

**South East London Integrated Care Board**

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**Annual Safeguarding Report  
2022/2023**

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## 1. Introduction

On 1 July 2022, South East London Integrated Care Board (ICB) was established. As a newly created statutory body, the ICB supports and builds upon existing health and care partnerships established by our Integrated Care System (ICS) - Our Healthier South East London. The ICS was established in 2019 and continues as the partnership that brings together the full range of organisations responsible for publicly funded health and care services across our six boroughs.

The Safeguarding report provides assurance to the Governing Body and members of the public that the ICB has fulfilled its statutory responsibilities to ensure services we commission safeguard the welfare of adults, children, and young people.

The report gives an overview and summary of assurance against our statutory functions, our developing ICB strategy, and the shared local priorities of our safeguarding partners.

This report will conclude by looking forward to the year ahead identifying key priorities for 2023-2024; this includes plans to continue to strengthen the safeguarding arrangements across health and develop stronger relationships with our partnerships and boards.

Each Place-based borough produces an annual report that details the specific work and actions that take place locally.

## 2. Delivery of Statutory Safeguarding functions

The Southeast London ICB Accountable Officer has overall accountability for Safeguarding whilst the Chief Nurse of the ICB, as a member of the Executive Governing Body, has the responsibility for safeguarding. A Director of Quality with safeguarding portfolio leads on this work on behalf of the Chief Nurse and is supported by a Head of Safeguarding, CLA and SEND Assurance and a Designate for Mental Capacity Act and Liberty Protection Safeguards.

Safeguarding teams are located within each borough (Place) to facilitate closer working arrangements with our statutory partners. The ICB safeguarding governance framework incorporates the statutory safeguarding roles in each borough which include Designate Dr and Nurse for Children's Safeguarding, Designate Nurse for Adult Safeguarding, Designate Dr and Nurse for Children Looked After and named GPs for both children and adults.

### 2.1 Safeguarding leadership & accountability

There is a clear line of accountability for safeguarding reflected in SEL ICB governance arrangements, including statutory roles as described above. At the time of writing this report the ICB is compliant against requirements of the NHS Safeguarding Accountability and Assurance Framework.

## 2.2 Policies and Procedures

There are a number of policies and procedures that are under review as part of integrating into the ICB framework with the aim of setting out a commitment, and approach, to safeguarding children and adults including Mental Capacity Act, and Safeguarding Children & Adults policy. There is a Safeguarding Best Practice and Governance quarterly group, a sub-group of the Safeguarding Subcommittee, reviewing all ICB safeguarding policies.

## 2.3 Safeguarding Training Compliance

The ICB has supported the development of its workforce with training and development in key areas throughout 2022/23 as follows:

- Safeguarding training levels are supervised through the Workforce system and Annual appraisals. Safeguarding Adults Level 1 and Safeguarding Children Level 1 are mandatory for all staff.
- NHS Academy leadership programme and APM Project Manager training, Professional Nurse advisor training.
- Prevent Training for ICB staff forms part of mandatory training and is recorded on the staff workforce platform.

<b>SEL ICB Safeguarding Level 1 and Prevent Training Compliance at July 2023</b>	
<b>Safeguarding Adults Level 1</b>	<b>83%</b>
<b>Safeguarding Children Level 1</b>	<b>84%</b>
<b>Prevent Awareness</b>	<b>83%</b>

Staff non-compliance with Statutory training is followed up with Line Managers for further action.

## 2.4 Primary Care Training

Across the ICB, Safeguarding Children and Adult training for primary care has been provided through various methods including e-learning, Local Safeguarding Children and Adult Partnership training, and Lunch and Learn sessions.

Named GPs continue to work closely with individual practices and primary care managers and provide clinical advice and professional judgement on child and adult safeguarding issues.

In Bexley, Greenwich, Lambeth and Lewisham, there are regular bi monthly meetings for the GP safeguarding leads in each practice. The meetings take place quarterly in Bromley. These forums are an opportunity for external speakers, case discussion and learning from safeguarding reviews to be shared.

Topics have included

- Domestic Abuse
- Youth violence and Gangs in Lambeth, Lewisham and Bexley
- PREVENT in Primary Care
- Trading Standards with a focus on scams and the impact on vulnerable groups
- Adult social care and safeguarding processes
- Fabricated induced illness
- Community Risk (CR) Multi-agency Risk Assessment Conference (MARAC)
- Child death reviews
- Multi Agency Referral Form (MARF) case examples

The list above provides a summary of Place based training that takes at borough level and the individual borough reports provide more detail for this area.

## **2.5 Safeguarding assurance of commissioned services**

Safeguarding Children and Adults is a fundamental obligation of all healthcare organisations. It is the responsibility of every NHS funded organisation and each individual healthcare professional working in the NHS to ensure that the principles and duties of safeguarding children and adults are holistically, consistently applied.

The ICB works with its commissioned providers to ensure health services are continuously improving the quality of care for its population.

To ensure that the ICB commissions high quality care, safeguarding assurance is gained from commissioned healthcare providers by:

- Provider Safeguarding Committees and quarterly dataset collection
- Contract Monitoring meetings
- Safeguarding Executive Committee.
- Provider Safeguarding Assurance Committees.
- Touchpoints with Safeguarding Leads in provider Organisations.
- CQC inspections

The Designate Safeguarding Nurses for Children, Children Looked After, Care Leavers and Adults at Risk across the boroughs attend the provider assurance meetings/committees to gain assurance that there are effective Safeguarding governance structures in place to ensure that all children, young people and adults at risk who come into contact with Kings College Hospital (KCH), South London and the Maudsley Hospital (SLaM), Guys and St Thomas Hospitals (GSTT), Lewisham and Greenwich Hospitals Trust (LGT), Oxleas community and mental Health Trust and Bromley Healthcare services are safeguarded. Additionally, Bexley Borough attend the monthly Trust Integrated Safeguarding Vulnerable Children and Adults Committee for Dartford and Gravesham NHS Trust.

Datasets on safeguarding are collected quarterly from all providers and those with smaller contracts such as the Urgent Care Treatment Centre at Sidcup and Erith, GP

Out of Hours services provided by Greenbrook, Active Care Group Blackheath, Cygnet Blackheath Mental Health and the Circle Group.

### **3. Safeguarding Partnership arrangements**

The boroughs (Place) of the ICB are key partners within the borough based Safeguarding Children's Partnerships, Safeguarding Adults Board and Safer Community Partnerships. Each place has a Place Executive Lead (PEL).

The PELs have oversight of safeguarding arrangements for children, children in care locally and adults at risk. They attend Safeguarding Partnership Executive meetings, Safeguarding Adults Boards and Children's Safeguarding Partnerships.

The Designated professionals attend sub-groups and work closely with commissioned health providers across each borough and are influential in the work of the Local Safeguarding Children Partnerships and Safeguarding Adult Boards.

The Safeguarding arrangements support and enable local organisations and agencies to work together in a system where children and young people, Children Looked After and adults at risk are safeguarded, and their welfare promoted.

Each Place-based borough produces an annual report that details the specific work and actions that take place locally. A short summary by Place is given below to highlight the work taking place at borough level.

#### **3.1 Bexley**

##### **Bexley Demographics**

In Bexley, the population size has increased by 6.3%, from around 232,000 in 2011 to 246,500 in 2021. 16% of Bexley's population is aged 65 and over. While Bexley is comparatively less deprived to other areas in SEL, it still has pockets of significant deprivation. 16.3% of children living in Bexley live in low-income families and life expectancy is 7.9 years lower for men and 6.7 years lower for women in the most deprived areas of Bexley, compared to the least deprived areas.

##### **Highlights of achievements this year**

The Bexley safeguarding team have implemented a new way of engaging GPs in MARAC and GPs are now aware of each individual being discussed at the high-risk panel.

Monies was bid for in 2022/2023 to deliver bespoke GP training on domestic abuse and this was delivered by Solace Women's Aid. We also provided Door Secure Bars for Solace to give to high-risk victims of Domestic Abuse to support them feeling safe.

Investment was used for a project to improve the response of professionals to Cognitively Impaired Drinkers which involved health and social care practitioners

supporting a review of pathways available to this group and targeted training to best practice.

As a result of recommendations from several Child Safeguarding Practice Reviews (CSPRs) the team have managed to secure funding between S.H.I.E.L.D, Community Safety Partnership and SEL ICB (Bexley) to employ a Child Independent Domestic Abuse Advisor (CIDVA). The post is due to be advertised.

The London Borough of Bexley is taking part in a National Referral Mechanism (NRM) pilot, developing approaches on decision-making, concerning children who have been referred as potential victims of modern slavery, human trafficking and/or exploitation.

The Bexley Safeguarding team are now part of the procurement process for all new contracts to ensure that safeguarding and Think Family are included and embedded.

The safeguarding team are also piloting a “vulnerable adult” safeguarding register across primary care using the funding from the GP premium to put this into the primary care Key Performance Indicators over the next 3 years.

### **Safeguarding Ambitions 2023/2024**

- To improve health’s response to domestic abuse by utilising the Pathfinder tool
- To progress and embed the work of the Think Family model across SEL ICB
- To continue to work in collaboration with partners to improve and strengthen the mental health of children, young people and families in Bexley
- To develop a vulnerable adult register across primary care which can be used to proactively support patients as needed.

## **3.2 Bromley**

### **Bromley Demographics**

Bromley is the largest London Borough geographically and the 8<sup>th</sup> most populous with approximately 330,00 residents. Approximately 75,000 are children and young people under eighteen years old. Of these, around 21,000 are aged less than five years. 0–18-year-olds make up 22% of the total population in Bromley.

Around 20% of the adult population is Black and Minority Ethnic (BAME), rising to 44% in schools. 13% of the population live in Income deprived areas of deprivation ranking Bromley the 26<sup>th</sup> least deprived of the 32 London Boroughs.

Bromley’s largest ethnic group is white British. Other ethnic groups are Black African (7%), White and Black Caribbean (3%) and Black Caribbean (3%). Other White group, which include Gypsy or Irish Travelers, is 6%.

The level of child poverty is better than the England average with 15.5% of children aged under 16 years living in poverty.

## Highlights of achievements this year

Ensured there is the correct level of safeguarding influence in the commissioning cycle through:

- A refresh of the safeguarding procurement standards document that sets out the essential and additional safeguarding quality standards that are expected of provider organisations, to reflect updates to the NHS Standard contract, legislation, and place-based partnership priorities.
- Oversight of procurement and contract processes through membership of the ICB Bromley Procurement and Contracts Committee.

Continued to support the increasingly high volume of complex multi-agency statutory reviews i.e., Safeguarding Adults Reviews (SARs) and Domestic Homicide Reviews (DHRs). This was done through our Designate Lead and Named GP for Adult Safeguarding, with active Health representation and contribution to the learning process, ensuring learning from statutory reviews is shared across the wider system identifying themes across SEL. This will support future planning for Commissioning and the wider stakeholder workforce.

Broadened our scope to include representation at relevant multi-agency panels such as the Anti-Social Behaviour (ASB) panel, the Homeless Health steering group and the Drug and Alcohol Related Death panel (DARD), recognising their role in the wider contextual safeguarding agenda.

Assisting in the development of the Bromley Safeguarding Adult Board Complex Case Pathway and co-production of a 5-day program to raise awareness of learning from complex safeguarding cases.

The Care Home Quality Nurse has continued to support Bromley Care Homes in partnership with the ICB Care Home Strategic Development Group on workstreams identified in the Enhanced Health in Care Homes Framework by:

- Embedding 'Reacting to Falls' and RESTORE2 training (a physical deterioration and escalation tool designed to support care homes managing deterioration in residents).
- Working with the specialist pharmacist in supporting the care settings in developing medication policies and procedures.
- Working with St Christopher's Hospice in the co-production of specialist training programs for Learning Disability and Mental Health care homes.

Our designated professionals have strengthened Multi-Agency Protocols and Strategies for children such as:

- The Perplexing Presentation and Fabricated Induced Illness guidance.
- Multi Agency Strategy Discussion Protocol
- Discharge and Safety Planning Protocol for Children and Young People who present & requires multi-agency responses to address their safeguarding and mental health needs when presented to the Princess Royal University Hospital (PRUH).
- Bromley Child Sexual Abuse Pathway.

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- Reviewed the Escalation Policy for resolving inter agency professional disputes.

Bromley Safeguarding Children Partnership (BSCP) carried out a multi-agency audit on the theme of extra-familial harm / serious youth violence and how Bromley partners are able to best prevent and respond to the factors behind the risks this poses to young people in the Borough.

BSCP carried out a Female Genital Mutilation (FGM) Pathway Audit to provide assurance that baby girls born to mothers who have suffered FGM will have a flag added as warning to the FGM- IS system.

### **Safeguarding Ambitions 2023/2024**

- To continue to maintain effective assurance of safeguarding arrangements for healthcare services within the changing landscape following the introduction of Integrated Care Systems (ICS.)
- Continue to develop contextual safeguarding themes e.g., in relation to Drug and Alcohol Abuse, Serious Violence and Homelessness, by representation at multi-agency forums; allowing for risks and thematic learning to be included in the development of strategic plans to ensure the needs vulnerable groups are considered.
- To work in conjunction with the Bromley Safeguarding Adult Board (BSAB), Safeguarding children's team, BSCP and other partners to improve safeguarding transition arrangements for vulnerable young people into adulthood. This will include working together with our partners to focus on safeguarding young people from adolescence into adulthood.
- The safeguarding team will continue to work with partner agencies and health providers to ensure the safety and wellbeing of cohorts of refugees and asylum seekers who have been placed in Bromley by the Home Office.
- Place base safeguarding teams will continue to support the SEL ICB Central Safeguarding Executives in the measurement of compliance against statute, policy and key lines of enquiry as outlined by NHSE.
- To continue to ensure the "Voice of the Child" is consistently heard throughout the health economy in Bromley.
- Ensure safeguarding is embedded with joint leadership/communication across children and young people mental health and wellbeing services in Bromley.
- Pro-actively work with the BSCP ensuring the priorities are aligned for the most effective, positive outcomes, strengthening safeguarding arrangements for CYP within the Borough. This will include children and young people at risk of sexual exploitation, criminal exploitation, gang affiliation, serious youth violence, grooming, county lines cuckooing and modern slavery.
- Ensuring learning from statutory reviews is shared across the wider system identifying themes across SEL. This will support future planning for Commissioning and the wider stakeholder workforce.
- The Designated Nurse for Safeguarding Children will continue to work with commissioning colleagues in the stages of procurement processes for new services.

- To work in conjunction with the BSCP, SEL ICB, Adults Safeguarding team, BSAB and other partners to improve safeguarding transition arrangements for vulnerable young people into adulthood. This will include ensuring there are robust joint working arrangements between children's and adults services.
- To continue to support the ongoing work of the new Children and Families Hub (previously known as MASH) front door and Early Help Pathway and development of an online referral portal for Professionals to refer families in need of help and support.
- To use a safeguarding children lens to work with partner agencies and health providers to ensure the safety and wellbeing of cohorts of refugees and asylum-seeking people who have been placed in Bromley by the Home Office.

### **3.3 Greenwich**

#### **Greenwich Demographics**

Greenwich is a diverse borough with people from a wide range of ethnicities and background. The 2021 ONS census gives an estimated resident population of 289,254 people, a 13.6% increase from a decade before. 75,039 of these are age 0 -19 years representing a 7 % increase in children under 15 years of age, similar to the national average. (Mid 2018 ONS figures).

It was estimated that in Greenwich in 2022, 18.5% of residents were estimated to be earning below the Living Wage in 2021 (Trust for London, 2022) and 40% of children living in these households. This was around the same as the average London Borough.

#### **Highlights of achievements this year**

South East London ICB Child Sexual Abuse pathway reviewed, re written with multiagency lead professionals, and re launched for all Greenwich practitioners including a shared webinar with The Havens and Safer London.

Worked with Safer London and local providers to improve referrals for emotional support after child sexual abuse.

Delivered Safeguarding level 3 training for GPs and supervision for named GP and training date for Oxleas doctors in training. Supported safeguarding priorities across primary care network.

Learning from National and Local safeguarding reviews were disseminated promptly, and training was provided on request to improve practice.

Our Greenwich MASH review recommendations led to an increase in the MASH health resource, from one to two health professionals. Designated Safeguarding professionals have also been involved in changing the MASH front door evaluation process, following meetings with the police and children's social care.

Recruitment to Named GP, Designated Children Looked After nurse - SEND (children with disabilities and young people in the youth justice system)

Commenced work with public health on the preconception strategy for Greenwich

Proposal submitted for SEND Youth Justice Audit and for SEND safeguarding audit.

The Her Centre, as a result of the IRIS programme, that ended in 2022, has been commissioned to continue a domestic abuse service for primary care in 2023/24. Domestic abuse referrals from GPs have increased from a handful annually prior to the IRIS service to nearly one hundred a year to date.

The ICS continues to be well represented at the Safeguarding Adult Board (SAB), including chairing one of the three sub-groups (Performance and Quality Assurance). Two of the main priorities for the SAB have been revising and re-launching the See the Adult, See the Child Protocol (Think Family) in collaboration with the Greenwich.

Development of a Self-Neglect Policy in collaboration with the Safeguarding Children's Partnership (GSCP). This was created in response to the recommendations from SAR Alexander.

Establishment of the Safeguarding Executive Partnership Group. This group consists of chairs from the SAB, the GSCP and the Safer Greenwich Partnership. The purpose of this group is to provide oversight to the three executive boards as well as aligning strategic objectives across the three partnerships.

Worked with children and young people and children participation officer to agree on how best to capture the child's voice.

Plans finalised for the London care leaver's compact free prescription initiative.

### **Priorities for 2022-2023**

- Hearing and communicating the voice of children and young people to understand their journeys better is embedded throughout all GSCP work.
- Tackling the risks to adolescents, particularly those associated with exploitation, violence and neglect.
- Supporting children to maintain positive mental health, with a particular focus on deliberate self-harm and suicide.
- Recognising vulnerability and providing the right support to protect and nurture during pregnancy and early infancy.
- Safeguarding children with additional needs and promoting their welfare.

## **3.4 Lambeth**

### **Lambeth Demographics**

Lambeth has an estimated population of 332,250 based on 2018 ONS statistics. It is ranked amongst the 15% most deprived local authority areas in the country where 70% of the population live in the 40% of the most deprived areas. It is a diverse borough with people from a wide range of ethnicities and background and 63% of residents describe their ethnicity as other than White British.

A large proportion (41%) of Lambeth's residents are young adults, aged 20-39 years. Correspondingly, there is a relatively small proportion (15% of the population) of adults aged 60 years and over.

It is estimated that 22% of children aged under 16 live in poverty in the area.

### **Highlights of achievements this year**

The Lambeth safeguarding partners (Health and Wellbeing board, Place based committees and partnerships) have worked jointly with relevant local agencies to:

- Co-ordinate safeguarding services
- Act as a strategic leadership group.
- Implement local and national learning, including from serious safeguarding incidents.
- Making sure that quality assurance activity improves frontline practice.

Multi-agency working is prioritised in terms of attendance at child protection case conferences.

Joint Child death Overview panel (CDOP) with Southwark and Bromley

Work in partnership with Community Safety Partnership assessing cases that could have potential terrorist activity.

Work with the Gaia Centre which is a 'single point of access for people of any gender, people who identify as being non-binary and gender non-conforming people who are victims and survivors of domestic abuse.

### **Priorities for 2022-2023**

Lambeth Violence Against Women and Girls (VAWG) have set out the following local commitments to reducing gender-based violence

- Co-ordinate safeguarding services
- Specialist support
- Working together
- Community response
- Children and young people
- Reducing harm from perpetrators.

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## **3.5 Lewisham**

### **Lewisham Demographics**

Lewisham has a population of 301, 300. The population is set to continue to grow and is expected to reach 318,100, and climb to 344, 500, by the time of the 2031 census. The borough is the 14th largest in London by population size, and the 6th largest in Inner London. The borough has a large Black and minority ethnic (BAME) population and is a vibrant borough. However, for young people, the ethnic proportions are and will continue to be quite different. The percentage of 0-19s of BAME heritage has remained at or marginally above 65% since 2011. By 2031, the proportion of BAME residents aged 0-19 is projected to reach 67%.

There were 70, 600 Children and Young people between the age of 0-19 living in the borough, making up 23.5% of the population (2021 Census – latest data).

### **Highlights of achievements this year**

Multi-agency Child Exploitation Strategy and business plan was agreed, published and implemented. A robust Multi-agency Child Exploitation Sexual Abuse Pathway was implemented to ensure that children and young people who have experienced sexual abuse are referred appropriately, and in a timely way, for medical treatment and ongoing support.

Disruption activity in conjunction with local businesses has taken place to pursue and locate those exploiting children and young people.

Continued to review the Multiagency Neglect Strategy and strategic plan and initiated exploration of a neglect screening tool to support earlier identification and responses to neglect. This included development of our revised local Continuum of Need-Threshold guidance.

Focus has been placed on work directed towards supporting the strategy to reduce levels of Domestic Abuse in the borough as well as Violence against women and girls.

Lewisham was successful in its bid to deliver Prevent and Change (PAC). PAC is a multi-agency perpetrator programme to be delivered across Lewisham and six other South London boroughs.

Lewisham have been selected to take part in a pilot programme launched by the Home office that will evaluate alternative models of decision-making for child victims of modern slavery and human trafficking.

Co commissioned an Independent Gender Based Violence Advocate with the Athena service to work alongside and increase referrals into Athena and MARAC Lewisham for clinicians in primary care.

Facilitated bimonthly level 3 safeguarding child and adult training and provided supervision to the Named safeguarding leads in primary care.

### **Priorities for 2022-2023**

- Voice of the Child - to develop an approach to include the voice of the children, young people and families throughout the partnership and to evidence improvements and service provision led by children's views.
- Measuring Impact and Outcomes - to demonstrate and evidence across the partnership how we are making an impact and achieving positive outcomes for children, young people and families across the safeguarding partnership.
- Anti- Racist Partnership Approach - to collectively explore and develop our approach to anti-racist practice as a partnership and how this is implemented.
- Neglect - to improve outcomes for children and young people experiencing, and those who are at risk of, neglect.
- Child Exploitation - to support children and young people to feel safe in Lewisham and to reduce the risk of children/young people and families experiencing exploitation
- Think Family - to define and strengthen the Think Family approach to ensure that we consider families holistically in assessments, planning and intervention.
- Voice of the Adult - To ensure the lived experience of local communities informs the co-production of the Board's and partner's work.
- Domestic and Sexual Abuse Work with local strategic partnerships to provide an effective and cohesive response to domestic and sexual abuse.
- Information Sharing – To Improve connectivity across and within agencies to ensure risk is assessed and managed appropriately.
- Early Help Work to further embed and expand the prevention focus across the safeguarding system

## **3.6 Southwark**

### **Southwark Demographics**

Southwark's population is estimated at 319, 610. Data collected in the 2022 Southwark Joint Strategic Needs Assessment sets out that the Borough continues to be ranked as one of the most deprived in the country as set out in The Indices of Deprivation. However, deprivation is growing at a much faster pace than the national average. Latest estimates suggest that 51% of people living in Southwark have a white ethnic background compared to 84% nationally with a larger proportion of residents coming from black and mixed ethnic backgrounds when compared to other areas in England.

The diversity of Southwark is much greater among children and young people, with roughly equal proportions of young people from white and black ethnic backgrounds.

Approximately 23,000 children aged 0-15 in live in poverty. This equates to 36% of children in the borough. This is higher than the London average of 33%. Southwark ranked 8th highest of the London boroughs for child poverty after housing costs in

2021/22.

### **Highlights of achievements this year**

A training programme titled 'Promoting Positive Health and Signposting Health Support for Care Leavers' took place in June 2023. Aimed at Social Workers and Personal Assistants to enable and empower care leavers in accessing health support. The training included speakers from Mental Health, Pharmacy, the voice of a Care Leaver, Consultant Paediatrician and presentation regarding the pre-paid prescription certificates. Further training is to be arranged for later in the year and will include training and support for Carers, Social Workers who care for Children Looked After 0-19 years.

A health pathway plan guidance for Social Workers working with Young People transitioning into semi-independence has recently been completed and agreed with Local Authority.

Funding for an Unaccompanied Asylum Seeking Children (UASC) specific Carelink Therapist has been approved. This professional will work specifically with the UASC population.

Designate Nurse for Safeguarding Children took forward a proposal to include all learning and recommendations rapid reviews to complete a Multi-Agency Thematic Review led by the Social Services All Age Disability Team. This was to gain assurance on embedding any learning and recommendations whilst measuring impact.

The Southwark Borough Base Safeguarding team supported safeguarding teams in provider services to drive and support changes and innovation.

A Borough Based Think Family Safeguarding and Looked After Children Health Forum continues to provide the basis of both a health and stakeholder network of shared system wide learning.

### **Priorities for 2022-2023**

Continue to respond to the different needs of local populations at neighbourhood level by collaborative work with Programme Leads in Partnership Southwark.

Greater partnership working to effectively safeguard and meet the needs of our children and young people.

To continue to work alongside Senior Local Authority Safeguarding Leads to develop both a Neglect Strategy that looks at identifying and responding to Neglect and an Adolescent at Risk Strategy that also includes transitional safeguarding for our young people.

In Primary Care:

- To continue to support learning through the GP quarterly forum, safeguarding children and adult partnership learning network programmes and Protected Learning Time programmes
- To continue to support practices with the upcoming changes to online access to patient records in view of safeguarding element to this work.

For adults and children, the proposal to continue with the existing learning and priorities for 2021/2022 in 2022/2023, focusing on effectiveness and to:

- Embed the ongoing priorities work into frontline practice by driving forward learning.
- Test the effectiveness, impact and parity of partnership working.
- To strengthen data and intelligence which will highlight areas to focus on.
- Flexibility in taking forward emerging areas robustly.

Southwark at Place will continue to work on the following priorities for Domestic Violence throughout the year:

- Implementation of Domestic Abuse Act
- Safe spaces – ensuring survivors have greater access to support.
- Transition of Domestic Abuse services to a new provider
- Violence Against Women and Girls recommissioning – development of transformational service
- Addressing male attitudes to women
- Police culture change/attitude and culture as a wider theme
- Safer streets and women's safety
- Young person harassment – online abuse

#### **4. Learning from Safeguarding Adult Reviews, Domestic Homicide Reviews and Child Safeguarding Practice Reviews**

The ICB place based Safeguarding teams are represented at all stages of the processes of statutory case reviews, from early nomination and the review decision making process, to the reviews. This includes undertaking the completion of chronologies and Independent Management Reviews (IMRs) as required and the sharing any identified learning as appropriate to the wider health economy. The ICB has implemented the NHSE National Safeguarding Tracker which is a portal to record and provide thematic reports to improve system learning and improvement.

Statutory reviews include:

Safeguarding Adult Reviews (SARs)  
Domestic Homicide Reviews (DHRs).  
Rapid Reviews (RR)  
(CSPR) and  
Child Death Review process.



#### 4.1 Adults – Safeguarding Adult Reviews

All Safeguarding Adult Boards have a statutory responsibility under The Care Act 2014 to arrange a Safeguarding Adult Review (SAR) when an adult in its area dies because of abuse or neglect, whether known or suspected. The aim of the review is to ensure lessons can be learned from the case and for those lessons to be applied to future cases to prevent similar harm re-occurring.

##### Published/Completed Safeguarding Adult Reviews

Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark
0	4	9	3	2	0

##### Safeguarding Adult Reviews commenced but not yet completed

Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark
7	1	0	0	0	3

##### Emerging themes from the Safeguarding Adult Reviews

- Organisational abuse/omission of care.
- Informal Carer stress and the need for improved identification and support and sign posting for unpaid carers
- Self-neglect and hoarding
- Mental Health issues

##### Key health learning and recommendations from the SARs in the past 12 months are listed below:

- Improvement of the identification of domestic abuse and coercive control
- Recognising and Responding to Specific Forms of Abuse and Neglect
- Improvements in how professionals work as teams, with colleagues and network to safeguard families.
- The importance of information sharing among agencies
- Improvements for Making Safeguarding Personal
- Improvements in knowledge for trauma informed practice
- Improvements for mental capacity assessments and executive functioning
- Record keeping
- Knowledge on suicide awareness
- Better use of the Think Family principle
- Better understanding of Legal Literacy and professional curiosity.
- Increased awareness for the use of Reasonable Adjustments within health and care services
- Refresher risk assessment training and management skills for individuals presenting with risk behaviours to themselves and others

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- Care planning and reviewing of Crisis and Contingency plans
- Identification and Coding of unpaid carers within primary care patient record system

#### 4.2 Adults – Domestic Homicide Reviews (DHR)

A Domestic Homicide Review is a review into the circumstances around a death following domestic abuse. The purpose is to establish what can be learned from the death regarding the way in which local professionals and organisations work individually and together to safeguard victims.

SEL ICB Designate and Named Adult Safeguarding GPs attend all Domestic Homicide Reviews. The chronologies and independent management reviews conducted by primary care are supported by the Named Adult Safeguarding GPs. Partners are supported with the recommendations which come from reviews.

#### Domestic Homicide Reviews reports completed/published

Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark
0	1	0	0	0	0

#### Active Domestic Homicide Reviews

Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark
4	3	2	3	4	3

#### DHR's commissioned

Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark
2	0	0	0	0	1

Key themes emerging from these Domestic Homicide Reviews have been

- Child Safeguarding issues and access to children when domestic abuse is present
- Need for increased awareness for professionals on coercive control as a form of Domestic Abuse
- The use of multi-agency meetings when concerns are escalating
- Improved Trauma Informed practice and knowledge for professionals.
- The absence of specialist support for Domestic Abuse practice in primary care in some boroughs.
- Familial violence
- Problematic alcohol misuse and separation
- Understanding the high-risk implications of Non-Fatal Strangulation on Domestic Homicides

- Children to be considered as victims in their own right in line with the DA Act 2021.

### 4.3 Learning Disability Mortality Review (LeDeR)

The Learning Disability Mortality Review Programme (also known as LeDeR) was set up to drive improvement in the quality of health and social care service delivery for people with learning disabilities (LD) by looking at why people with learning disabilities (age 4-74 in the study) typically die much earlier than average.

The Safeguarding leads are members of the SEL LeDeR review group.

The programme of work focuses on:

- Analysis of data from LeDeR reviews
- Deep dives'
- Emerging theme digests
- Service Improvement goals
- Develop actionable, feasible and cost-efficient recommendations with leading QI partners that can test these.
- Explore new ways to monitor avoidable deaths, and track impact of quality.

### Key Themes emerging from LeDeR cases

- Need for Improvement in knowledge and application of existing systems of support and care pathways.
- Review of clinical practices
- Annual Health Checks and Health Action Planning
- Person centred care and engagement
- Reasonable Adjustments and equity in access to services
- Effective sharing of information to provide effective care
- Learning Disability Awareness

### 4.4 Safeguarding Children

SEL ICB covers six boroughs with a wide range of diversity. Greenwich, Lambeth, Lewisham and Southwark are ranked amongst the 15% most deprived local authority areas in the country. While Bexley and Bromley are comparatively less deprived, they both still have pockets of significant deprivation. Children within the deprived boroughs experience worse than the national average for child poverty, family homelessness, obesity rates and GCSE achievement.

### Children with a Child Protection Plan as of March 2023

Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark
265	315	236	320	327	241

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## Number of Children in Need 2023

<b>Bexley</b>	<b>Bromley</b>	<b>Greenwich</b>	<b>Lambeth</b>	<b>Lewisham</b>	<b>Southwark</b>
2087	920	255	1010	1467	543

*Figures provided above do not reflect the final year end Local Authority data and are subject to change*

Through the place-based arrangements, the Designated Professionals work collaboratively with the Safeguarding Children Partnership Boards in relation to both strategic and operational workstreams. They support services planned and delivered in the management of safeguarding arrangements. They are represented at a number of place-based Multi-agency Forums to support safeguarding arrangements, providing safeguarding advice, assurance and health oversight.

The Child Designate professionals meet six weekly with colleagues across SEL and attend Provider Safeguarding Committees.

### 4.5 Children - Children Safeguarding Practice Reviews (CSPR) and Rapid Reviews (RR)

The publication of "Working Together" (2018) introduced national and local Child Safeguarding Practice Reviews to replace Serious Case Reviews (SCRs).

A Rapid Review is a multi-agency process which considers the circumstances of a serious child safeguarding Incident. The purpose of the Rapid Review is to identify and act upon immediate learning and consider if there is additional learning which could be identified through a wider Child Safeguarding Practice Review.

The Designated professionals are involved in the Child Safeguarding Practice Review Process and have representation at all stages from early nomination, the review decision making process and the review itself.

#### CSPR's completed/published

<b>Bexley</b>	<b>Bromley</b>	<b>Greenwich</b>	<b>Lambeth</b>	<b>Lewisham</b>	<b>Southwark</b>
0	0	4	1	1	0

#### Open CSPRs

<b>Bexley</b>	<b>Bromley</b>	<b>Greenwich</b>	<b>Lambeth</b>	<b>Lewisham</b>	<b>Southwark</b>
3	0	4	6	1	7

#### Rapid Reviews

<b>Bexley</b>	<b>Bromley</b>	<b>Greenwich</b>	<b>Lambeth</b>	<b>Lewisham</b>	<b>Southwark</b>
9	2	3	5	2	7

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## **Current Themes from Child Safeguarding Practice reviews, Learning Reviews and Rapid Reviews**

- Safeguarding adolescents at risk of exploitation
- Safeguarding adolescent young boys from serious youth violence
- Safeguarding young people who are NEET and have undiagnosed neurodevelopmental needs.
- Non accidental Injuries
- Neglect
- Safeguarding young people who are unaccompanied migrants.
- Adulthood of Black Children
- Domestic Abuse and Family Violence
- Parental mental health issues
- Adverse childhood experiences and the impact on parental capacity and capability
- Extra-familial harm
- Serious youth violence
- Risk of Exploitation

The learning identified for health from these reviews included the following:

- Understanding the use of alternative and natural medicines by different cultures.
- The impact of COVID on access to health services, and potential inequalities of impact from Covid arrangements – re: non face to face contact.
- Learning difficulties and the variability of working and relationships across services, and the need for greater understanding on the impact of learning difficulties on how information is processed, including ways to communicate.
- Domestic abuse, and how this is dealt with in private law proceedings.
- Understanding the impact of domestic violence on the family and pattern of abuse from adults to children
- The need to always include the voice and lived experience of a child in actions and assessments, including babies, and those that are unable to communicate verbally.
- Taking account of a mother's co-morbidities, their vulnerabilities and any risks posed to a child.
- Better knowledge of fathers/male carers and any risks that they may pose to a child and the mother.
- Information sharing between different health providers and different local authority areas.

### **4.6 Supervision**

Supervision is an essential means of providing professional support, assurance, and guidance for safeguarding practitioners. The requirement to provide Safeguarding

Children and Adults supervision and support are well documented in many serious case review reports and in policy guidance.

The designated professionals across the ICB provide regular advice and supervision to the Named professionals, as well as on a case-by-case basis when needed. There are quarterly strategic safeguarding meetings with Named Leads from each health organisation where cases and safeguarding challenges can be brought for supervision. This is in addition to either providing formal supervision for all health professionals across the SEL or ensuring that they are receiving appropriate supervision from elsewhere.

Supervision arrangements have been procured to support the ICB Safeguarding team.

There is separate 6 weekly meetings of the designates for Children, Adults and Children Looked After which also provide a level of peer group support as well as Regional designate and Named GPs forums provided by NHSE.

## 5. Safeguarding Children Looked After (CLA)

Nationally the number of Children Looked After (CLA) has continued to rise over the last 5 years. The increase is due to the number of children starting to be looked after and children staying in care longer. The number of CLA across SEL has followed the national trend by showing a rise in numbers over the past 12 months.

Work continues across the ICB to improve the efficiency and compliance with statutory health assessments, notification of placements and tracking of children as there is often late notification from children's social care about children coming into care.

The table below shows the total number of Children Looked After by borough as of 31 March 2023.

Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark
265	342	414	412	445	421

Incorporated into these figures are the number of Separated/Unaccompanied Asylum-Seeking Children

### Compliance with statutory health assessments

#### Number of Initial Health Assessments completed within 20 days

Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark
78%	80%	84%	56%	52%	90%

#### Number of Review Health Assessments completed

Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark
100%	88%	98%	57%	85%	75%

### 5.1 Themes identified from Statutory Health Assessments

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The main themes identified from the health assessments are as follows:

- Neglect
- Physical and emotional abuse
- Parental illness.
- Emotional well being
- Poor immunisations uptake
- Poor user engagement
- Poor uptake of dental appointments
- An increase in children and adolescents utilising mental health services.
- Challenging Behaviour
- Speech and Language difficulties
- Developmental delay
- Learning difficulties including Autistic Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD).

Unaccompanied asylum-seeking children and child victims continue to be a disadvantaged group because of the trauma experienced from their country of birth and on their way to the UK. They are the most likely group of children and young people to seek treatment and help.

## **5.2. Risk gaps**

Children Looked After have often been exposed to trauma before entering care that is associated with poor long-term outcomes, i.e., high ACE (Adverse Childhood Experiences) scores. As an example, developmental issues from an early age because of lack of stimulation leads to poor education attainment. This in turn causes a wider gap of achieving qualifications as a young person. Other risks and gaps are

- Poor health outcomes
- Alcohol and substance abuse,
- Poor diet leading to obesity and its complications.
- Mental health,
- Learning difficulties
- Self-Harm
- Depression
- Access to NHS Dentists

It is therefore important to recognise and support additional vulnerabilities for this group of young people such as:

- Young people in secure estates and – ensuring and advocating that their health needs are met
- Children Looked After and young people with SEND, diagnosis of autism spectrum disorder (ASD) and/or learning disability – earlier recognition and support  
Changes to legal requirements around registration of children's homes have created a significant challenge where young people need prescribed medication to support their recovery in unregistered settings

- Providing a trauma informed care approach

### **5.3 Reducing variation**

The main aim for children placed in care is to provide them with a safe environment which delivers therapeutic parenting with the aim of improving long term outcomes.

This is done by ensuring:

- That services are child-centred, based on individual needs and views.
- They receive safe and timely services with plans of care that meets their needs regardless of placing authority.
- Effective contribution to a single assessment and plan for Children Looked After including special educational needs process.
- Service provision is monitored and benchmarked against local and national standards, including statutory requirements and NICE (National Institute for Health and Care Excellence) quality standards.
- Participation in the regular audit of service provision and contribute to local and national surveys (including monitoring trends and taking appropriate action).
- Restoration of access to dental care for children and young people; as well as access to routine services disrupted by the pandemic.
- The timeliness of initial health assessments completed within statutory timescales
- Mental health services are commissioned to meet the needs of children who may not reach the threshold for existing CAMHS services.
- The needs of children placed out of borough are recognised and prioritised given their additional vulnerability
- Offering flexible appointment times and venues.
- Undertaking training in communicating with nonverbal or verbally challenged children.
- More engagement with children and young people being undertaken to ensure their voice is listened to and heard.
- Increasing immunisation uptake
- Improving outcomes for Children Looked After.

## **6. Special Educational needs and Disabilities, Children and Young People (0-25) SEND**

It is nationally recognised that Disabled children and families may experience inadequate and poorly coordinated services and are more than 3.7 times more likely to experience abuse.

The duties for the ICB fall under the Children and Families Act 2014, Equality Act 2010, NHS Act 2006, Health and Social Care Act 2012, Care Act 2014. These duties are to:

- commission services jointly for children and young people (up to age 25) with SEND, including those with Education Health and Care (EHC) plans.
- work with the Local Authorities to contribute to the local offer of services available.



- ensure that health providers inform parents and the appropriate local authority where they think that a young child under compulsory school age has, or probably has, special educational needs and/or a disability.
- have mechanisms in place to ensure practitioners and clinicians support the integrated EHC needs assessment process.
- agree personal budgets, where they are provided for those with EHC plans.

### Number of Special Education Need support plans issued for 2022/23

Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark
374	335	415	241	199	103

### Number of children and young people with EHCP plans managed for 2022/23

Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark
2764	3578	2446	3061	3309	2956

### Number of SEN Support plans managed in addition to new plans 2022/23

Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark
4.2%	4.6%	4.3%	5.7%	5.0%	4.3%

### Children and Young People with SEN support without EHC plans for 2022/23

Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark
4722	7365	7581	5391	5955	7123

All Boroughs have an increase in children and young people 0-25 with an EHCP, in line with a national increase in England.

There is a mixed picture across the 6 boroughs with developing collaboration and sharing of best practice. Strong links have been established between the SEND Teams to ensure the South East London Learning Disability and Autism programme is joined up

SEL ICB and the designates continue to work with the Local Authorities and provider services to improve the quality and timeliness of EHC needs assessment advice.

## 6.1 2023 – 24 SEND Strategy

In 2023 – 2024 we plan to

- Understand more fully the pressure to deliver the increased requests for assessments for Education, Health and Care Plans and how cross borough working could improve the SEL system. Additionally, how we can project and meet demand for therapy services.
- Lead the SEL Integrated Care Partnership with Directors of Children’s Social Care to deliver a multi-agency learning event about the new SEND statutory requirements, to plan how we can work together to deliver these and do our best

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within the new Inspection framework to improve outcomes. This is part of the London Council Innovation and Improvement Alliance.

- Share local and national learning from the national safeguarding review of children with complex disabilities in residential settings. This is significant for ICB commissioners, children looked after professionals and is essential for multi-agency working across the system.

Outcomes for the coming year are expected to be:

- Improving provision for complex/multiple needs, including ASD
- Provision of timelier, high-quality identification and provision
- Development of greater confidence skills and competencies in all settings
- Development of pathways into adulthood for young people with SEND
- Development of new models of service delivery in order to meet statutory timescales regarding assessment and intervention/provision and help to overcome workforce challenges due to national recruitment/capacity issues.
- Disabled children missing from education.
- GP management of disabled children registers
- Transition from child to adult health services
- Carer stress

## **7. Mental Capacity Act (MCA)/Deprivation of Liberty (DoLS)/Liberty Protection Safeguards (LPS)**

During 2022-23, the ICB continued to demonstrate system leadership in relation to the MCA and Deprivation of Liberty.

The ICB led a South East London sector-wide group focussed on implementing the Liberty Protection Safeguards (LPS). LPS is the proposed new process by which legal authorisation for a deprivation of liberty is made and is designed to replace the current Deprivation of Liberty Safeguards (DoLS) scheme. LPS is important for the NHS as Trusts and ICB's, through their Continuing Healthcare (CHC) arrangements, would have special duties under the new process. The SEL LPS group comprised partners from the ICB, NHS Trusts and Local Authorities. The partners in the group worked collaboratively on a shared LPS implementation plan. A key output of the group was the development of LPS clinical pathways, which mapped how front-line practitioners from different organisations could work together on an individual's LPS authorisation. By way of update, in April 2023 it was announced by the Department of Health and Social Care that the national implementation of LPS was to be paused until after the life of this parliament. Despite this, the work of the SEL LPS group has laid solid foundations to resume LPS work following the publication of any future national implementation date.

The ICB additionally supported 35 health practitioners from a range of settings in South East London to have the opportunity to gain the Best Interests Assessor (BIA) qualification. An assessment by a BIA is an integral component of the current DoLS process - which covers authorisations required in a registered care homes or hospital.

The purpose of the training was to enhance specialist skills and knowledge around Deprivation of Liberty law and practice in a large cohort of health practitioners. Moreover, the ICB also commissioned training to support practitioners making applications to the Court of Protection to authorise a Deprivation of Liberty in a community setting. This training was of particular relevance to practitioners working in the ICB Continuing Healthcare (CHC) function.

Support and expertise in relation to MCA was also provided by the ICB to health practitioners through a range of other methods, such as the provision of training or individual case advice. In addition, the ICB has contributed significantly to MCA forums at regional level, thereby supporting improved MCA practice beyond the boundaries of South East London.

The focus for 2023-24 is to continue exploring and leading on collaborative, sector-wide approaches towards improving MCA and Deprivation of Liberty practice.

## **8. Developing and Strengthening Pathways and services**

### **8.1 Information sharing**

The borough place Designates meet 6-weekly to share information across SEL ICB. The designates also continue to work with health partners to ensure that all necessary and proportionate information is shared between agencies in a timely manner.

The safeguarding team are active members of the following groups and participate as the health members. The groups listed below are only examples of different work streams and are not comprehensive.

- LeDer – Learning from the lives and deaths of people with a learning disability and autism
- MARAC – Multi Agency Risk Assessment Conference steering groups
- Community Safer Partnerships
- Modern Slavery Steering Groups
- Violence against Women and Girls (VAWG)

There are also local groups individual to each borough that the place based designates are members of. Examples of these are

Bexley Children at Risk of Exploitation Specialist safeguarding Task Group (CREST)  
Southwark MACE

### **8.2 Domestic Abuse**

There are high rates of domestic abuse across SEL ICB. To address this, adult and children's safeguarding teams continue to work with the individual borough safeguarding partnerships and boards to implement the Domestic Abuse Act 2021 and embed learning from Domestic Homicide Reviews. The safeguarding teams are all active participants of the following domestic abuse multiagency groups such as

Domestic Abuse Strategic Groups/health Forums and Multi Agency Risk assessment Conference (MARAC) steering groups.

The IRIS programme is commissioned in some of SEL boroughs for primary care. Where Iris is in use, there has been a steady increase in the numbers of domestic abuse and MARAC referrals from primary care.

### **8.3 Prevent**

The Adult Designates are the borough based Prevent Leads across the ICB and receive their local provider Prevent quarterly return data.

Provider Prevent quarterly return data are submitted through the NHS Digital Strategic Data Collection System (SDCS). This provides assurance that providers are meeting their statutory function in relation to the Prevent agenda.

Safeguarding staff attend the NHSE (London Region) Counter Terrorism Local Profile briefing events and share information as appropriate across teams.

## **9. Voice of Children and Adults**

### **9.1 Children**

The 'Voice of the Child' is a general term used to express how to create meaningful engagement opportunities with children and young people. It is essential to ensure day to day direct work and any assessment focuses on listening to and responding to what children and young people say is important to them, taking their views into account and considering their wishes no matter what their age or ability to communicate directly.

This has been done across the ICB in a variety of ways and has been embedded throughout all safeguarding children work for the year.

Some of these methods have been:

- Capturing the voice of the child during the health assessment interviews, as it is part of the questions a child is asked to capture information on his/her health and well-being.
- Listening to young people, in particular, care experienced young people and taking into account their lived experience to influence delivery of services to meet their needs more effectively

Extensive engagement with young people and capturing their voice has been included in the work of the Youth Violence and Modern Slavery and Human Trafficking teams held within one borough.

In one borough the Named Nurse and Designated Nurse meet regularly with the children and young people to ascertain their views, increase engagement, improve

outcomes and to ensure that children and young people's voice are heard, and influence services provided. For example, following consultation feedback with young people, changes to service provision were made such as reframing questions at the review health assessment in a more sensitive way and ensuring young people had the opportunity to be seen alone.

Within another borough, the Health Safeguarding Forum facilitated by the Designated Professionals was a theme "Our Voice Matters". This looked at how the organisation captured and listened to the voice of the child and adult at risk, whilst also promoting engagement with health services.

In another part of the ICB, a specialist nurse from the health provider attends the young people led forum Speaker Box where children and young people in care and care leavers can meet peers, talk about their experience of being in care and inform practice. This forum has been used to gain an understanding of what children in care and care leavers would like to see in their health passports and care leaver summaries.

## **9.2 Adults**

To ensure that the voice and needs of vulnerable adults are considered, the safeguarding teams have worked closely with the contracts team to ensure that safeguarding is embedded in the organisational procurement and contract processes. This has been achieved by working with relevant contract managers, as subject matter experts, to develop specific versions of safeguarding procurement standards document. This specifies expectations of any prospective bidder in relation to its safeguarding obligations; it outlines how assurance will be gained in line with Safeguarding legislation, statutory guidance, and local frameworks.

The Adult safeguarding Teams are members of the borough based safeguarding boards and participate in the regional London Safeguarding Voices Group (LSVG). The boards have sought the views of others in relation to making safeguarding personal, the implementation of a new safeguarding adult referral pathway and the use of advocacy services.

Additionally, health providers support by using individualised care planning and developing care planning incorporating the wishes of individuals, while local authorities capture the voice during section 42 enquiries.

## **10. Using Intelligence and Information to inform decisions**

### **10.1 Multi agency Safeguarding Hub (MASH)**

There are Multi-Agency Safeguarding Hubs (MASH) well embedded within each borough. The MASH team are the single point of contact for members of the public and professionals wishing to seek advice and/or services, to support and protect vulnerable children, young people, and their families, in need of 'intensive' or 'specialist' support. The designate nurses sit on their respective MASH Strategic Groups to gain assurance and have oversight of emerging themes, demand etc and that the hub is working effectively to safeguard children within their Boroughs.

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There are slight variations to how this works in some boroughs e.g., Lambeth where the MASH sits behind Children Social Care (CSC). In Lambeth, all children's concerns are triaged at CSC and then sent to the MASH for a more detailed investigation.

## **10.2 Think Family**

The ICB safeguarding teams are working towards a Think Family approach as many crosscutting themes have been identified through learning from case reviews, this approach will strengthen pathways and outcomes for all family members when delivering safeguarding services. Some of the areas of work demonstrating a think family approach include

- Driving forward the “Think Family” agenda across all health provider services in the boroughs.
- Raising awareness of LPS (Liberty Protection Safeguards) reforms and impending implementation of Code of Practice for Mental Capacity Act (MCA) in 16–17-year-olds
- Attendance at local Asylum Working Groups to consider the unique health needs and vulnerabilities of asylum seekers across SEL, particularly with concerns about the needs of children, vulnerable adults, mental health wellbeing and potential exploitation such as modern slavery.
- Increased involvement of children and adults safeguarding colleagues at Domestic Homicide Reviews, particularly in light of the new Domestic Abuse Act 2021 that now clearly identifies children in Domestic Abuse households as victims “in their own right”.

## **10.3 Provider Data**

Borough placed safeguarding teams receive datasets completed by local health providers. This data is analysed to allow for both assurance and a point of discussion at providers safeguarding committee meetings.

## **10.4 Inspections – Care Quality Commission / Ofsted**

The safeguarding teams at place receive Care Quality Commission reports for borough regulated services working in collaboration with the local authority in the management of any provider concern process. The Designated Professionals work in partnership with Providers and Commissioners to support services improvement journeys where recommendations have been made.

Ofsted Inspections that have taken place over the last year include

- Lambeth Local Authority Children's services (24<sup>th</sup> Oct-4<sup>th</sup> Nov 2022) Outcome Requires improvement to be good.
- Southwark Local Authority Children services (Qtr 2 2022/23) Outcome Good
- Bexley Local Authority Children's Services (ILACS), 6<sup>th</sup> -10<sup>th</sup> February 2023. The borough was judged to be 'Outstanding'.
- A Joint Targeted Area Inspection by Ofsted was undertaken on Lewisham multi-agency arrangements In November 2022 with a specific focus on identification and

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response to need and risk. The inspection report was published on 31st January 2023, and includes several positive comments, highlighting “collaborative” and “diligent” work undertaken by co-located MASH professionals. The inspection also identified the requirement to have relevant health representatives at Strategy Meetings.

## **11. Summary and Forward Planning**

The information contained in this report demonstrates that the ICB has continued to ensure commissioning arrangements are in place for safeguarding. Importantly the ICB continues to work with partners to support service development, delivery of safeguarding statutory requirements and governance arrangements. The need for continuous safeguarding improvement is set against a backdrop of a changing landscape of developing the ICB strategy, the COVID 19 pandemic and impact of this on the development of the ICS.

The safeguarding agenda is complex, and arrangements are frequently under review, often due to national drivers and local challenges. Safeguarding is multifaceted and continues to evolve in line with national policy, legislation, and findings from learning reviews. The ever-increasing statute, statutory requirements, and rapidly growing nature of the safeguarding agenda for vulnerable children and adults; places a continual increasing demand on resources. Despite this, the annual report demonstrates a wide range of activity to support and enhance safeguarding arrangements and the Safeguarding Teams work hard to ensure continuous improvement and development of safeguarding.

The priorities outlined in the ICB Joint Forward View will continue to strengthen safeguarding arrangements and where necessary mitigate current organisational and partnership risk.

### **11.1 Priorities 2022/2023**

#### **11.1.1 National priorities**

To understand, contribute to and use national learning to inform the ICS system for

- Female Genital Mutilation,
- Modern slavery,
- Serious youth violence,
- Domestic abuse,
- Information sharing,
- Child Sexual Exploitation,
- Liberty Protection Safeguards

### 11.1.2 Local priorities

- Safeguarding Tracker and Quality Triangulation – reporting on themes and learning from adult reviews, serious case reviews, rapid reviews, domestic homicide reviews, serious incidents to inform policy, practice, and system improvements.
- Serious youth violence – to continue to scope and share learning and best practice to improve outcomes and prevention of serious youth violence.
- Domestic abuse – a task and finish group has identified the different models in use within the boroughs and consideration as to how to improve practice with multi-agency partners will be taken forward in 2022/23.
- Child Sexual Exploitation – A task and finish group is currently reviewing pathways and emotional support as well as developing a data set with the provider to evidence improved outcomes.
- To join the SEND and CLA agendas to support the exploration of the number of children looked after who have special education needs and/or disability, to improve health and life outcomes.
- Information sharing
- Training and development – commission level 5 safeguarding training to develop the strategic relationship to support new ways of working as part of the development of Integrated Care Systems.
- Workforce continuity planning - exploring how the 6 boroughs can robustly and efficiently ensure statutory roles and duties are fulfilled while development and cross cover opportunities are identified.