code of Practice. DCO's have continued to influence the commissioning process, championing the needs of people living with SEND. The ICB, through DCO's and relevant commissioners, have enabled health providers to inform the local authority where they think a child may have a special educational need or disability, as well as supporting improvements in local Education, Health and Care (EHC) plans, and agreeing associated Personal Health Budgets. Within the ICB, the governance of SEND has been reviewed, and placed within the more relevant auspices of the Learning Disabilities and Autism programme.

Going forward, the ICB aims to concentrate on developing consistency and standardisation in relation to CLA performance data, thereby improving the identification of areas of risk. The ICB will also support local implementation of the NHSE CLA national dataset. In addition, the ICB seeks to prioritise ensuring the views of children looked after are reflected in service improvements.

The ICB will seek to further embed and develop the CDOP governance arrangements it put in place during 2023/24, ensuring that learning from child death review processes is maximised and permeates through its overall quality *improvement programmes.* 

The ICB aims to implement its SEND strategic workplan during the coming year. The workplan focuses on providing solutions towards managing the increased demand for EHC plans, leading on a multi-agency learning event to improve SEND outcomes, and considering learning and best practice in relation to children with complex disabilities living in residential care settings.

## A conversation with.....our ICB Safeguarding Business Support Officers



*Interviewer* – 'Hello Toni, Carlie and Katarzyna, thank you for joining me today. You all work as Business Support Officers in the various borough safeguarding teams. Could you tell me a little bit about your role?'

Carlie – 'Business Support Officers have an important statutory role in supporting the designate safeguarding and Children Looked After professionals. The role is varied, and the scope of safeguarding is broad, so there are always fresh challenges. You must be organised and think outside the box!'

**Toni** – 'I would agree, no two days are ever the same.'

Katarzyna – 'I believe we are a focal point within the team and have a major role in ensuring processes are followed and work streams are progressed. We also deal with business correspondence and arranging meetings. There are many stakeholders to communicate with, including with the safeguarding partnerships. There are a lot of different activities and challenges, but I always look forward to them!'

*Interviewer* – 'What's the most rewarding aspect of your role?'

**Katarzyna** – 'This role needs a lot of organisational skills, and I am quite an organised person so these qualities I can implement in my role. There are lots of opportunities to develop myself with the various tasks I am doing.

**Toni** – 'It's the variedness that I like. I can be working with the Named GP on helping her submission for a statutory review, and the next minute it's something completely different like working on the safeguarding procurement standards.'

Carlie – 'For me, it's the project work I enjoy doing most. I like leading on a plan and putting it in to place. For example, the GP Local Enhanced Service for safeguarding. I've been involved in sending contracts out to GP's and analysing the data once it comes back to the Named GP. I also like adding data to the Safeguarding Case Review Tracker as you get a good understanding of how the process works and how the team are going to address the recommendations'

*Interviewer* – 'What do you think has been your main achievement in 2023/24?'

**Toni** – 'I've been involved in some of the safeguarding governance review work. For me, that was a great achievement, as it showed that the Business Support Officer function is valued. It really helped me personally too.'

Carlie – 'I am going to come back to the GP Local Enhanced Service for safeguarding which we had to digitalise. Prior to this, it was a bit onerous but now its works smoothly. I also took on more responsibilities in my role. I was nervous at first, but now feel much more confident. I've built some great working relationships with people both inside and outside the ICB.

**Katarzyna** – 'The achievement I am most proud of was to produce a very complex Excel spreadsheet which has really helped improve the efficiency and communication of the team. It's a document with many inter-related worksheets. It was really difficult to do, but it's now helped a lot with the function of the team.'

*Interviewer* – 'Thank you all so much for sharing your experiences of the safeguarding Business Support Officer role'

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## **Conclusion**

The information provided in this report provides assurance that the ICB is discharging its statutory obligations towards safeguarding children and adults at risk and towards children who are looked after by the local authority.

The landscape in which health services operate is complex, and ever-changing. Moreover, safeguarding processes are multifaceted and continue to evolve in line with legislation, policy, and new learning. The rapidly growing nature of the safeguarding agenda for vulnerable children and adults' places challenges on organisations including the ICB. This Annual Report demonstrates that the ICB has engaged in a wide range of activity to support and enhance safeguarding partnership arrangements. The ICB safeguarding teams continue to work hard ensuring service improvement and development of safeguarding practice throughout health services in South East London.

## **Priorities for 2024-25**

An overview of the ambitions of each borough-based safeguarding and CLA team for next year are laid out earlier in this report. In addition, the ICB is focused on the following priorities which permeate through the safeguarding function across the ICB.

- 1. The ICB aims to finalise its safeguarding governance arrangements, particularly in relation to the revised Working Together guidance.
- 2. In line with NHS initiatives, the ICB aims to make progress on its strategy towards Domestic Abuse and Sexual Safety both in relation to our staff and to our wider populations.
- 3. The ICB aims to further understand and embed our contribution towards the Serious Violence Duty.
- 4. The ICB plans to increase our utilisation of data analytics around safeguarding, in partnership with the NHS Safeguarding Integrated Data Dashboard programme.
- 5. The ICB will support the implementation of the Child Protection Information Sharing system (CP-IS). This system will enhance crucial information sharing between organisations.

## Links

The ICB borough-based safeguarding teams are an integral part of their respective Safeguarding Children Partnerships and Safeguarding Adults Boards.

Please follow links below to find out more about their work

#### **BEXLEY**

Bexley Safeguarding Children Partnership Bexley Safeguarding Adults Board

#### **BROMLEY**

Bromley Safeguarding Children Partnership Bromley Safeguarding Adults Board

#### **GREENWICH**

Greenwich Safeguarding Children Partnership
Royal Greenwich Safeguarding Adults Board

#### **LAMBETH**

Lambeth Safeguarding Children Partnership Lambeth Safeguarding Adults Board

#### **LEWISHAM**

<u>Lewisham Safeguarding Children Partnership</u> <u>Lewisham Safeguarding Adults Board</u>

#### **SOUTHWARK**

Southwark Safeguarding Children Partnership Southwark Safeguarding Adults Board