

## NHS South East London Integrated Care Board Safeguarding sub-committee

### Terms of Reference

Final – 10 June 2022

#### 1. Introduction

- 1.1 The Safeguarding sub-committee of the Quality and Performance Committee (Q&PC) will support and supply collective oversight of Safeguarding matters across SEL ICS to improve outcomes and patient experience. This will be in partnership with commissioned providers, primary care, SEL Place (Bexley, Lewisham, Greenwich, Bromley, Lambeth, and Southwark), Local children's Safeguarding partnerships, Safeguarding adults' boards and Safer Community Partnerships.
- 1.2 The Safeguarding Sub-committee will include Safeguarding Children, Adults, Children Looked After, Care Leavers and SEND

#### 2. Purpose

- 2.1. Provide a platform for health organisations to share learning, triangulate information, data, resources, and intelligence to develop a shared view of risks to safeguarding children, adults, children Looked after, care leavers and SEND across the ICS.
- 2.2. Make the latest guidance available to all relevant partners across the ICS, and to encourage the guidance to be interpreted and implemented in a consistent way across the sector.
- 2.3. Provide an opportunity to agree and coordinate actions to drive improvement, (respecting the statutory responsibilities of each organisation and avoid duplication).
- 2.4. To receive updates from the London Regional Safeguarding Group and agree and coordinate any SEL approach to key updates where relevant
- 2.5. To provide collective oversight of Safeguarding and SEND issues and risks across the SEL ICS System, to proactively support, manage mitigations and escalations.

- 2.6. To support consistent approaches to the implementation of Safeguarding and SEND guidance and to provide strategic and peer support to the management of safeguarding challenges.
- 2.7. To support the dissemination of lessons learned and best practice with partners across SEL ICS, acting as a conduit for the sharing of intelligence.
- 2.8. To work as a SEL system to agree local priorities, support the delivery of these priorities working proactively to ensure that they fit with NHSEI Regional and National priorities
- 2.9. To provide collective oversight of safeguarding staffing risks, succession planning and training opportunities across SEL ICS
- 2.10. To agree deep dives and audit where areas of risk have been identified or to gain assurance of system readiness for national policy roll out such as Liberty Protection Safeguards

### **3. Duties**

3.1. The Committee has the following key areas of responsibility to:

- Review latest national/regional guidance to develop a consistent approach across the system.
- Receive assurance on compliance of Section 11 of the Children Act and The Care Act 2014
- Receive quarterly statutory reporting on safeguarding, looked after children and SEND arrangements in the six borough teams of SEL ICB.
- Receive escalation reports, sharing of good practice from commissioned providers
- Provide a forum to ensure that there is robust intelligence and information exchange in respect of child and adult safeguarding matters across the wider health economy.
- To develop a shared understanding of safeguarding, children looked after and SEND risks and priorities across the health system. This will include how the voices of children and adults at risk of harm are heard within frontline services.

- To ensure learning is shared and embedded by monitoring the progress of health actions from Safeguarding Adult Reviews, Child Safeguarding Practice Reviews and Domestic Homicide Reviews.
- To review and provide recommendations to the Quality and Performance Committee on policies and guidelines relating to safeguarding and children looked after practices for SEL ICB.
- To approve safeguarding and children looked after annual reports for submission to the SEL Quality and Performance Committee
- To receive quarterly SEND reports
- To receive quarterly reports on Children Looked After Data for Initial Health Assessments, Review Health assessments are within statutory timescales as well as ensuring access to health services
- To ensure appropriate training and supervision of all ICS staff to meet statutory requirements
- To report quarterly to the Q&P Committee by way of minutes and annual reports
- To ensure the ICB exercises its duty to cooperate with the local authorities to undertake health assessments and help them provide support and services to looked after children and care leavers and children and young people with special educational needs, disabilities, and autism.
- To support the aligning of themes and priorities of the SABS and Safeguarding Children Partnerships across SEL to support joined up working and collaboration.
- To receive deep dives reports agreed by the sub-committee

#### **4. Authority and delegation**

- 4.1. The sub-committee will act to agree and report its level of assurance for all activities within its scope as recorded in section 3 (above). It will function as a forum to support the planning and coordination of the ICB and system-wide responses to areas of risks within its scope. It will report on risks and planned mitigations to the Quality and Performance Committee.
- 4.2. The sub-committee will operate under mandate from the ICB Q&PC with a remit that instructs it to make recommendations to the Q&PC where an item of business requires formal approval.

- 4.3. The sub-committee may establish a working group or task and finish group to lead work under a defined term of reference / engagement. The sub-committee must agree by majority on the establishment of any of the groups and formally agree their terms of reference.
- 4.4. The sub-committee may receive reports and updates from commissioners or joint commissioner-provider groups or boards (e.g., multi-borough planned care delivery boards) subject to majority agreement by members.

## **5. Membership and attendance**

- 5.1 The SEL ICB IPC sub-committee will be chaired by ICB Director of Quality (IPC portfolio), with a rotating co-chair from all health partners. Position of Chair to be reconsidered every six months.
- 5.2 The sub-committee will be made-up of a combination of post-holders, including lay members; ICB executive leaders; and clinical members of the ICB's SQG. Chair and deputy chair as below
  - NHS SEL ICB
  - Primary Care Clinical Lead
  - London Borough of Bexley
  - London Borough of Bromley
  - Royal Borough of Greenwich
  - London Borough of Lambeth
  - London Borough of Lewisham
  - London Borough of Southwark
  - Guys and St Thomas NHS Foundation Trust
  - Kings College Hospital NHS Foundation Trust
  - Lewisham and Greenwich NHS Trust
  - Oxleas NHS Foundation Trust
  - South London and Maudsley NHS Foundation Trust
  - Bromley Health Care

- Independent Chair – SAB (rotating )
- Independent scrutineer ( rotating)
- Independent Chair LSCP (rotating)

5.1. The sub-committee can, with agreement of the chair to co-opt additional members and/or other subject matter specialists to broaden the range of input if necessary. The sub-committee may additionally request subject matter experts attend on a one-off or ad hoc basis as required.

## **6. Quorum and conflict of interest**

- 6.1. Meetings will be quorate with at least 50% of members in attendance including a minimum of:
- A representative from each NHS provider or deputy
  - A representative from each borough
  - ICB representative
- 6.2. The sub-committee will operate in accordance with NHS England guidance and national policy requirements and will abide by the ICB's standards of business conduct. Compliance will be overseen by the chair of the sub-committee.
- 6.3. Members will be required to declare any interests they may have in accordance with the ICB's Conflict of Interest Policy. Members will follow the process and procedures outlined in the policy in instances where conflicts or perceived conflicts arise.

## **7. Decision-making**

- 7.1. The sub-committee does not have formal decision-making authority relating to budgets or other organisational resources. The primary responsibility of the sub-committee is to undertake assurance and escalate risks to the Quality and Performance Committee and System Quality Group.
- 7.2. Any proposals arising from the committee (e.g., for use of resources) should be reported to the System Quality Group as items for recommendation for their decision.

## **8. Frequency**

- 8.1. The sub-committee will meet quarterly
- 8.2. All members will be expected to attend all meetings or to provide their apologies in advance should they be unable to attend.
- 8.3. Members are responsible for identifying a suitable deputy should they be unable to attend a meeting. Arrangements for deputies' attendance should be notified in advance to the sub-committee chair and meeting secretariat.

## **9. Reporting**

- 9.1. The sub-committee papers will be made available five working days in advance to allow members to discuss issues with colleagues ahead of the meeting. Members are responsible for seeking appropriate feedback.
- 9.2. The sub-committee will report on its activities to the Quality & Performance Committee and System Quality Group via a quarterly report. The report will summarise key points of discussion, items recommended for decisions, the key assurance activities undertaken by the Committee; any actions agreed to be implemented.
- 9.3. The minutes of meetings shall be formally recorded and submitted to the Quality and Performance Committee for the purposes of assurance.

## **10. Sub-committee support**

- 10.1. The sub-committee will be supported by members of the ICB's corporate teams
- 10.2. The sub-committee will be supported by safeguarding and SEND place teams providing reports via the six weekly ICB meetings.
- 10.3. The ICB corporate team will ensure that draft minutes of the sub-committee are shared with the chair for approval within five working days of the meeting. Draft minutes with the chair's approval will be circulated to members together with a summary of activities and actions within ten working days of the meeting.

## 11. Review of Arrangements

11.1. The sub-committee shall undertake a self-assessment of its effectiveness on at least an annual basis and review the TOR every 6 months. This may be facilitated by independent advisors if the Committee considers this appropriate or necessary.

Final - for Board approval