



UNION BOARD AGENDA
Tuesday, 16th July, 2019, 1.00 – 3.00 pm
Bremerhaven Room, Grimsby Town Hall, Grimsby, DN31 1HU

- | | Page |
|---|-------------|
| <p>1. <u>Apologies for Absence</u></p> <p>To record any apologies for absence.</p> | |
| <p>2. <u>a) Declarations of Interest – Elected Members</u></p> <p>To record any declarations of interest by an Elected Member of the Union Board in respect of items on this agenda.</p> <p>Members declaring interests must identify the Agenda item and the type and detail of the interest declared.</p> <p><u>(A) Disclosable Pecuniary Interest</u>; or</p> <p><u>(B) Personal Interest</u>; or</p> <p><u>(C) Prejudicial Interest</u></p> <p><u>b) Declarations of Interest – CCG Union Board representative</u></p> <p>To record any declarations of interest made by a CCG Union Board representative in respect of items on this agenda.</p> | |
| <p>3. <u>Minutes of the previous meeting</u></p> <p>To record the approval of the draft minutes of the previous meeting (copy attached).</p> | 1 |
| <p>4. <u>Tracking of Actions</u></p> <p>To receive an update on actions agreed at the previous meeting (copy attached).</p> | 4 |
| <p>5. <u>Union Strategic Priorities</u></p> <p>To receive a presentation from the Joint Chief Executive.</p> | - |

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| 6. | <u>Planning Approach for Union Health and Care Strategy (Decision CCG/LA)</u> | 5 |
| | To receive a report from the Chief Operating Officer (CCG) providing an update regarding the work on developing a five year Health and Care strategic plan for the Union which will also act as the CCGs strategic plan (copy attached). | |
| 7. | <u>Adult Services Strategy (Decision CCG/LA)</u> | 10 |
| | To receive a report from the Director of Adult Services and the Policy and Practice Development Lead seeking approval of the Adult Services Strategy (copy attached). | |
| 8. | <u>Humber Acute Services Review update (Discussion Item)</u> | 31 |
| | To receive a report from Chief Operating Officer (CCG) providing an update on the work being progressed as part of the Humber Acute Services Review, which is a work programme within the Humber Coast and Vale Partnership (copy attached). | |
| 9. | <u>Adult Review (Information Item)</u> | - |
| | To receive an update from the Director of Adult Services. | |
| 10. | <u>Child Death Review Arrangements (Decision CCG/LA)</u> | 38 |
| | To receive a report from the Director of Quality and Nursing seeking ratification of new child death review arrangements (copy attached). | |
| 11. | <u>Children's Safeguarding Arrangements (Information Item)</u> | 48 |
| | To receive a report from the Portfolio Holder for Children, Education and Young People on the adoption of the draft Local Arrangements Plan in response to new national guidance for safeguarding taking effect in June 2019 (copy attached). | |
| 12. | <u>Urgent Business</u> | - |
| | To receive any business which, in the opinion of the Chair, is urgent by reason of special circumstances which must be stated and minuted. (Any attendee wishing to raise an item of urgent business should raise this with the Chair prior to the meeting.) | |
| 13. | <u>Public Questions</u> | - |
| | To receive any questions from members of the public relating to matters within the remit of this Board. | |

Please note: These minutes remain in draft form until the next meeting of the Union Board on 21 May 2019

**UNION BOARD
MINUTES OF THE MEETING HELD ON TUESDAY 19TH MARCH 2019 AT 1.00 PM
TOWN HALL, GRIMSBY**

PRESENT:

Mark Webb	NEL CCG Chair
Dr Peter Melton	Chief Clinical Officer, CCG
Anne Hames	Community Representative, CCG
Councillor Hyldon-King	Portfolio Holder for Health, Wellbeing and Adult Social Care, NELC
Councillor P Wheatley	Portfolio Holder for Regeneration, Skills, Housing and Assets, NELC
Councillor Patrick	Portfolio Holder for Environment and Energy, NELC

IN ATTENDANCE:

Rob Walsh	Chief Executive NELC/CCG
Joanne Hewson	Chief Operating Officer, NELC
Laura Whitton	Chief Financial Officer, CCG
Stephen Pintus	Director of Health and Wellbeing, NELC
Sharon Wroot	Director of Resources and Governance, NELC
Helen Kenyon	Chief Operating Officer, CCG
Simon Jones	Chief Legal and Monitoring Officer, NELC
Bev Compton	Director of Adult Services, NELC/CCG
Steve Kay	Director of Children's Services, NELC
Jan Haxby	Director of Quality and Nursing, CCG
Paul Windley	Democratic and Scrutiny Team Manager

1. APOLOGIES

There were no apologies for absence for this meeting.

2. DECLARATIONS OF INTEREST

No conflicts of interest were recorded or interests declared by the Elected Members, or the CCG Union Board representatives.

3. MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting were agreed as a correct record.

4. TRACKING OF ACTIONS

The Union Board received an update on actions agreed at the previous meeting.

It was noted that the consultation deadline for the Strategic Framework for Wellbeing was 18th April, 2019 so this presented a further opportunity for Board members to provide feedback.

The management of the NLAG contract was discussed in terms of its significant pull on resources, and how this could be controlled, reducing the drivers of cost and ensuring that treatment was provided in the most cost effective way.

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It was agreed that actions relating to funding arrangements arising from the NHS Long Term Plan would be picked up within future finance reports to this Board.

RESOLVED –

- (1) That comments on the Strategic Framework for Wellbeing be forwarded to the Director of Health and Wellbeing by the consultation deadline of 18th April, 2019.**
- (2) That actions relating to funding arrangements arising from the NHS Long Term Plan be picked up within future finance reports to this Board.**

5. COMMISSIONING PRIORITIES

The Board considered a report providing an update on the work to develop a common commissioning approach for the Union and a proposed set of priorities for 2019.

The Board sought clarification around measuring performance and monitoring the impact of the approach. It was noted that a single approach to performance management was being looked at with a view to providing necessary assurance that outcomes were being achieved and this would be presented to the Union Board.

In response to queries about the digital approach and financial considerations, it was emphasised that, while they were both over-arching factors, the Union was not finance or digital-led.

The Board welcomed the inclusion of local commissioning taking account of social value within the underpinning principles and felt that this presented an opportunity to increase flexibility.

The Chair noted the absence of links to the NHS Long Term Plan and felt that this was something that should be at least acknowledged.

RESOLVED - That the commissioning approach and proposed priorities for 2019 be approved.

6. 2019/20 FINANCIAL PLANNING

The Board received a report providing key information and analysis of the financial performance of the Union and the outlook for the forthcoming planning period.

Members welcomed the report and the opportunities for the Union to achieve flexibilities in accessing future finances.

RESOLVED – That the findings from the report be noted.

7. NEW SAFEGUARDING ARRANGEMENTS

The Board received a report explaining the changes in national requirements for local safeguarding arrangements that were due to come into effect this year.

In response to a query about involvement of key partners, it was noted that the probation service, although not a statutory partner, would still have an active role.

The Board enquired whether there was an opportunity through primary care networks to ensure safeguarding was in place at a primary care operational level. It was noted that there was an opportunity to strengthen existing arrangements through safeguarding leads but it was suggested that this could be flagged at the Primary Care Commissioning Group.

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The Chair suggested that the CCG Governing Body also receive updates on progress with the changes.

RESOLVED – That the proposed new local safeguarding arrangements plan be noted and that final arrangements be presented to this Board at its meeting in May, 2019.

8. SEND INSPECTION

The Board received a verbal update on progress against actions arising from the SEND inspection.

Mr Kay noted that the first inspection review was due to take place in April, 2019. Early feedback from the CQC and Ofsted was that the collective response to the inspection was strong, to the extent that it was being shared as an example of good practice. There had been good partnership engagement but it was acknowledged that there remained a lot to be done. The Chair emphasised the importance of the Union being appraised of the actions that were being planned as a result of the inspection. Mr Kay stated that he would provide a written statement of action to the next meeting of this Board, including details of feedback received.

RESOLVED – That the update be noted and an interim written statement be circulated to Board members ahead of the forthcoming inspection review.

9. PUBLIC QUESTIONS

There were no questions from the public for this meeting.

There being no further business, the Chair closed the meeting at 2.22 p.m.

Summary of Matters Arising from the Union Board Meeting held on 19 March 2019

Item		By	On Forward Agenda	Completed/ Comment
4.	That comments on the Strategic Framework for Wellbeing be forwarded to the Director of Health and Wellbeing by the consultation deadline of 18 th April, 2019.	All		
4.	That actions relating to funding arrangements arising from the NHS Long Term Plan be picked up within future finance reports to this Board.	All		Ongoing
7.	That the proposed new local safeguarding arrangements plan be noted and that final arrangements be presented to this Board at its meeting in May, 2019.	Jan Haxby / Steve Kay		Report submitted to Cabinet on 5 th June, 2019 included on the agenda for this meeting, for information.
8.	That the SEND update be noted and an interim written statement be circulated to Board members ahead of the forthcoming inspection review.	Steve Kay		

Agenda Item 6

Report to: (Board/Sub-Committee):	Union Board
Date of Meeting:	Tuesday 16 th July 2019
Subject:	Planning approach for Union Health and Care Strategy
Presented by:	Helen Kenyon, Chief Operating Officer

STATUS OF THE REPORT (auto check relevant box)

For Information

For Discussion

For Approval / Ratification

Report Exempt from Public Disclosure No Yes

PURPOSE OF REPORT:	<p>This report has been prepared to provide the Union Board with an update regarding the work on developing a five year Health and Care strategic plan for the Union which will also act as the CCGs strategic plan, which will allow it to meet one of its key requirements.</p> <p>The planning approach involves all key local stakeholder organisations in formulating the Health and Care strategic plan for the Borough which takes into account local aspirations and needs as well as responding to requirements laid out in the NHS Long Term Plan and by the Humber Coast and Vale Partnership</p> <p>The detail is set out within the attached report, from page 3 onwards.</p>
Recommendations:	The Union Board is asked to approve planning approach and timescale for the completion the Union Health and Care Strategic Plan
Sub Committee Process and Assurance:	N/A
Implications:	
Risk Assurance Framework Implications:	N/A
Legal Implications:	N/A
Equality Impact Assessment implications:	<p>An Equality Impact Analysis/Assessment is not required for this report <input checked="" type="checkbox"/></p> <p>An Equality Impact Analysis/Assessment has been completed and approved by the EIA Panel. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment <input type="checkbox"/></p> <p>An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section ____ of the enclosed report <input type="checkbox"/></p>
Finance Implications:	N/A

Planning approach for CCG/Union five year Health and Care Strategy

The Union Health and Care Strategy for the next five years takes its lead from the NEL Wellbeing framework & locally agreed strategic outcomes for the place (detailed below) as well as the NHS ten year Long Term Plan (available here <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan-june-2019.pdf>)



Whilst the Union will have a significant part to play in delivering positive change in relation to each of the 5 outcomes the one where the union needs to take the overall system oversight and delivery responsibility for is the **Vitality and Health** strategic outcome and therefore the Union 5 year Health and Care Strategy will outline the main activities that the health and care system will undertake that will positively contribute towards achievement of this outcome for NEL.

Vitality and Health - All people in NEL enjoy good health & wellbeing

- We want people to be informed, capable of living independent lives, self-supporting and resilient in maintaining/improving their own health. By feeling valued throughout their lives, people will be in control of their own wellbeing, have opportunities to be fulfilled and are able to actively engage in life in an environment that promotes health and protects people from avoidable harm.
- Access will be made available to safe quality services that prevent ill health, support, maintain and restore people back to optimal health or support them with dignity at end of life as close to home as safety allows: Services that are part of an affordable innovative and quality health and social care system which directs resources according to need.

The Union is working up the five year Health and Care strategy in conjunction with all local stakeholders based on the previously written place-based plan and the Health and Wellbeing Framework

There is a workshop event with the Integrated Care Partnership at the end of July where current aspirations and progress will be discussed. The output from this workshop will then also help to inform the strategy which will need to be reviewed by the Union Board later in the year before submission to the Humber Coast and Vale (HCV) Partnership. The HCV partnership will use our information to support the creation of the Humber Coast and Vale five year strategic plan which is a requirement set out in the NHS 10 year plan. The five year strategy is intended to be a stepping stone to achieving the ambitions and objectives set out in the NHS Long Term Plan which covers a ten year period.

The NHS Long Term Plan was published on Monday January 7th 2019 and sets out the vision for the NHS for the next ten years. It follows on from the previous Five Year Forward View for the NHS and builds on progress made in those five years.

There are a number of themes, which underpin what the NHS Long Term Plan is looking to achieve

Doing things differently: we will give people more control over their own health and the care they receive, encourage more collaboration between GPs, their teams and community services, as 'primary care networks', to increase the services they can

provide jointly, and increase the focus on NHS organisations working with their local partners, as 'Integrated Care Systems', to plan and deliver services which meet the needs of their communities.

Preventing illness and tackling health inequalities: the NHS will increase its contribution to tackling some of the most significant causes of ill health, including new action to help people stop smoking, overcome drinking problems and avoid Type 2 diabetes, with a particular focus on the communities and groups of people most affected by these problems.

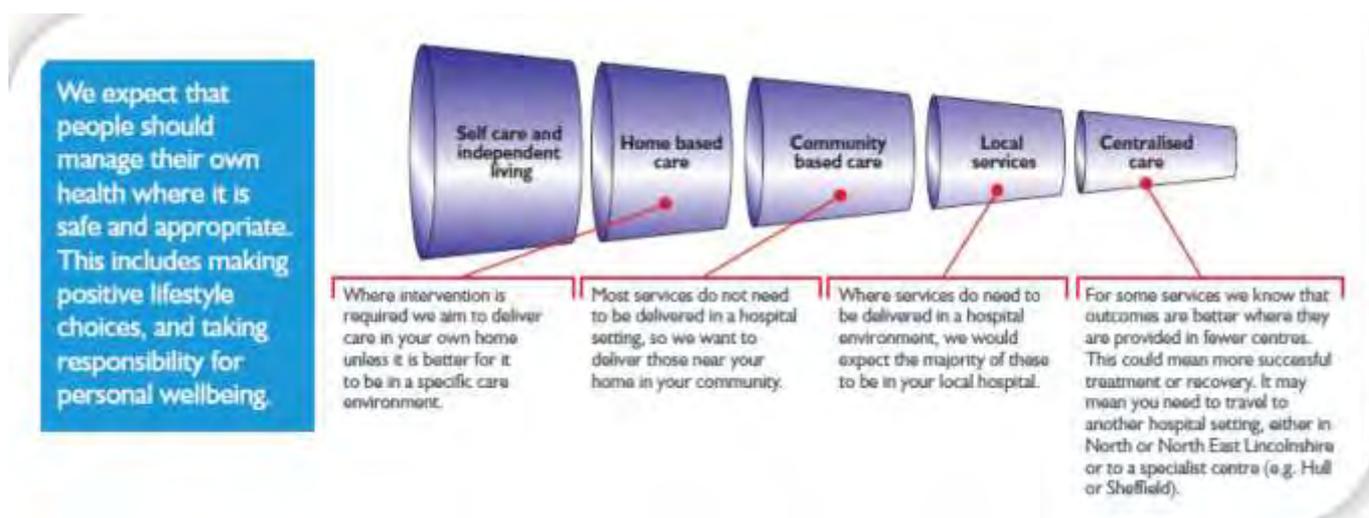
Backing our workforce: we will continue to increase the NHS workforce, training and recruiting more professionals – including thousands more clinical placements for undergraduate nurses, hundreds more medical school places, and more routes into the NHS such as apprenticeships. We will also make the NHS a better place to work, so more staff stay in the NHS and feel able to make better use of their skills and experience for patients.

Making better use of data and digital technology: we will provide more convenient access to services and health information for patients, with the new NHS App as a digital 'front door', better access to digital tools and patient records for staff, and improvements to the planning and delivery of services based on the analysis of patient and population data.

Getting the most out of taxpayers' investment in the NHS: we will continue working with doctors and other health professionals to identify ways to reduce duplication in how clinical services are delivered, make better use of the NHS' combined buying power to get commonly-used products for cheaper, and reduce spend on administration.

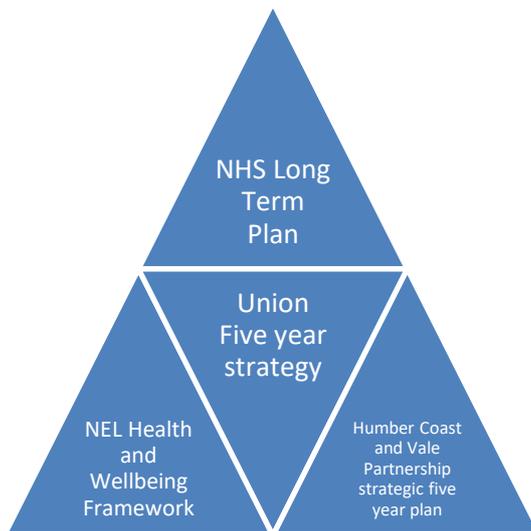
There is therefore a strong synergy between the requirements and aspirations within the NHS 10 year plan and the aspirations detailed for NEL within five strategic outcomes.

Much progress has already been made towards these objectives as part of the work to deliver the NHS Five Year Forward View (precursor to the NHS Long Term Plan) and shift our emphasis in health and care towards self care and independent living.



We have done better in some areas than others and have therefore looked at where we need to focus for the next five years and how we contribute to achieving the overall objectives in the next five years and beyond.

The Union five year health and care strategy will set out how we intend to take the ambitions that the NHS Long Term Plan details, and work together to turn them into local action to improve services and the health and wellbeing of the communities we serve – building on the work we have already been doing. The plans and strategies will align to paint a consistent picture of health and care in North East Lincolnshire. This work will be complete by Autumn 2019.



Outline time table:

Further development of the Union Health and Wellbeing Framework	July/August 2019
Further development of the Union five year Health and Care strategy	July/August 2019
Approval of the draft Union five year Health and Care strategy	September 2019
Submission of the draft plan to the Humber Coast and Vale partnership	September 2019
Review and approval of the final plans NEL Strategic Health and Care Plan and Humber Coast and Vale partnership five year plan	October/November 2019

Recommendation

The Union Board is asked to approve planning approach and timescale for completion of the Union Health and Care Strategic Plan

Helen Kenyon
July 2019

UNION BOARD

Agenda Item 7

Date of Meeting: 16 07 2019

Subject: Adult Strategy 2019 – 2022

Presented by: Bev Compton/ Emma Overton

STATUS OF THE REPORT (*auto check relevant box*)

For Information

For Discussion

Report Exempt from Public Disclosure No Yes

EXECUTIVE SUMMARY:

The Adult Strategy 2019-2022 replaces the Adult Social Care Strategy 2015-18. It is a joint NELC/ CCG strategy, reflective of national ambitions to integrate health and care services. The Strategy focuses on health and care services, but seeks to influence wider services which support wellbeing. It sets out how the ambitions of the local outcomes framework, and the place-based vision for health and wellbeing, can be delivered by adult services and support delivery of the wellbeing framework.

The Strategy is our response to the findings of the recent Adult Services Review. It identifies where we are now, where we want to get to, and how we intended to get there. It aims to offer a more succinct vision and model in accessible language, based on key principles and priorities for action. We hope to achieve our aims by using an enabling, conversational approach. We will assess our success by measuring against three sets of statements: for local people, providers/ staff and the Union. An accompanying plan references how actions will support the realisation of each statement. A group of key representatives will have oversight of the plan, and report via the Union Board.

The Board is asked to view the Strategy in its 'pre-design' form. Once agreed, the text will be supported by illustrations (indicated in pink) in an on-line booklet format. Paper copies will be made available on request.

Recommendations:

- Approve the Adult Strategy 2019-2022
- Note the accompanying action plan and equality impact assessment (NB the action plan is intended to be fluid and responsive to on-going feedback and change arising from engagement activity)

Implications:	
Risks and Opportunities:	<p>Risks</p> <ul style="list-style-type: none"> Local demographic: forecasts indicate that numbers of older people and those with multiple long-term conditions will increase. The Strategy does not create, but is subject to, the demographic risk. By promoting an independence model, it arguably offers our best chance of managing it Achievability: achieving Strategy objectives will require consistency of approach across a diverse 'market place' of services and support. Delivery will require us to take providers, staff and service users with us, on our quest for independence. Some will have reservations about whether the model appropriately balances autonomy and connection, or may perceive it as too labour intensive or cost driven. Adopting a restorative approach to involvement and engagement may help to address this <p>Opportunities</p> <ul style="list-style-type: none"> Union working: closer working across the Union offers opportunities for increased efficiency, coherence and effective commissioning to deliver the Strategy's objectives and placed-based outcomes Vision: by enhancing clarity of purpose and improving understanding of our impact, we increase our chances – as a Union, working with provider partners – of benefiting those we seek to serve Empowerment: by focusing on individual and community assets and strengths, we increase the likelihood that we will create a resilient population able to thrive on independence and self-care, and reach their maximum potential.
Finance Implications:	<p>The Strategy's content is not financially driven, in that advocating self-care and independence is intended to offer the right approach to promoting the wellbeing of our population. However, in seeking to enhance coherence and efficiency across provision, and taking a reablement approach, the Strategy will help to ensure that limited resources are targeted where they are most needed. This is a best value approach, which if sensitively applied, has the potential to offer a personalised approach to managing population demand.</p>
Legal Implications:	<p>A strategic focus on self-care and independence is entirely reflective of legislative (e.g. the Care Act 2014) and policy frameworks (e.g. the NHS Constitution) for health and care. The law requires that eligible needs are met, but provides some flexibility regarding <i>how</i> such needs are met. This Strategy directs that exercise of discretion.</p>
Quality Implications:	<p>The priorities set out within the Strategy are largely quality focused; for example, improved access to information and advice and a reduction in the number of assessments required to access help is likely to enhance quality of experience for users and those seeking to assist them. Similarly, a remodelled care at home service and more sustainable residential care sector is likely to offer users greater choice and control and so to enhance their experience of quality care and support.</p>
Engagement Implications:	<p>The Adult Services Review (the findings for which informed development of the Strategy) involved local commissioners and providers across health, care and the voluntary sector. It also engaged users in qualitative research. The final report arising from the Review appears on the CCG's website. The Strategy has been circulated for comment by local commissioners and providers across health, care and the voluntary sector. It has also been</p>

	<p>shared with the Community Forum, ACCORD and Healtwatch. Feedback can be summarised under four headings as follows:</p> <ol style="list-style-type: none"> 1. User-focus – the Strategy must retain a user-focus i.e. strategy delivery must be led by them, and performance assessed by reference to them, on an on-going basis 2. Limitations of an independence-focus – an over-focus on independence could encourage loneliness; it must be recognised that care at home is not suitable for all, and independence is not realistic for all. The Strategy needs to cater for those who cannot self-care and for harder to reach/ more disadvantaged groups 3. Money - more detail on how money is spent should be accessible. The Strategy approach should not be entirely cost driven and exacerbate concerns about a lack of funding for health/ care 4. Style – the Strategy is clear, and presented in accessible language. It tells the ‘story’ of what we are trying to achieve. <p>All of the comments received have been reflected in the final version of the Strategy (and can be seen in green text). A programme of engagement is in development.</p>
<p>Conflicts of Interest</p>	<p><i>Have all conflicts and potential conflicts of interest been appropriately declared and entered in registers which are publicly available?</i></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>There are no actual or potential conflicts of interest of which the writer is aware.</p>
<p>Supporting papers <i>Provide details of any appendices and/or attachments</i></p>	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  Adult Strategy EQiA.doc </div> <div style="text-align: center;">  AS Action Plan new format.xlsx </div> <div style="text-align: center;">  Adult Strategy 2019 - FINAL.docx </div> </div> <p>Embedded documents –</p> <ul style="list-style-type: none"> • Equality Impact Assessment • Action Plan • Adult Strategy

Equality Impact Assessment

Equality Impact Risk Analysis: Adult Strategy											
Policy/ Project/ Function/ Service:	Adult Strategy										
Date of Analysis:	May 2019										
Analysis Rating: (See Completion Notes)	<table style="width: 100%; text-align: center;"> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Red</td> <td>Amber</td> <td>Green</td> <td></td> </tr> </table>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Red	Amber	Green			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Red	Amber	Green									
Type of Analysis Performed: Please Tick ✓	<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">Systematic Policy Analysis</td> <td style="width: 20%; text-align: center;">x</td> </tr> <tr> <td>Consultation</td> <td></td> </tr> <tr> <td>Meeting</td> <td></td> </tr> <tr> <td>Service Proposal</td> <td></td> </tr> <tr> <td>Other</td> <td></td> </tr> </table>	Systematic Policy Analysis	x	Consultation		Meeting		Service Proposal		Other	
Systematic Policy Analysis	x										
Consultation											
Meeting											
Service Proposal											
Other											
Please list any other policies that are related to or referred to as part of this analysis	N/a										
Who does the policy, project, function or service affect? Please Tick ✓	<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">Employees of North East Lincolnshire Clinical Commissioning Group (the CCG)</td> <td style="width: 20%; text-align: center;">x</td> </tr> <tr> <td>Service Users</td> <td style="text-align: center;">x</td> </tr> <tr> <td>Applicants</td> <td></td> </tr> <tr> <td>Members of the Public</td> <td style="text-align: center;">x</td> </tr> <tr> <td>Other (List Below) Staff employed by provider organisations commissioned by the CCG</td> <td style="text-align: center;">x</td> </tr> </table>	Employees of North East Lincolnshire Clinical Commissioning Group (the CCG)	x	Service Users	x	Applicants		Members of the Public	x	Other (List Below) Staff employed by provider organisations commissioned by the CCG	x
Employees of North East Lincolnshire Clinical Commissioning Group (the CCG)	x										
Service Users	x										
Applicants											
Members of the Public	x										
Other (List Below) Staff employed by provider organisations commissioned by the CCG	x										

Equality Impact Risk Analysis:

What are the aims and intended effects of this policy, project or function?	The Strategy sets out how health and care services will work together to help local people to enjoy the CCG and North East Lincolnshire Council's (NELC) vision for health and wellbeing, and enabled to achieve greater independence wherever possible.	
Is any Equality Data available relating to the use or implementation of this policy, project or function? (See Completion notes)	Yes	
	No	x
	Where you have answered yes, please incorporate this data when performing the Equality Impact Assessment Test (the next section of this document).	
List any Consultation e.g. with employees, service users, Unions or members of the public that has taken place in the development or implementation of this policy, project or function?	Managers and team leaders within the CCG/ NELC have contributed to drafts of the policy. It will be shared with provider partners and a programmed of wider engagement is planned.	
Financial Analysis If applicable, state any relevant cost implications (e.g. expenses, returns or savings) as a direct result of the implementation of this policy, project or function	Costs (£m) *	
	Implementation	£
	Projected Returns	£
	Projected Savings	£

Equality Impact Risk Assessment Test:

What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010*

Protected Characteristic:	Neutral Impact:	Positive Impact:	Negative Impact:	Evidence of impact and if applicable, justification where a <i>Genuine Determining Reason</i> exists
Gender (Men and Women)	x			More older people are in receipt of care services than younger people. Women form the largest part of the ageing population, and therefore are more likely than men to be in receipt of adult care services. As a result, more women than men are likely to be affected by this Strategy. However, the purpose of the Strategy is to ensure that all adults in North East Lincolnshire enjoy health and wellbeing and are enabled to achieve greater independence wherever possible – i.e. to achieve a positive impact on all adults regardless of gender. In seeking to deliver this objective, the Strategy is gender neutral.
Race (All Racial Groups)			x	Whilst the Strategy itself is unlikely to have an impact on grounds of race, it is recognised that some nationalities may have difficulties understanding the Strategy due to limited English Language skills.
Disability (Mental and Physical)			x	More disabled people are in receipt of care services than non-disabled people. As a result, more disabled people are likely to be affected by this Strategy. However, the purpose of the Strategy is to ensure that all adults in North East Lincolnshire enjoy health and wellbeing and are enabled to achieve greater independence – i.e. to achieve a positive impact on all adults regardless of disability. It is recognised that those with sensory impairments or specific communication needs may have difficulty accessing the Strategy.
Religion or Belief	x			There is no impact on grounds of religion or belief.

Equality Impact Risk Assessment Test:

What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010*

Protected Characteristic:	Neutral Impact:	Positive Impact:	Negative Impact:	Evidence of impact and if applicable, justification where a <i>Genuine Determining Reason</i> exists
Sexual Orientation (Heterosexual, Homosexual and Bisexual)	X			There is no impact on grounds of sexual orientation.
Pregnancy/ Maternity	X			There is no impact on grounds of pregnancy or maternity.
Transgender	X			There is no impact on grounds of transgender.
Marital Status	X			There is no impact on grounds of marital status.
Age	x			More older people are in receipt of care services than younger people. As a result, more older people are likely to be affected by this Strategy (NB this Strategy only applies to those aged 18 and above). However, the purpose of the Strategy is to ensure that all adults in North East Lincolnshire enjoy health and wellbeing and are enabled to achieve greater independence wherever possible – i.e. to achieve a positive impact on all adults, regardless of age. In seeking to deliver this objective, the Strategy is age neutral.
Deprivation	x			Those in receipt of state funded care are likely to be amongst the most deprived. As a result, more of those who may be considered to be socially deprived are likely to be affected by this Strategy. However, the purpose of the Strategy is to ensure that all adults in North East Lincolnshire enjoy health and wellbeing and are enabled to achieve greater independence wherever possible – i.e. to achieve a positive impact, including for those who may be considered deprived. In seeking to deliver this objective, the Strategy is neutral.

This Equality Impact Risk Analysis was completed by: Emma Overton, Care and Independence Team, NELCCG

Action Planning:				
As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse outcomes identified on employees, service users or other people who share characteristics protected by <i>The Equality Act 2010</i>				
Identified Risk:	Recommended Actions:	Responsible Lead:	Completion Date:	Review Date:
Race: some nationalities may have difficulties understanding the policy due to limited English Language skills	The policy would be made available in alternative languages where this was requested	Emma Overton/ Bev Compton	Mechanisms are already in place	To coincide with policy review date
Disability: those with sensory impairments or with specific communication needs may have difficulties accessing the policy.	The policy would be made available in alternative formats where this was requested	Emma Overton/ Bev Compton	Mechanisms are already in place	To coincide with policy review date

Develop local life planning campaign (building on earlier local and national campaigns) to promote planning and understanding of options (e.g. lasting powers of attorney, advance decisions, statements of wishes etc)

Dec-19

Create programme of work to review pathways between services (e.g. SPA to Rapid, primary to secondary care, hospital to residential, housing to health/ care - and vice versa, children to adult services etc) and develop protocols to improve ways of working across pathways

Jun-22

Create a set of principles for how services will work together and ensure responsive, user-centred processes and decision making

Jun-22

Review assessment processes across health and care to identify options for 'streamlining'/ removal of duplication (including expansion of current trusted assessor model in care homes and consideration of how such model could be used in other settings to reduce the number of assessments and ensure MDT contributions to capturing needs, outcomes etc)

Dec-20

Assessments

x x x x x x x x x x x x x x x x x x x

Develop/ adopt assessment template with core for use by all services (perhaps to include user statements within assessment and at care planning and review to provide benchmarking?)

Dec-20

Create a single local life planning tool to record/ share users' information
 Develop a response to ensure more vulnerable adults are supported (including consideration of neglect, hoarding and risk management)
 Create a user-centred data sharing policy and data capture standard
 Improve staff knowledge/ understanding of data consent and local arrangements to share
 Ensure information capture systems can share data (e.g. SystmOne (S1) to EMIS, S1 to S1 (complete), Y&H care record deployment underway)
 Conclude adult social care charging policy review and revision

Dec-20
 Mar-20
 Jun-20
 Jun-20
 Jun-21
 Apr-20

x

Care at home

Review, redesign where necessary, and re-tender care at home services

Apr-20

x x x x x

x x x

x x x

Continue to develop support to care homes project to ensure joined up help for those in a residential setting/ moving between hospital and a residential setting

Apr-20

Remodel approach to using Disabled Facilities Grant as part of the Housing Assistance Policy

Embed revised approach to delivering telecare equipment

Housing based help

Review housing based care to ensure it offers the right mix to support independence (including review of supported living and expansion of extra care housing)

Apr-22

x x x x x x

x x x

x x x

Voluntary sector	Review how the Union can continue to support the voluntary sector to play an active role in sustainable support especially around prevention, early help and community based activity	Dec-19	x	x	x		x	x		x	x	x	x	x	x		x	x	x	x		x	x		
	Work with the VCSE Forum to develop a clear engagement strategy re how the voluntary sector can be involved in Union planning and decision making and contribute to commissioning objectives	Dec-19																							
Workforce development	Create a programme of events designed to support development of staff legal literacy and expectations arising from strategy implementation across health and care	Mar-20																							
	Support staff across the health and care system to utilise restorative and 'family group conferencing' style techniques to work with users and others to facilitate involvement and empower decision making	Dec-22																							
	Develop a values-based approach to staff recruitment and support	?																							
	Work with Grimsby Institute for Further and Higher Education (GIFHE) to develop local access to higher level training and skills	Sep-20	x	x	x	x	x	x	x		x												x	x	x
	Work at STP level to develop plans for workforce recruitment and retention; ensure sustainable workforce considerations are built into ICS planning	?																							
	Review workforce requirements, decision making process and leadership culture across the Union via the "operating model" workstream led by FutureGov	?																							

	Conduct data review exercise (what date is collected by whom and for what purpose; is there duplication? Are there gaps? Agree shared data collection and analysis across Union and partners	?																		
	Map feedback currently sought from users as part of interaction with services e.g. via call monitoring, use of Friends and Family test etc	Dec-19																		
Collecting information	Identify further opportunities for seeking feedback from users (has the intervention helped them to manage their wellbeing?): create questions for shared use to support measuring achievement of strategy outcomes	Dec-19	x	x		x			x	x	x	x	x	x	x	x	x	x	x	x
	Map staff satisfaction surveys currently undertaken	Dec-19																		
	Consider creation of core questions as part of future staff surveys, tied to strategy objectives	Jun-20																		
	Create 'benchmark survey' – to what degree do local people and staff feel these statements are accurate currently? Re-run the survey annually to assess how answers differ in one year's time/ two years etc	Dec-19																		

Adult Strategy 2019-2022

1. Background/ Introduction

What has stayed the same since our last strategy?

Our last adult social care strategy covered the period 2015 to 2018. It was written jointly by North East Lincolnshire Council ('the Council') and NHS Clinical Commissioning Group ('the CCG'). **This strategy is also written jointly by the Council and CCG, and builds on the previous strategy.**

In 2007, the Council and the local NHS (now called the CCG) agreed that each would deliver some legal duties on behalf of the other. They agreed that the CCG would deliver the Council's adult social care duties along with its existing NHS functions. This means the CCG **continues to be** responsible for buying all the health and care services local adults need.

North East Lincolnshire has higher numbers of older people and more people with a range of complex health and care needs, when compared with other areas of the country. This means that the number of people needing support locally will continue to be higher than in other areas.

This diagram gives a visual summary of some of our population challenges. You can read more about our population and how it compares with other areas at: <http://www.nelincsdata.net/JSNA>.

DIAG 1: "if NEL was a place of 100 people" (visual depiction of demographic)

The amount of money received from central government to meet the needs of the local population has continued to decline since our last strategy, and the money which can be raised from local people is **still** limited because they have less money to contribute than in other areas. **You can find a summary of how money is spent locally, and how that compares with other areas, in our Local Account at: <https://www.northeastlincolnshireccg.nhs.uk/data/uploads/publications/local-account-2017-2018.pdf> and more detailed local information at: <https://www.nelincs.gov.uk/council-information-partnerships/finances-and-spending/annual-accounts/>**

An area with a high level of need, and less money to meet those needs, is challenging. The Council and CCG **continue to** believe that the stability of their partnership, and joint working with others, is vital to delivering the best possible deal for the people of North East Lincolnshire.

What is different about this strategy?

In 2017, the Council and CCG began to work even more closely together, and created a 'Union' with a single leadership team and joint chief executive to lead both organisations. This means that the Council and CCG are in an even better position to plan and provide services and support for the benefit of North East Lincolnshire as a whole. By working together as a Union, we think we can work more effectively to achieve our shared goals, and manage the demand for help with less resources.

The Union will know how well it is helping people by measuring its progress against a local outcomes framework and vision. The framework includes five 'outcomes' (the results it wants to achieve) to make sure that all people in North East Lincolnshire:

- Enjoy and benefit from a strong economy
- Feel safe and are safe
- Enjoy good health and wellbeing
- Benefit from sustainable communities
- Fulfil their potential through skills and learning.

Efforts to achieve this combination of outcomes is called 'place shaping'. This means trying to create opportunities for people to thrive through jobs, education and leisure, to stay safe and connected,

and able to access services and support when needed. Achieving these outcomes will help our population to live the best lives they can in North East Lincolnshire.

The shared vision for the health and wellbeing of people in North East Lincolnshire is:

“We want people to be informed, capable of living independent lives, self-supporting and resilient in maintaining/improving their own health. By feeling valued through their lives, people will be in control of their own wellbeing, have opportunities to be fulfilled and are able to actively engage in life in an environment that promotes health and protects people from avoidable harm. Access will be made available to safe quality services that support and restore people back to optimal health or support them to a dignified end of life, as close to home as safety allows: services that are part of a sustainable health and social care system which directs resources according to need.”

This adult strategy is about how health and care services or support will work together to help local adults to enjoy the vision for health and wellbeing. Instead of having a separate adult ‘social care strategy’ like we did in 2015-18, this strategy applies to all the adult health and care services that can help to achieve this vision for all local adults. We intend that along with our strategic framework for wellbeing, the vision, principles and priorities in this strategy will influence other services that make a difference to living the best possible life in North East Lincolnshire, so that all local services are working together to achieve the same objectives.

DIAG 2: show links with other relevant services e.g. children’s, housing, transport, leisure and other strategies such as the W/B Framework.

We have also

- Followed a more accessible, reader-friendly format
- Focused on key principles and objectives, to set out a vision for adults, making our strategy much shorter than before
- Removed information which can be better shown elsewhere (for example. in our market position statement).

2. The Union’s Vision for Adults

Where are we now?

In our last strategy we set out how we wanted to focus on preventing people from becoming unwell or developing needs for support, and said that where people did become unwell or developed needs, we would help them regain as much of their health and independence as is possible, as soon as possible. You can see the progress we made by reading the action plan at the back of the last strategy at: <https://www.northeastlincolnshireccg.nhs.uk/publications/>.

In 2018, we asked an independent organisation to review local adult services, to see how well those services are helping us to achieve the Union’s aims. We wanted a fresh view from an outside organisation, to help us gain a shared understanding of the problems that we face, and think about the best solutions. We know that there are often better solutions for people outside of the traditional care system, which can help them enjoy their health and wellbeing.

By using an independent organisation to draw together feedback from staff across health and care, and from people using local services, the Adult Services Review showed us that –

- We don’t have a clear vision of how adult services will help local people
- We are not clear about the impact that services and support are having on people
- Our systems and services are not working well enough together, or joining up around the person
- We are duplicating assessments, and people are having to give their information more than once
- People find the care and support system confusing and too difficult to get the help they need.

You can read more on the Review at: <https://www.northeastlincolnshireccg.nhs.uk/publications/>

Where do we want to get to?

This strategy is our response to the findings of the Adult Services Review. We have used the findings to write a short, clear statement setting out what adult services should do for local people:

“Adults in North East Lincolnshire have healthy and independent lives with easy access to joined up advice and support which help them to help themselves”.

This statement is our vision for adult services (by vision we mean the ability to plan for the future with wisdom and imagination). The key words in the statement are underlined, and explained below:

- ‘Healthy’ means the best possible physical health and emotional wellbeing for adults, not just the absence of illness
- ‘Independent’ means adults being able to manage daily life, as much as they are able to. It means making the most of each adult’s ability to be independent, even if that might be limited
- ‘Easy access’ means adults being able to access help **when they need it**, as close as possible to home. It also means knowing what’s available, and having a choice between available options
- ‘Joined up’ means that organisations deliver seamless support, tailored to the individual adult. It also means adults not having to tell their ‘story’ many times before they get the help they need
- ‘Help themselves’ means the adult having the right information and being able to ask questions. It also means the **adult’s views** being treated and respected as equal, **and enabling them to exercise as much choice and control as possible, to achieve their maximum potential.**

We are still testing whether this statement is the right one to help us improve adult services, and hope people will tell us what they think of it (please use the contact details on the back page).

To help make the Union’s vision for adults of all ages a reality, we have created some guiding principles that we expect all adult services, and the staff working in them, to adopt. The principles apply whenever we have contact with people who are fit and well, **those with long-term conditions**, younger adults with disabilities, or older adults with mental health conditions (for example). **This includes those coming in to adult services from children’s services, and to carers (a carer is an adult giving unpaid support to another adult needing care, such as a relative or friend).** The principles are:

- People focused - services focus on the person needing help, and work together to remove barriers that might prevent the person receiving a coordinated, individual experience
- Carer aware – we involve family decision makers, and actively recognise, value and support carers to continue caring for as long as they are willing and able, and to have a life of their own
- Rights based – we work with people in a way that is person-centred, fair and compassionate, to positively promote and help people to understand their rights and choices, and the ability to make their own decisions
- Legally literate – we understand the legal rules we are working with, and how to connect them to the person’s needs
- Proactive – we take every opportunity to identify people at most risk of ill health or losing their independence and support them to access the help they need to help themselves, and stay safe
- Asset based – we use the person’s skills **and strengths** as a starting point for our conversation with them, and involve their carers, family and community in the person’s solutions
- Outcomes focused – everything we do aims to help people maintain, gain or regain health and independence, and to be supported at home or close to home for as long as possible
- Best value – we choose options that balance best **quality** outcomes for the person, the public ‘purse’ and the wider community; this does not mean always choosing the cheapest option.

DIAG 3. The principles appear graphically around a pictorial centre: “adults have healthy independent lives in NEL”

The Union’s vision can be described as a ‘promoting independence model’. This means that our support offer is designed to work alongside the person, to find ways of helping them that maximises opportunities for greater health and independence, and minimises the need for help. Support for adults will be re-ablement based, challenging people to do more for themselves, and consistently reassessing their ability to maintain, gain or regain skills **wherever possible**. We define our success by how far people have been re-abled (helped to maintain, gain or regain their health and independence, as much as this is possible for them). You can read more about this model at: https://ipc.brookes.ac.uk/publications/pdf/New_Developments_in_Adult_Social_Care.pdf
DIAG 4: illustrates local model/ care and support pathway (with independence thread)

Focusing on maintaining, gaining or regaining skills will help everyone to maximise their potential and help us to target our resources (money and support) where most needed. We understand that our model will not always mean that people access services less; for example, if we succeed in promoting the support that we offer to carers, more carers will access it. We want to help carers to keep making their vital contribution to helping others (**although this strategy only applies to adults, our carers’ strategy applies to carers of all ages: <https://www.carerssupportcentre.com/nel/>**).

3. How will we get there? (what do we want to do, and how will we do it?)

The overall priority **for our place** is to create a “stronger economy and stronger communities”. A local population that has good health and wellbeing is key to both. The Union’s priorities for adult services will create a more resilient population that will strengthen our communities and economy.

When choosing priorities for adult services, we have taken into account the findings from the Adult Services Review, and listened to what local people and staff have told us via events and conversations, and through surveys or complaints. The Union’s priorities for adult services are:

- **Information and advice:** make sure that wherever and whenever a person approaches services for help, we are proactive in giving information that supports health and independence. We call this the ‘no wrong front door’ approach, which means that services understand how to work together to offer coherent and consistent information, and to direct people to help promptly. It also means that people will feel confident that they can access information when they need it
- **Assessments:** we will consider how we can reduce the number of assessments that people need, by recording information in the same way across services, and reusing the information (sharing the data) we already hold about them. We will also revise how we assess, plan and review care to make sure that re-ablement is the focus at every stage. For example, at each review we will work **sensitively** with the person to think about key objectives for the coming period and how support can help them **achieve as much independence as is possible for them**
- **Care at home:** we will review the way we deliver care at home to make sure that it:
 - a) Is re-abling (it supports people to help themselves, whenever possible, so that they no longer need **any care or as much care**)
 - b) Is attractive to the people who need it and the people who give it (it avoids an inflexible ‘time and task’ model which is often ineffective and frustrating for everyone involved)
 - c) Is best value for those buying support and is sustainable for providers (services are designed so that quality, affordable care can be offered promptly when needed)
- **Housing-based help:** we will review the type of housing available to those with needs, to make sure that it:
 - a) Is designed to maximise health and independence (including helping people stay in their own home, **for example** through **timely** disability adaptations, equipment, or assistive technology such as telecare alarms)
 - b) Is the right mix to meet local need (including housing for those not able to stay in their own home, **such as** extra care housing, supported living, residential or nursing care)

- c) Is best value and sustainable (the price that we pay for any placements is affordable and allows providers to keep delivering quality care and accommodation)
- **Intermediate care:** we will review our approach to short-term help for people following an illness or accident, to make sure it focuses on re-ablement **wherever possible**. This includes taking a ‘discharge to recover’ approach so that people leaving hospital and accessing residential intermediate care (for example) are **helped** to regain independence, and ideally to go home, as quickly as possible **with aids to daily living in place where necessary**
- **Voluntary sector:** we will review how we can support the voluntary sector to become more sustainable, and encourage organisations to work with us to support adult health and independence. We particularly want to work with voluntary and community organisations to make sure people are connected and can play an active part in community life, **and to help us reach people who we might not otherwise be able to**
- **Workforce development:** **working with provider partners** we will review the staff we need to help us to achieve the objectives in this strategy. This includes:
 - a) Understanding the number and type of staff that we need to recruit, and how we can best retain the staff that we already have
 - b) Considering how we can use the staff we already have more efficiently (including those outside of the **formal** public sector)
 - c) Creating a shared approach to training, and to developing staff practice, that reflects our local priorities, principles and values
- **Collecting information:** to help us understand whether we are helping people in the way set out in this strategy, and to give us something to measure our progress against, we will:
 - a) review what information is collected, who collects it, and why
 - b) identify any gaps or duplication in collection, and streamline collection where we can
 - c) make sure we collect the information we need to make decisions about local services for local people, by agreeing who will collect what, and how it will be shared and analysed
 - d) make information available to people seeking help so they can see what we hold about them and how it shapes the decisions we make on their behalf.

DIAG 5: graphic depiction of priorities

The action plan **accompanying** this strategy shows how we will tackle each priority. **You can read it here:** [**insert link**]. We will work with different departments and services, and with the voluntary sector, to complete the actions.

4. How will we know if we have made a positive difference?

By focusing on shorter term help that promotes health and independence, fewer people will enter the long term, formal care system. People will tell us that they can access the help they need to live as independently as **is possible for them**. Staff in adult services will work creatively to help people help themselves, by consistently structuring conversations with them in a way that ensures we:

- a) Understand their needs
We will ask questions like: “How can we connect you to things that will help you **live** your life - based on **your** assets **and** strengths (**what you can do**) and those of your family and neighbourhood (**what they might help you with**)? What do you want to do? What might help to improve your wellbeing? What can we **put you in touch with**?”
- b) Help to minimise any risks
We will ask questions like: “What needs to change to make you safe? How **can we** help make that happen? What offers do we have **available**, including small amounts of money and using our knowledge of the community, to support you? How can we pull them together in an emergency plan and **help** you to make sure it works?”
- c) Connect people to resources (**money and help**) when they really need it

We will ask questions like: “What is a fair personal budget and where do the sources of funding come from? What does a good life look like **for you, and** how can we help you use resources to support **that** life? Who do you want to involve in good support planning?”

Read more about this approach to conversations at:

www.thinklocalactpersonal.org.uk/assets/Resources/TLAP/BCC/TLAPChangingSWCulture.pdf

If we use this approach to talking to people, wherever they are being helped (in health and care settings or in the community), we think this will make a positive difference. Making a positive difference will mean that people are more able to be independent and live their best possible life. We have created some new tests to show whether we are making a positive difference to local people. **Our action plan sets out how we will use these tests to keep making improvements.**

What tests will we use to measure our success?

If we succeed, local people will report that they feel valued, feel that services help rather than institutionalise them, and feel like a human being **able to make connections with others**. This includes people reporting that they:

1. access easy to understand information and advice that helps them stay well and independent
2. feel helped to manage their own wellbeing, wherever possible
3. access the support they need when they need it
4. experience seamless health and care support without having to retell their ‘story’
5. regain **a level of** health and independence following temporary periods of illness or disability
6. live **where they want to live for longer**, with as much autonomy as possible
7. understand their choices and participate in the decisions which affect them
8. feel able to live the best life they can in North East Lincolnshire.

Providers and staff across health and care will report that they feel valued, and able to give the personalised help that makes a difference to those they work with and support. This includes **providers and** staff reporting that they:

1. understand what is expected of them and how they can help make the Union’s vision a reality
2. access reliable and coherent information and advice to share with people who need it
3. understand the local health and care system and how the service they work in fits into it
4. are able to direct people efficiently to the best place to get help
5. access timely information to help them effectively assess people who need support
6. confidently make or access decisions for people who need help, in the minimum amount of time
7. **have the knowledge and skills they need**, and feel supported to do the best job they can
8. feel satisfied that their work makes a meaningful contribution to helping people stay well and independent.

The Union will be able to show that it provides a truly **joined-up**, people focused service able to positively influence people’s lifestyle choices. This includes being able to show that it:

1. focuses on pro-active care and support which promotes health and independence and results in fewer people needing formal long-term care
2. provides a coordinated first point of contact for those needing help, **which maximises its links with community partners**
3. provides an effective referral process to connect people with the next stage of their support
4. provides an efficient assessment process so that people receive the minimum number of assessments to get them the help they need

5. removes the barriers that stop staff helping people by offering streamlined processes and ready access to decision makers
6. has enough of the right staff to provide services and support to meet local need
7. supports a sustainable, best value care and support 'market place' which meets local need
8. targets resources (time, money and services) where the population most needs them.

Conclusion – what next?

The action plan accompanying this strategy shows how we will make the vision in this strategy a reality. A strategic partnership group will lead on making sure that those actions happen, and give regular reports on progress. This group will look at the feedback we get from staff and local people, who are key to helping us understand how well we are doing, and help make sure we learn from peer reviews and inspections using experts from outside North East Lincolnshire. We will also give updates in other documents such as our Local Account which we produce each year, and via the CCG's membership body ACCORD. To get involved with ACCORD, go to: <https://nelccg-accord.co.uk/>

This strategy has been developed using feedback from members of the community, staff, providers and the voluntary sector.

If you have any questions about this strategy, please contact Bev Compton (bev.compton@nhs.net/ 0300 3000 510) or Emma Overton (emmaoverton@nhs.net/ 0300 3000 662).

Agenda Item 8

Report to: (Board/Sub-Committee):	Union Board
Date of Meeting:	16 th July 2019
Subject:	Humber Acute Services Review update
Presented by:	Helen Kenyon, Chief Operating Officer

STATUS OF THE REPORT (auto check relevant box)

For Information

For Discussion

For Approval / Ratification

Report Exempt from Public Disclosure No Yes

PURPOSE OF REPORT:	This report has been prepared to provide the Union Board with an update on the work being progressed as part of the Humber Acute Services Review, which is a work programme within the Humber Coast and Vale Partnership The report provides a brief background on the work undertaken to date and outlines the next steps in the programme
Recommendations:	The Union Board is note the progress to date in relation to the Humber Acute Services Review.
Sub Committee Process and Assurance:	N/A
Implications:	
Risk Assurance Framework Implications:	If the Humber Acute Services Review doesn't operate effectively and identify models for the delivery of acute care, which are supported by the public / populations that they serve and the clinicians who deliver those services then there is a risk that the partnership will not be able to continue all of the services currently available in the most effective and efficient way possible
Legal Implications:	N/A
Equality Impact Assessment implications:	An Equality Impact Analysis/Assessment is not required for this report <input checked="" type="checkbox"/> An Equality Impact Analysis/Assessment has been completed and approved by the EIA Panel. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment <input type="checkbox"/> An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section ____ of the enclosed report <input type="checkbox"/>
Finance Implications:	N/A
Quality Implications:	This report details a positive impact on quality. <input checked="" type="checkbox"/>

North East Lincolnshire Union Board

Humber Acute Services Review Update

Background

As part of the Humber Coast and Vale Partnership, local health and care organisations across the Humber are working in partnership to improve services for our local populations. Partner organisations are working together to carry out a review of how acute hospital services are provided in the Humber area across the five hospital sites:

- Hull Royal Infirmary
- Castle Hill Hospital
- Diana Princess of Wales Hospital, Grimsby
- Scunthorpe General Hospital
- Goole Hospital
-

The review will consider how to provide the best possible hospital services for the people of the Humber area within the resources (workforce, money and buildings) that are available to partner organisations.

The review will consider both current and projected future needs for hospital services, taking into account local plans to improve and extend the types of care and treatment that are available outside of hospital settings. The purpose of the Humber Acute Services Review (HASR) is therefore to develop plans for delivering acute hospital services that are safe, sustainable and meet the needs of our local populations, which may include delivering some aspects of care outside of hospital settings and/or in peoples' own homes.

The Humber Acute Services Review builds on a history of collaboration between Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) and Hull University Teaching Hospitals NHS Trust (HUTHT), and is developing the provision of acute services for the population of the Humber area that are person-focussed, safe and sustainable for the future. It is considering how to make best use of new models of care and new technology across hospital services as well as place-based out-of-hospital services.

Review work to date has predominantly focused on speciality-level reviews – initially in Haematology, ENT and Urology; more recently in Cardiology, Neurology, Complex Rehabilitation and Oncology. Extensive clinical engagement has taken place across and within the Trusts to begin to develop the case for change and potential future clinical models. The priority now is to broaden the scope of services so as to move to a position of clarity about future models of acute service provision for the population and communities living in the Humber area.

Current Position

A Clinical Design Group has been established and the role of the group is to provide clinical oversight and assurance to the Humber Acute Services Review Steering Group. The group will also provide links into existing Operational Delivery Networks (ODNs) across the partnership area and ensure any proposals put forward through the review are clinically sound.

The Clinical Design Group includes hospital clinicians from both Trusts as well as GPs, commissioners and community representatives.

The Clinical Design Group has supported the implementation of a clinical design approach on a speciality-by-specialty basis. This process will involve bringing together doctors, nurses and other clinical colleagues with commissioners and other key stakeholders to generate ideas about the best possible ways to deliver services for their particular service area.

A Citizen's Panel has been established to listen to, discuss and make recommendations on the scenarios and potential solutions presented and to ensure that the needs of the wider local community are reflected in any recommendations made. Engagement is also being undertaken by Humber and Wolds Rural Action to ensure that seldom heard groups are empowered to have their views understood and are also kept informed about the impact of health service changes on different individuals and communities.

A joint statement to staff has been produced by the Chairs of NLaG and HUTHT to reaffirm their commitments to collaborative working, this was published on Wednesday 12th June and a copy is attached for information.

The statement will act as a platform for the next phase of the review, which seeks to establish a fully-informed view across system partners about the best possible model of acute hospital care for the population within the resources available.

The potential future 5/10 year states for Cardiology, Neurology, Complex Rehabilitation and Oncology have been developed in line with the Long Term Plan through a series of workshops led by clinicians from across the two Trusts. Focus groups have been held with patients and carers across the region during January, February and early March 2019 and have reported back through the clinical teams leading the work.

The four Clinical Commissioning Groups (CCGs) in the Humber have recruited a Director of Collaborative Acute Commissioning, which will be primarily responsible for the delivery of a joint approach to commissioning acute services across the four Humber CCGs. This new post will play a key role in the Acute Services Review and be responsible for developing and designing services with the two acute trusts to meet the needs of the populations in the geographies of the Humber CCGs.

This post will also support the broader transformation in Commissioning, as highlighted in the NHS Long Term Plan, to a more strategic and efficient commissioning model.

The Director of Collaborative Acute Commissioning will need to link into each of the four places to ensure that the work taking place at a local / out of hospital level is happening to the same pace the Humber Acute services work, and therefore that the Place and Acute work will fit together to deliver overall service improvement for the individual populations served.

Next Steps

The speciality reviews are continuing at pace and each specialty is identifying their priorities for improvement and associated delivery plans. Engagement with staff will continue and the July meeting of the Citizen's Panel will inform the delivery and next stages of communication with patients and the public.

The Director of Collaborative Acute Commissioning will be attending the Unions Leadership team meeting later in July to discuss the HASR process, timescales, and how best to ensure alignment between service improvement plans being developed for the place and those being developed for acute services.

The HCV Partnership is in the process of procuring some external support to help take forward the work required during the next phase of the programme. The outcome of this procurement will be notified to the Union Board once complete.

Recommendation

The Union Board is note the progress to date in relation to the Humber Acute Services Review.

Humber Acute Services Review

Joint Statement to staff from Northern Lincolnshire and Goole NHS Foundation Trust (NLAG) and Hull University Teaching Hospitals NHS Trust (HUTHT)

Our Trusts have a long history of working together collaboratively for the benefit of patients within our region. We already have joint services in place for Renal Medicine and Cardiac, Neuro, Plastic, Thoracic and Vascular Surgery as well as sharing medical staff for Oncology, Oral and Maxillofacial Surgery and Specialist Radiology. Working together means we learn from one another, develop our skills and expertise and maximise our collective resources. We want to build upon these well-established collaborations to continue improving the services we offer.

For the last 12 months, our Trusts have been working together on the Humber Acute Services Review. This review is critically important and will support us to develop the best possible services for all the communities we serve - on both banks of the Humber and beyond. The review provides the opportunity for clinicians from both Trusts, alongside patients and other stakeholders, to jointly shape ideas about the future of our hospital services.

Already the review has facilitated new collaborations. For example, new Operational Delivery Networks (ODNs) have been established for Cardiology and Urology and existing ODNs have been strengthened. These networks support the delivery of more joined-up services across the Humber and beyond. Specialty reviews are underway in Oncology, Cardiology, Neurology and Complex Rehabilitation and will make recommendations for improvements in the coming months. Starting in July, the review will look at a broader range of specialties and develop proposals on how these can be improved. This will include working together to develop our Cancer services so we can improve outcomes for everyone in our region.

Working as a Humber collaborative does not stop discussions with other providers where this will best address the needs of local people. Neither does it mean that one Trust is more important than the other. Our collaboration is about building on each other's strengths to offer the best we can for our patients. It is a relationship built on respect, mutual understanding and, most importantly, a desire to serve our populations.

As we continue to work together, we will remain true to our own values:

- for HUTHT: Care, Honesty and Accountability
- for NLAG: Kindness, Courage and Respect.

We will also remain true to our visions and work together to achieve them.

There is much work still to do as we seek to develop the best possible hospital services for our region. We would like to ask for your support and to invite you to contribute by getting involved in the review. You can attend a clinical workshop later in the year or share your views about the review by contacting your



department head. You can read about the work so far on the review website:
<https://humbercoastandvale.org.uk/humberacutereview>.

Anne Shaw
Chair, NLaG

Terry Moran
Chairman, HUTHT

UNION BOARD

Agenda Item 10

Date of Meeting:

Subject: Child Death Overview arrangements

Presented by: Jan Haxby, Director of Quality & Nursing, NEL CCG

STATUS OF THE REPORT (*auto check relevant box*)

- For Information
- For Discussion
- Report Exempt from Public Disclosure No Yes

EXECUTIVE SUMMARY:

The requirement to have a Child Death Overview Panel as part of the Local Safeguarding Children Board function was introduced in April 2008. The government commissioned Wood report published in May 2016 recommended that the responsibility for oversight of child deaths in a locality should transfer from multi-agency safeguarding arrangements to health and local authority. Following a period of consultation, changes in arrangements were enacted in the Children and Social Work Act 2017, with the Government publishing Child Death Review Statutory and Operational Guidance in October 2018.

The legislation identifies that the responsibility for ensuring child death reviews are carried out is held by 'child death review partners,' who, in relation to a local authority area in England, are defined as:

- the local authority for that area
- any clinical commissioning groups operating in the local authority area.

Child death review (CDR) partners must have arrangements in place to review all deaths of children normally resident in the local authority area and, if they consider it appropriate, for any non-resident child who has died in their area.

CDR partners for two or more local authority areas are permitted to combine and agree that their areas be treated as a single area for the purpose of undertaking child death reviews. North and North East Lincolnshire Local Safeguarding Children Boards have had joint Northern Lincolnshire child death arrangements since April 2016. The CDR partners in North and North East Lincolnshire have agreed to continue this arrangement and have

	<p>created the CDR plan attached. The plan sets out the changes to the local arrangements required.</p> <p>The national guidance requires us to create new functions, which locally we are proceeding with e.g. doctor for child death.</p> <p>The new arrangements had to be published and on our websites by the end June 2019 and have to be operational by September 2019. Due to these timescales, the review plan was signed off by the Chair of the Union Board in June, 2019 and is now reported to the Board for formal ratification. The child death partners are meeting regularly to progress the new arrangements.</p>
Recommendations:	The Board ratifies the child death review plan document (see attached).
Implications:	
Risks and Opportunities:	Opportunities for sharing learning from child deaths on a wider footprint.
Finance Implications:	None identified
Legal Implications:	The new arrangements will ensure we are in line with the Children and Social Work Act 2017, and the Child Death Review Statutory and Operational Guidance in October 2018.
Quality Implications:	Opportunities for shared learning.
Engagement Implications:	Stakeholder engagement has taken place. Plans will be made public at the end of June 2019.
Conflicts of Interest	<p><i>Have all conflicts and potential conflicts of interest been appropriately declared and entered in registers which are publicly available?</i></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
Supporting papers	<p>Child death review plan document</p> <p> Northern Lincolnshire Child D</p>

Northern Lincolnshire Child Death Review Arrangements 2019/20

June 2019



Signatories



Simon Green, Deputy Chief Executive and Director Commercial
on behalf of North Lincolnshire Council



(Alex Seale, Chief Operating Officer) pp.

Emma Latimer, Accountable Officer
on behalf of North Lincolnshire Clinical Commissioning Group



Dr Peter Melton, Clinical Chief Officer
on behalf of North East Lincolnshire Clinical Commissioning Group



Stephen Pintus, Director of Public Health
on behalf of North East Lincolnshire Council

Introduction and Context

This sets out the arrangements for the Child Death Review processes in North and North East Lincolnshire local authority areas.

In preparing this document, the Child Death Review (CDR) partners have had due regard to:

- Chapter 5 of [Working Together to Safeguarding Children, July 2018](#)
- [Child Death Review Statutory and Operational Guidance \(England\), October 2018](#)
- [National Guidance on Learning from Deaths](#)
- [Sudden unexpected death in infancy and childhood: multi-agency guidelines for care and investigation \(SUDI/C Guidelines\) 2016](#)
- [Guidance for NHS trusts on working with bereaved families and carers](#)
- [When a Child Dies: child death review guide for parents and carers](#)

The arrangements will also be underpinned by the Northern Lincolnshire Child Death Review arrangements Memorandum of Understanding and operational multi-agency guidance.

Child Death Review Arrangements

Geographical area

The geographical footprint for the Northern Lincolnshire Child Death Review arrangements is the North Lincolnshire, and North East Lincolnshire local authority areas. This footprint corresponds with that of North Lincolnshire and North East Lincolnshire Clinical Commissioning Groups' (CCG) footprint.

The Northern Lincolnshire Child Death Review arrangements will

- ensure the appropriate review the deaths of all Northern Lincolnshire resident children (up to and including those aged 17), and babies born to Northern Lincolnshire resident mothers, whether the child dies in Northern Lincolnshire or outside the area.
- consider the deaths of non-Northern Lincolnshire resident children where learning for Northern Lincolnshire services may be identified.
- support the learning through Child Death Review arrangements in other localities where Northern Lincolnshire resident children have died, and there may be learning in those external areas

The Lead Health Professionals and the Designated Doctor for Child Deaths will support discussions in relation to the most suitable locality to lead the review.

Child Death Review Partners

In Northern Lincolnshire, the child death partner organisations and the lead representatives are:

- North Lincolnshire Council – Chief Executive
- North Lincolnshire Clinical Commissioning Group – Accountable Officer
- North East Lincolnshire Council – Chief Executive
- North East Lincolnshire Clinical Commissioning Group – Chief Clinical Officer

All four child death partners have equal and joint responsibility for local child death arrangements. Locally, the lead representatives have delegated their functions to the:

- Director of Public Health, North Lincolnshire Council

- Director of Nursing and Quality, North Lincolnshire Clinical Commissioning Group
- Director of Public Health, North East Lincolnshire Council
- Director of Quality and Nursing , North East Lincolnshire Clinical Commissioning Group

These CDR partners have the responsibility and authority for ensuring full participation with Northern Lincolnshire Child Death Review arrangements, though the lead representatives remain accountable for any actions or decisions taken on behalf of their respective agency.

The lead representatives and those they have delegated their authority to, are able to:

- Speak with authority for the child death partner they represent
- Take decisions on behalf of their organisation or agency and commit them on policy, resourcing and practice matters
- Hold their own organisation or agency to account on how effectively they participate and implement the local arrangements.

More detail regarding child death partners' roles and responsibilities will be articulated in the Northern Lincolnshire Child Death Review arrangements Memorandum of Understanding.

Other organisations and agencies

The CDR Partners will ensure the involvement of all relevant agencies and organisations providing services to North and North East Lincolnshire resident children, and their families. These will include:

- Northern Lincolnshire and Goole NHS Foundation Trust
- Rotherham, Doncaster and South Humber NHS Foundation Trust
- North East Lincolnshire Council Children's Health Provision
- Lincolnshire Partnership NHS Foundation Trust
- General Medical Practices within North and North East Lincolnshire
- North Lincolnshire Council
 - Children's Social Care Services
 - Education Services
 - Public Health Services
- North East Lincolnshire Council
 - Children's Social Care Services
 - Education Services
 - Public Health Services
- Humberside Police
- Northern Lincolnshire Coroner's Office
- Schools and Nurseries in North and North East Lincolnshire

The Northern Lincolnshire CDR Partners will also ensure robust arrangements are in place to ensure the involvement of and contribution by key providers of services to Northern Lincolnshire resident children, but which are located outside the locality. These will include:

- Hull University Teaching Hospitals NHS Trust
- Sheffield Children's NHS Foundation Trust

- The Leeds Teaching Hospitals NHS Trust

Governance Arrangements

The CDR partners will establish a Northern Lincolnshire CDR Partners Board which will meet on a quarterly basis to:

- oversee the effectiveness of the Child Death Review arrangements in practice
- agree and monitor the funding in accordance with their statutory requirements issued under section 16Q of the Children Act 2004
- seek and receive assurance on the learning and improvement activity undertaken in the locality in response to the arrangements
- receive and approve the Annual Report

The initial meeting of this Board will be held in September 2019, and will be supported by the CDR manager and administrator.

The Chair will be identified from among the CDR Partners.

Arrangements to discharge Child Death Review functions

The CDR partners will establish a Child Death Overview Panel (CDOP), in accordance with the requirement to have an independent, multi-agency body to review the deaths of all children normally resident in Northern Lincolnshire, and where appropriate, the deaths in Northern Lincolnshire of non-resident children. The Panel will have specific Terms of Reference which will reflect the functions outlined within, the Child Death Review Statutory and Operational Guidance. This Panel will ensure appropriate links are made by the Panel, or as part of the Child Death Review process, with other statutory review processes, including

- The Learning Disabilities Mortality Review (LeDeR) programme
- Learning From Deaths programme
- Child Safeguarding Practice Reviews completed by:
 - North Lincolnshire Children’s Multi-Agency Resilience and Safeguarding Board
 - North East Lincolnshire – Children’s Safeguarding Partnership

Key Roles

Chair of Child Death Overview Panel

The CDR partners will identify a suitably experienced senior professional who is independent of the key providers of North and North East Lincolnshire NHS, social care and police services to chair the Child Death Overview Panel.

Lay member of CDOP

The CDR partners will secure a lay person, independent of the child death partners, or any provider of services to Northern Lincolnshire resident children or their families, to be a member of the Northern Lincolnshire Child Death Overview Panel. The CDR partners will ensure this individual provides the required expertise as outlined in Appendix 4 of the Child Death Review Statutory and Operational Guidance

Manager and Administrator

The CDR partners will identify a Manager from the CDR partner organisations to manage the CDR arrangements on behalf of the 4 CDR partners

The CDR partners will identify an administrator for the CDR arrangements across the Northern Lincolnshire footprint.

Designated Doctor for Child Deaths

The CDR partners will recruit a paediatrician who is independent of all services provided in North and North East Lincolnshire to fulfil the role of Designated Doctor for Child Deaths. The Job Description for this post will be fully compliant with the requirements as set out in the Child Death Review Statutory and Operational Guidance (England), October 2018

Lead Health Professional(s)

The CDR partners will secure arrangements for Northern Lincolnshire and Goole NHS Foundation Trust to provide the Lead Health Professional function to

- lead and coordinate any Joint Agency Response,
- chair the Child Death Review Meeting

Appropriate training, and support, will be provided to individuals fulfilling this function.

Keyworker

The CDR partners will secure arrangements for the availability of a 'keyworker' – a single, named point of contact for each bereaved family to whom they can turn for information on the child death review process, and who can signpost them to sources of support. The CDR partners recognise that each family's previous contact with services, and needs, will be different. A lead will be identified to coordinate, and ensure the most suitable individual is available to support each family when they require it. The CDR partners will ensure that the 'keyworker' meets the requirements as set out in Appendix 5 of the Child Death Review Statutory and Operational Guidance. Appropriate training, and support, will be provided to keyworkers.

Other roles and functions

The CDR partners have due regard for other roles identified within the Child Death Review Statutory and Operational Guidance, in particular those involved in ensuring coordinated approaches to bereaved families. The CDR partners are working with the key organisations to ensure each family's experience is that

- their child's death is sensitively reviewed, with ongoing information and dialogue about all processes
- cause of death is identified and communicated, and
- where necessary, lessons are learnt that may prevent further children's deaths.

Preparing services for new Child Death Arrangements

The CDR partners will prepare and deliver briefings on the new arrangements for all services in Northern Lincolnshire.

Targeted briefings will be prepared and delivered for staff groups who will be required to provide key information into the new arrangements.

Appropriate training will be provided, and systems of support will be developed for staff delivering specific functions within the new arrangements.

CDOP membership

The Northern Lincolnshire CDR partners have identified the following as members of the Child Death Overview Panel

- Chair of the CDOP
 - Vice Chair will be identified from other membership of the CDOP, but will be an experienced senior professional who is independent of the key providers of North and North East Lincolnshire NHS, social care and police services
- Child Death Review Manager for Northern Lincolnshire
- Child Death Review Administrator for Northern Lincolnshire
- Senior Public Health professional
- Designated Doctor for Child Deaths
- Designated Nurse and Head of Safeguarding, North Lincolnshire CCG or Designated Nurse – Safeguarding, North East Lincolnshire CCG
- Divisional Head of Midwifery and Nursing - Women and Children's, Northern Lincolnshire and Goole NHS Foundation Trust
- Community or Hospital Health professional to complement the experience of the Designated Doctor (on appointment)
- Named GP for Safeguarding Children, North East Lincolnshire CCG or Named GP for Safeguarding, North Lincolnshire CCG
- Senior Representative from
 - Humberside Police
 - North Lincolnshire Council Children's Social Care or North East Lincolnshire Children's Council Social Care
 - North Lincolnshire Council Education services or North East Lincolnshire Education services
- St Andrew's (Andy's) Hospice
- Lay Representative:

Other professionals will be included in the membership of the CDOP on a case-by-case basis, or to inform specific discussions.

Collaborative Regional CDOP Arrangements

The Local Authorities and Clinical Commissioning Groups for North and North East Lincolnshire, Hull, East Riding of Yorkshire, North Yorkshire and York, i.e. the CDR partners for

- Northern Lincolnshire
- East Riding of Yorkshire
- Hull, and
- North Yorkshire and York

have agreed to come together on a larger footprint on an annual basis to share learning, and identify themes and trends and to align processes and procedures to support analysis and comparison.

These Collaborative Regional CDOP Arrangements are the process by which the CDR partners in the 4 localities will ensure compliance with the recommendation in Working Together 2018 for local child death review arrangements to cover a child population such that they typically review at least 60 child deaths per year.

Local CDR arrangements, including meetings and annual reporting are to be maintained as part of the Collaborative Regional CDOP Arrangements.

An annual learning event will be established (potentially themed, e.g. approach to modifiable factors, neonatal deaths, etc.) to share practice across the 4 CDOP areas, which should give a typical number of at least 60 cases.

Local annual reports will be aggregated to one report covering the 4 CDOP areas namely: East Riding, Hull, Northern Lincolnshire CDOP (operating across North and North East Lincolnshire), and North Yorkshire and York which should give a typical number of at least 60 cases.

Annual reports will be on fiscal years for aggregation purposes in the future and the aim is to have an annual report produced following the annual learning event in June of each year

There will be some technical issues to review to support consistency, good practice and comparability across the agreed Collaborative Regional CDOP Arrangements area in relation to modifiable factors, categorisation etc. Task and Finish Groups will be established to complete this work.

A Planning Group for the Learning Event will be established to oversee principles of engagement and outcome management.

The Partners will consider how to include parents, families etc., for future planning and co-production, especially in relation to bereavement.

Annual Report and Review

The annual report will be prepared by the Chair of the CDOP, and Designated Doctor for Child Deaths in collaboration with the CDR partners, CDR Manager(s) and other key professionals to provide detail on local patterns and trends in child deaths, any lessons learnt and actions taken, and the effectiveness of the wider child death review process. This will be received and approved by the CDR Partners Board.

Review of Arrangements

This document will be subject to review, and republication, by September 2019, to allow for refinement in preparation for implementation. The arrangement will also be subject to review, in June 2020, to allow further refinement as the process becomes embedded.

CABINET

DATE	5 th June 2019
REPORT OF	Councillor Ian Lindley, Portfolio Holder for Children, Education and Young People
RESPONSIBLE OFFICER	Steve Kay, Director of Children's Services
SUBJECT	New Safeguarding Arrangements
STATUS	Open
FORWARD PLAN REF NO.	FP 06/19/05

CONTRIBUTION TO OUR OUTCOMES

The new safeguarding arrangements for children and young people will make a significant contribution to our outcomes of all people feeling safe and being safe and enjoying good health and wellbeing.

EXECUTIVE SUMMARY

This report explains the changes in national requirements for local safeguarding arrangements that come into effect on 29th June 2019. It outlines the work undertaken to establish a new regime for the North East Lincolnshire area and seeks the adoption of the draft Local Arrangements Plan by Cabinet on behalf of North East Lincolnshire Council.

RECOMMENDATIONS

1. That Cabinet agrees the adoption of the Local Arrangements Plan, on behalf of North East Lincolnshire Council, to be implemented from 29th June 2019 (noting that Humberside Police and the North East Lincolnshire Clinical Commissioning Group, as equal safeguarding partners, will also be adopting the Plan).
2. That authority be delegated to the Portfolio Holder for Children, Education and Young People, together with the Director of Children's Services at their discretion, to make any necessary changes to the Plan prior to the date of publication.
3. That subsequent to adoption of the Plan, the Children and Lifelong Learning scrutiny panel participate in the scrutiny of the implementation of these arrangements.

REASONS FOR DECISION

There is a statutory requirement for the Council, the Clinical Commissioning Group (NELCCG) and Humberside Police to act with equal responsibility in designing and

implementing new safeguarding arrangements from 29th June 2019. Publication and notification to the Secretary of State for Education is required to take place on or before that date.

1. BACKGROUND AND ISSUES

- 1.1 In June 2018 new statutory guidance was published by the government, setting the framework within which all practitioners should operate in order to protect children from abuse and neglect and promote their best interests. This was the revised Working Together to Safeguard Children statutory guidance; and the Local Safeguarding – Transitional Arrangements statutory guidance.
- 1.2 The revisions were needed to reflect the changes in the law in the Children and Social Work Act 2017, in particular the reform of the arrangements for multi-agency safeguarding, serious case reviews and child death reviews. It will now be the equal responsibility of North East Lincolnshire Council (NELC), Humberside Police and NELCCG to ensure adequate processes and practice for safeguarding.
- 1.3 To comply with the guidance the Council has to make the transition from having a Local Safeguarding Children’s Board (LSCB) to a new working arrangement of safeguarding partners and child death review partners. To do this we need to ensure that there is no disruption in these critical arrangements. The transitional arrangements that the Council agrees must be published by 29th June 2019 and be delivered by 29th September 2019.
- 1.4 The main aim of these reforms is to have a stronger but more flexible statutory framework - one that will support local partners to work together more effectively in protecting and safeguarding children.
- 1.5 Every local authority area has its own LSCB. This operates on a multi-agency level and is often the first point of contact for any non-emergency safeguarding concerns that might occur in a school, workplace, at home, or elsewhere. The LSCB is responsible for publishing important safeguarding guidance, policies, and procedures for the local area, in line with current government guidance. It plays a central role in any local safeguarding incident and the team who support the LSCB handle a lot of confidential documentation and information relating to ongoing child protection cases.
- 1.6 Under the new arrangements North East Lincolnshire will no longer have a LSCB and will move to the new safeguarding arrangements as outlined in Working Together 2018 and Children and Social Work Act 2017. The safeguarding partners who are defined as NELC, NELCCG and the Police for the local authority area (Humberside Police) will work collaboratively to strengthen the child protection and safeguarding system. The three safeguarding partners should agree on ways to co-ordinate their safeguarding services; act as a strategic leadership group in supporting and engaging others; and implement local and national learning including from serious child safeguarding incidents.
- 1.7 The purpose of these local arrangements is to support and enable local organisations and agencies to work together in a system where:
 - children are safeguarded and their welfare promoted

- partner organisations and agencies collaborate, share and co-own the vision for how to achieve improved outcomes for vulnerable children
 - organisations and agencies challenge appropriately and hold one another to account effectively
 - safeguarding arrangements take into account the voice of the child and ensure that co-production is at the heart
 - there is early identification and analysis of new safeguarding issues and emerging threats
 - learning is promoted and embedded in a way that local services for children and families can become more reflective and implement changes to practice
 - information is shared effectively to facilitate more accurate and timely decision making for children and families.
- 1.8 In order to work together effectively, the safeguarding partners with other local organisations and agencies must develop processes that:
- facilitate and drive action beyond usual institutional and agency constraints and boundaries
 - ensure the effective protection of children is founded on practitioners developing lasting and trusting relationships with children and their families.
- 1.9 To be effective, these arrangements will link to other strategic partnership work happening locally to support children and families. This will include other public boards such as the Health and Wellbeing Board, Adult Safeguarding Board, Channel Panel, Improvement Board, Community Safety Partnership, the Local Family Justice Board and Multi-Agency Public Protection Arrangements. The Safer NEL 'brand' brings together the LSCB, Safeguarding Adults Board and the Community Safety Partnership.
- 1.10 The three safeguarding partners have to set out how they will work together and with any relevant agencies. Relevant agencies are those organisations and agencies whose involvement the safeguarding partners consider may be required to safeguard and promote the welfare of children with regard to local need.
- 1.11 Over the last six months work has been undertaken to design our new local arrangements. The nominated leads for the three safeguarding partners are the Director of Children & Family Services (NELC), the Director of Nursing and Quality (NELCCG) and the Chief Superintendent (Humberside Police). The main work areas have been divided up between the three partners to lead on:
- Humberside Police – analysis and intelligence, data and performance, finance and resources
- North East Lincolnshire Council – workforce development and learning, voice and influence
- North East Lincolnshire CCG – quality assurance and scrutiny, partnerships, governance.
- 1.12 The work to prepare has included preparing the draft Plan (appended to this report) and consultation on it with a range of relevant agencies and within the organisations of the three main partners. A workshop was held in April 2019 with a wide range of partners, and views on vision, principles and focus were shared.

There have also been discussions with children and young people, consultation with scrutiny and updates to the Crime and Disorder Partnership and the Union Board (the Partnership Board between the Council and the NELCCG). The Union Board received this draft Plan on 21st May 2019 and gave its endorsement to it, subject to the decision-making processes of the Council and the NELCCG.

- 1.13 The LSCB has to continue to carry out all of its statutory functions, including commissioning Serious Case Reviews, where the criteria are met, until the point at which safeguarding partner arrangements begin to operate in a local area. They must also continue to ensure that the review of each death of a child normally resident in the LSCB area, is undertaken by the established child death overview panel (CDOP), until the point at which new child death review partner arrangements are in place. At the latest the new safeguarding and child death review arrangements must be in place by 29 September 2019.
- 1.17 It is an ambition to use the learning from this transition to develop similar arrangements for adult safeguarding and for the work of the Crime and Disorder Partnership.

2. RISKS AND OPPORTUNITIES

- 2.1 The main risks are that there is a discontinuity in service in the transition period, and that organisations and individuals do not understand and participate in the new arrangements. Plans are in place for extensive engagement and communications to mitigate these risks.
- 2.2 The main opportunities are those offered by the need to review the way that safeguarding arrangements work, and the impetus for rigorous performance management and scrutiny.
- 2.3 An equalities impact assessment has been undertaken.

3. OTHER OPTIONS CONSIDERED

- 3.1 It is not an option to keep safeguarding arrangements as they are now, as this would not meet the new statutory requirement. Throughout the work on this change, a variety of different models and structures have been discussed and tested, and those that are included in the draft Plan meet the needs of the legislation, our community and the main safeguarding partners.

4. REPUTATION AND COMMUNICATIONS CONSIDERATIONS

- 4.1 There are potential positive and negative reputational implications for the safeguarding partners resulting from the change to the arrangements. An action plan has been agreed with the Council's communications service. In addition the arrangements have to be published on partners' websites by 29th June 2019 with the link sent to the Department for Education.

5. FINANCIAL CONSIDERATIONS

- 5.1 Work is taking place to plan the resourcing requirements for the new arrangements. The three safeguarding partners and relevant agencies for the local authority area will make financial contributions towards expenditure incurred in conjunction with local multi-agency arrangements for safeguarding and promoting welfare of children. The safeguarding partners will agree on an annual basis the level of financial contributions required from each partner, which should be proportionate and capable of supporting the arrangements. The funding of the new arrangements is able to be delivered through additional resources as well as financial contributions.

6. CONSULTATION WITH SCRUTINY

- 6.1 The Children and Lifelong Learning scrutiny panel was consulted on the preparations for this work and on an earlier draft of the Local arrangement Plan on 23rd March 2019.

7. FINANCIAL IMPLICATIONS

- 7.1 This report explains the changes in national requirements for local safeguarding arrangements that come into effect on 29th June 2019 and is seeking approval for the draft local arrangements plan subject to any last minute changes that may arise. In respect of this there are no additional direct financial consequences arising from the report itself.
- 7.2 The total current budget for the Local Children's Safeguarding Board (LSCB) in 2019-20 is £150k funded from the Council either recurrently or through an earmarked reserve and contributions from partners such as the NELCCG and police. Work is still ongoing to consider and finalise the resourcing requirements to service the new arrangements as the LSCB will no longer exist. However these requirements are not expected to be significantly higher than the current level and, from a Council perspective, costs will be shared with other safeguarding partners as under the changes each partner will now have equal responsibility in this matter.

8. LEGAL IMPLICATIONS

- 8.1 The proposed arrangements are statutorily required given the effect of the Children and Social Work Act 2017 in repealing certain parts of the Children Act 2004 regarding Local Safeguarding Children's Boards as set out above. To demonstrate compliance with its duties the Council is required to adopt the proposed Local Arrangements Plan.
- 8.2 The delegations sought are consistent with an exercise of this nature. The referral to the appropriate scrutiny panel will provide oversight and assurance.

9. HUMAN RESOURCES IMPLICATIONS

- 9.1 Depending on the resourcing requirements to service the new arrangements, there may be some HR implications for council staff. If there are any implications, then

employment matters will be dealt with in accordance with established HR procedures. Specific HR advice will be provided in respect of employee engagement and consultation requirements and approval.

10. WARD IMPLICATIONS

10.1 These new arrangements will affect all wards.

11. BACKGROUND PAPERS

Working together to safeguard children 2018 and the Transitional Guidance (July 2018) can be found using this link:

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

12. CONTACT OFFICER(S)

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COUNCILLOR IAN LINDLEY
PORTFOLIO HOLDER FOR CHILDREN, EDUCATION AND YOUNG PEOPLE



North East Lincolnshire Local Safeguarding Arrangements Plan For Children and Young People 2019/2020

CONTENTS

		Page
1	Foreword	3
2	Background	4
3	Our New Partnership: Vision and Principles	5
4	Arrangements for the safeguarding partners to work together to identify and respond to the needs of children in the area	6
5	Arrangements for commissioning and publishing local child safeguarding practice reviews.	11
6	Independent scrutiny and assurance	12
7	The relevant agencies the safeguarding partners will work with, why these have been chosen and how they will collaborate and work together to improve outcomes for children and families.	14
8	Wider Partnership agencies	19
9	How all Early years settings, schools, academies, colleges and other educational establishments will be included in safeguarding arrangements	19
10	How youth custody and residential homes for children will be included in the new safeguarding arrangements	20
11	How the safeguarding partners will use data and intelligence to assess the effectiveness of the help being provided to children and families, including early help	20
12	How inter-agency training will be commissioned, delivered and monitored for impact	21
13	How we will undertake any interagency audits and implement learning	22
14	How the arrangements will be funded	23
15	How the threshold document setting out the local criteria for action aligns with safeguarding arrangements	23
16	How the arrangements will include the voice of children and families	24
17	Child death reviews	25
18	Dispute resolution	26
19	Reporting annually	27
20	Endorsement	27

1. Foreword

The 'Working Together 2018' government guidance (resulting from the Children and Social Work Act 2017) specifies that in order to safeguard children and to achieve the best outcomes, children and families should receive services in a co-ordinated way. This is a shared responsibility between three safeguarding partners and relevant agencies.

In response new North East Lincolnshire Safeguarding Children Partnership arrangements have been developed. There are three main changes:

1. The three organisations in North East Lincolnshire having joint responsibility for the partnership arrangements for keeping children and young people safe are
 - Humberside Police
 - NHS North East Lincolnshire Clinical Commissioning Group
 - North East Lincolnshire Council
2. The North East Lincolnshire Safeguarding Children Partnership (NELSCP) replaces the Local Safeguarding Children Board (LSCB)
3. The Partnership has adopted a new structure, which will change the way in which partners work together, how that work is challenged and how we improve practice and outcomes for children through continuous learning and improvement.

North East Lincolnshire's ambition is to coproduce, with children and families, an offer of help and support at the earliest point and to enable children, young people and families to have positive outcomes, where they reach their full potential and become independent from additional services. Where help is required it will be provided in the least intrusive way and build on strengths and assets.

This Plan outlines the new way of working across the safeguarding system. It reaffirms our local commitment to working collaboratively in the context of the 'place' of North East Lincolnshire. It ensures a proactive and responsive approach to the needs of children, young people and families and drives opportunities to shape and influence policy development, leading to improved practice and outcomes. Of critical importance is listening to all those people who want to give their views about their lives, our services and what they need to support them, and this includes the voice of our staff. These voices of experience will be central to our understanding, planning and monitoring.

The three safeguarding partner representatives are:

- ❖ Humberside Police – the Chief Superintendent South bank Divisional Commander
- ❖ NHS North East Lincolnshire Clinical Commissioning Group – the Director of Quality and Nursing
- ❖ North East Lincolnshire Council – the Director of Children's Services

2. Background

Safeguarding of children and young people in North East Lincolnshire has previously been successfully led by the 'Local Safeguarding Children Board' (LSCB). There has been a Board like this in every area of England. A national government review in 2015 and changes in legislation resulted in new guidance being issued about the management of safeguarding children's. All local areas had to undertake a review and have new arrangements ready for launch by 29th June 2019.

The three safeguarding partners should agree on ways to co-ordinate their safeguarding services; act as a strategic leadership group in supporting and engaging others; and implement local and national learning including from serious child safeguarding incidents.

To fulfil this role, we three partners must set out how we will work with each other and with any relevant agencies whose involvement we think is necessary to safeguard and promote the welfare of children with regard to local need.

To be most effective we need to drive action that goes beyond the usual constraints and boundaries of the individual organisations involved. This includes working with other partnerships which have a key role in the health and wellbeing of children, young people and their families.

The review of safeguarding arrangements has been carefully planned to take into account a wide range of views, about how well our LSCB has been working, what needs to improve, and how we can develop our new partnership arrangements in a way that introduces renewed energy and expertise to the work that we do.

The review process has included:

- ✓ A project team made up of the main partners, meeting regularly to steer the review and challenge each other and our progress
- ✓ A wider group of practitioners who work across safeguarding meeting to provide expertise and insight
- ✓ Reviews of the progress made by the 'early adopters' group of councils, who have been exploring different aspects of putting together these new arrangements
- ✓ Listening to the view of children and young people about what they see as the most important things to get right in ensuring their safeguarding
- ✓ Learning from the findings of inspections and case reviews
- ✓ Holding a stakeholder event to seek views on the contents of this Plan
- ✓ Publishing progress reports through our Council scrutiny panel and our Council/CCG Union Board

These new arrangements have been agreed through the decision making processes of our three main Safeguarding Partners, who will:

- speak with authority for the safeguarding partner they represent
- take decisions on behalf of their organisation or agency and commit them on policy, resourcing and practice matters
- Jointly hold each other and our organisations to account on how effectively we participate and implement the local arrangements
- Constructively challenge and support each other to meet the arrangements

3. Our New Partnership: Vision and Principles

Our New Partnership is called the **North East Lincolnshire Safeguarding Children Partnership (NELSCP)**. It will cover the geographical area of North East Lincolnshire as defined by the local authority boundary. The geographical area corresponds with that of the NHS Clinical Commissioning Group for North East Lincolnshire and is part of the area covered by Humberside Police.

We as the Safeguarding Partners, and other organisations and agencies included in these arrangements, will fulfil our statutory duties to safeguard and promote the welfare of children and young people. This includes those who live in the area, those who are placed in the area from other authorities and those who are from our area but placed outside of it.

Our Partnership's vision is to work together to ensure safeguarding arrangements within place are proactive, robust, effective and clear. We will also offer help and support at the earliest point and to enable children, young people and families to have positive outcomes, where they reach their full potential.

We are committed to delivering our vision by applying these principles – they will govern our work

1. Keeping children and young people safe and well is the focus of everything that we do
2. We ensure that everyone has a voice, is listened to and respected
3. We all take ownership and responsibility for safeguarding and we challenge and support each other, inviting scrutiny from others too
4. We all share information and knowledge, learning from each other and so improve our work continuously
5. We spot issues early and face them together, with bravery and courage.

Focused - Listening - Accountable – Improving - Brave

How we will work to these principles is captured in the remainder of this Plan, and the detail of this work will be featured in our annual work programme.

Priorities

Our Partnership priorities and key safeguarding themes will be identified through data and performance analysis, audit of children's cases and analysis of need. Our Partnership will adopt the previous LSCB priorities which are Neglect (continues to be highest stated issue at Child Protection), Domestic abuse (due to prevalence within the community and Sexual Harm (assurance needed processes are effective). Priorities will develop and change over time dependent on presenting issues and analysis of local need.

4. Arrangements for the safeguarding partners to work together to identify and respond to the needs of children in the area.

The proposal for the structure and format of our new Partnership was agreed by we three statutory partners in April 2019. Terms of reference for our Partnership were agreed at the same time.

This published Plan gives details in accordance with the requirements of Working Together 2018 (pp 79-80) which are arrangements for:

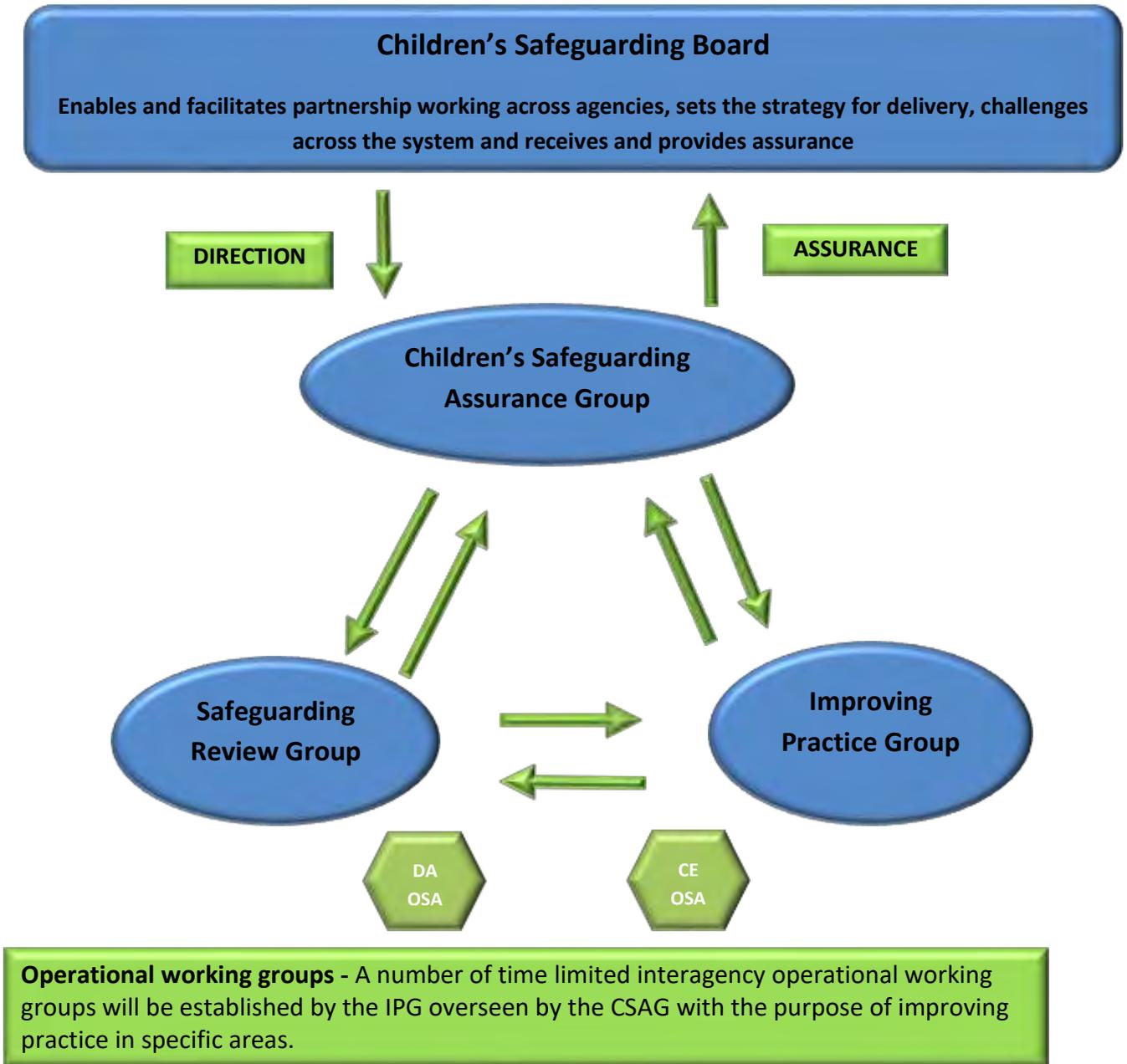
- safeguarding partners to work together to identify and respond to the needs of children in the area
- commissioning and publishing local child safeguarding practice reviews
- independent scrutiny of the effectiveness of the above

and which also include:

- who the three local safeguarding partners are, especially if the arrangements cover more than one local authority area
- geographical boundaries
- the relevant agencies the safeguarding partners will work with; why these organisations and agencies have been chosen; and how they will collaborate and work together to improve outcomes for children and families
- how all early years settings, schools (including independent schools, academies and free schools) and other educational establishments will be included in the safeguarding arrangements
- how any youth custody and residential homes for children will be included in the safeguarding arrangements
- how the safeguarding partners will use data and intelligence to assess the effectiveness of the help being provided to children and families, including early help
- how inter-agency training will be commissioned, delivered and monitored for impact, and how they will undertake any multi-agency and inter-agency audits
- how the arrangements will be funded
- the process for undertaking local child safeguarding practice reviews, setting out the arrangements for embedding learning across organisations and agencies
- how the arrangements will include the voice of children and families
- how the threshold document, setting out the local criteria for action, aligns with the arrangements dispute resolution
- reporting annually

The NELSCP has made its governance structure more robust and less complex to enable it to deliver its key functions of keeping children in NE Lincolnshire safe. The local arrangements must create an architecture that enables the Children's Safeguarding Board to deliver on its key objectives, regardless of the local priorities and key agenda's, and ensuring the 3 statutory partners are able to demonstrate risks, progress and impact. The NELSCP will achieve its purpose through the Children's safeguarding Partnership Structure.

Diagram of the Children's Safeguarding Board Structure



A concise description of the purpose of each group, the responsibility of each group and how it interlinks with the whole structure of the Board is as follows:

Safeguarding Children Partnership (Executive Board)

The NELSCP is the key statutory mechanism for coordinating, monitoring and supporting relevant agencies in North East Lincolnshire to safeguard and promote the welfare of children and young people, and for ensuring public service system effectiveness. The three statutory partners will equally lead the NELSCP and will be held to account by each other for the successful delivery of children's safeguarding arrangements.

The Safeguarding Children Partnership Executive Board brings together the three safeguarding partners. The key role and functions are:-

- assessment of need
- strategy
- planning and delivery
- performance outcomes
- quality and performance monitoring
- compliance and oversight of child practice reviews

The NELSCP Board will be in two parts, part one will include the three safeguarding partners. Part two will include the wider safeguarding partners who will agree the local strategy and system indicators and report on exceptions to enable the board to obtain -assurance through high challenge/high support.) The NELCSP will provide strategic direction to a single sub-group, the Children's Safeguarding Assurance Group (CSAG), and will receive assurance from the CSAG on;

- The effectiveness of the local whole system safeguarding arrangements – from Early Help through to Looked After Children.
- Delivery of the NELSCP priorities and the improvement activity of the NELSCP.

NB: When specific/ new safeguarding issues arise that are assessed as an emerging or high risk they will report directly into the Safeguarding Children Partnership Executive Board.

Children's Safeguarding Assurance Group (Chaired by North East Lincolnshire Council with Humberside Police as the Vice Chair)

The purpose of the CSAG is to monitor, scrutinise and interpret local system performance and quality in terms of the safeguarding system indicators agreed by the NELSCP. The group also interprets the current position and direction of travel in terms of the system practice improvement activity and the business of the Safeguarding Learning and Review Group. The CSAG will:

- Assess the local position on the effectiveness of safeguarding in the local system;
- Prepare a position statement on the current system status, the progress of the Improving Practice Group and the learning from the Safeguarding Review Group for the NELSCP.
- Identify emerging safeguarding issues or threats, tasking the IPG with specific areas to initiate improvement activity through agreeing and setting practice standards.
- Put in place mechanisms to measure system outcomes against the NELSCPs key strategic areas of focus (Mental Health, Substance Misuse, Domestic Abuse and Exploitation).
- Set and manage an annual audit schedule against the NELCSP priorities, key areas of focus and the effectiveness of safeguarding arrangements.
- Commission audits of cases identified by the IPG where there are learning opportunities in respect of interagency working but where the Safeguarding Review Criteria is not met.
- Receive learning from the Safeguarding Review Group and position statements from the IPG on the progress of improvement activity.

The CSAG will link with Multiagency Strategic Partnership Delivery Groups to receive information on their activity to inform quality assurance and practice development.

Improving Practice Group (Chaired by Humberside Police with the North East Lincolnshire Clinical Commissioning Group as the Vice Chair)

The purpose of the IPG is to focus on facilitating, innovating and developing local practice to drive improvements in outcomes for children and young people in specific areas of practice identified by the CSAG. The IPG receives place based data (including the voice of children & families and staff), which enables it to identify need and develop its strategy to be agreed with the NELSCP Executive Board. The IPG will:

- Formalise the objective(s) for delivery and establishes working groups to focus on improving practice in specific areas.
- Working parties are time limited and remain in place until the objectives of the party are met or until the IPG disbands the party with the formal agreement of the NELSCP
- Receive learning from the SRG on active improvement activity.
- Share a concise report with the CSAG to provide an overview on the position of the improvement activity supported by the group
- Co-ordinate the completion of the annual audit schedule
- Identify cases that would benefit from audit in respect of interagency learning where the safeguarding review criteria is not met

Safeguarding Review Group (chaired by the North East Lincolnshire Clinical Commissioning group with North East Lincolnshire Council as the vice Chair)

In the event of a Serious Child Safeguarding case, a rapid review meeting is undertaken, overseen by the Safeguarding Review Group (SRG), which is made up of safeguarding partner representatives and facilitated by a member of the Safeguarding Partners Multi Agency Innovation Hub. The safeguarding partner representatives make a recommendation to the safeguarding partners about whether a local or national review should be undertaken or neither. This group will also facilitate communication with the national Child Safeguarding Practice Review Panel, Ofsted and the Secretary of State, Department for Education. In the event of a serious child safeguarding practice review, the SRG would be responsible for overseeing the process, development and monitoring of the action plan. The action plan will be finally signed off by the safeguarding partners at the Safeguarding Children Partnership Executive Board.

Multi-Agency Strategic Delivery Groups

Domestic Abuse One System Approach (DAOSA)

The Domestic Abuse One System Approach is a multiagency strategic partnership delivery group. Using an Outcomes Based Accountability (OBA) scorecard, this group reports progress to the three Safer NEL boards – the Community Safety Partnership, the Safeguarding Adults Board and the Children’s Safeguarding Executive Board. The interface with the CSAG will enable the NELSCP to seek assurance and offer direction and challenge to the progress of the Domestic Abuse strategy. In addition to holistically addressing issues relating to perpetrators, victims and wider family, it will implement a programme of workforce development to ensure skills and experience gaps are identified and addressed, identify what is working well and identify current gaps in provision.

Children's Exploitation One System Approach (CEOSA)

The Children's Exploitation One System Approach will be a multiagency strategic partnership delivery group. This group will broaden the current scope of exploitation to encompass the work of the former "Keeping Children Safe" Group (which looked specifically at Missing, CSE, CCE and HSB) as well as wider issues such as radicalisation and the activity of the Channel Panel. Like the Domestic Abuse One System Approach, this group will use an OBA scorecard to report into the CSAG. It will agree multi-agency actions to address and reduce the identified risk and deploy additional resources in respect of young people at significant or complex risk of one or any of the vulnerabilities. It will identify system-wide themes and issues in respect of the vulnerabilities that will contribute to multi-agency awareness and promote effective partnership working. It informs strategic planning, workforce development and problem profile.

Supportive Operational mechanism groups

A number of time limited interagency operational working groups will be established by the IPG overseen by the CSAG with the purpose of improving practice in specific areas. These include the groups below

Operational Vulnerability group

The purpose of this operational group is to identify any cases where any of the three vulnerabilities (Child Sexual Exploitation, Child Criminal Exploitation, Missing) is a current feature. It will ensure that there has been an appropriate and timely response with a robust safety plan in place with the family. It will ensure that the case is held at the appropriate level, interventions are driving progress and any actions relating to CCE/CSE/missing form part of the child's main plan

Neglect

The Neglect Sub Group is responsible for implementing the LSCB's strategy for and brings together lead officers with responsibilities for neglect. The group ensures that systems, processes, policy and guidance are in place and oversees the implementation and review of the Graded Care Profile. Activity pertaining the group will be fed into the Safeguarding Children Partnership Executive through the Multi Agency Innovation Hub Business Report

Channel Panel

Brings together multi-agency partners to consider referrals to the police regarding PREVENT and the radicalisation of children and young people and adults with care and support needs. The aim is to identify opportunities for partnership action and reduce the impact on children and young people. Exceptions reporting regarding the business of the Channel Panel will be through the Multi Agency Innovation Hub Business Report.

Voice and Public Engagement Partnerships, Groups, Networks and Forums

There are established mechanisms in place where children, young people and families can have their say, share their views and experiences, challenge and support local decision makers and shape and influence strategic planning, commissioning and service provision at an individual, service and strategic level. Key examples include Young Reporters, Children in Care Council, Youth Parliament, and Youth Action.

Supporting Mechanisms

Innovation Hub

Dedicated support of the effective operation of the Safer NELSCP and safeguarding System. This includes development policies, procedures, measuring impact, performance/ data management, Learning and Improving Practice, communication and awareness raising.

Quality Assurance and Assurance Framework

The framework will inform all elements of the system and will feed into the Targeted Services Pathway Lead Officer group, Innovation Hub and Children's executive Board. It will enable safeguarding partners to:

- Have a direct line of sight to practice
- Take account of independent scrutiny which helps determine the effectiveness of local safeguarding arrangements
- Inform practice through audit
- Youth Action challenge
- Have assurance whether inter agency practice is joined up and effectively safeguards and promotes the welfare of children

5. Arrangements for commissioning and publishing local child safeguarding practice reviews.

At the time of publication of these safeguarding arrangements there are no current Serious Case Reviews to be handed over to the NELSCP by the NEL LSCB.

Serious child safeguarding cases are those in which:

- abuse or neglect of a child is known or suspected and
- the child has died or been seriously injured

We three Safeguarding Partners must make arrangements to:

- identify serious child safeguarding cases which raise issues of importance in relation to the area
- commission and oversee the review of those cases, where they consider it appropriate for a review to be undertaken

On being informed of a notifiable incident, our NELSCP will undertake a Rapid Review, in line with published guidance in Working Together 2018, in order to make decisions and to inform the initial recommendation of the NELSCP to the Child Safeguarding Practice Review Panel (the Panel) about whether a local practice review is required.

The responsibility for considering cases for Child Safeguarding Practice Review and for informing the Panel lies with the Safeguarding Review Group (SRG). Decision-making will be scrutinised by an independent advisor. Terms of Reference for the SRG have been written in detail to cover all requirements and timescales in Chapter 4 of Working Together 2018 (including notifications of serious incidents). A process map has been created with procedures for considering notifiable incidents and non-notifiable but serious incidents of safeguarding review.

Safeguarding Practice Reviews will be commissioned using regional and national information on known reviewers and their expertise. These reviewers will be assessed and selected by representatives of our NELSCP and the SRG, based on previous work and experience, recommendations and via personal interview. Reviews will be published as outlined in Chapter 4 of Working Together 2018 on the SaferNEL website. Exceptions to publication will be discussed and agreed with the Panel

6. Independent scrutiny and assurance

Working Together 2018 defines independent scrutiny of safeguarding arrangements as:

- providing assurance in assessing the effectiveness of multi-agency arrangements to safeguard and promote the welfare of all children in a local area
- part of a wider system which includes the independent inspectorates' single assessment of the individual safeguarding partners and the Joint Targeted Area Inspections
- objective, acts as a constructive critical friend and promotes reflection to drive continuous improvement
- considering how effectively the arrangements are working for children and families as well as for practitioners, and how well the safeguarding partners are providing strong leadership and agree with the safeguarding partners how this will be reported.

The published arrangements should set out the plans for independent scrutiny; how the arrangements will be reviewed; and how any recommendations will be taken.

Our NELSCP arrangements have been developed to create an environment that is conducive to robust scrutiny and constructive challenge, where there are opportunities to proactively ensure that they identify gaps in practice and arrangements and to ensure a partnership approach to learning and improvement across the safeguarding system.

The Safeguarding Children's Partnership Scrutiny and Assurance Framework provides clarity regarding who will conduct the assurance function, how arrangements will be reviewed and how any recommendations will be taken forward. This includes the process and timescales for ongoing review of the arrangements to ensure they remain fit for purpose. The Framework also clarifies mechanisms for scrutinising our Safeguarding Children Partnership arrangements through individual safeguarding partner's organisational scrutiny functions, the outcomes of which can contribute to learning across the wider partnership as well as the individual organisations themselves.

The Safeguarding Children Partnership Scrutiny and Assurance Framework, which is developed in a contemporary context taking innovative approaches, enables safeguarding partners to:

- have assurance of whether all agencies are fulfilling their responsibilities to safeguarding and promoting the welfare of children
- have assurance of whether all agencies are joined up and working together to safeguard and promote the welfare of children across the safeguarding system
- have a direct line of sight to the front line practice
- creating open access from front line practitioners
- take direct feedback from children, young people and families
- test the interconnectedness between performance, practice and the voice of the child, young person and family
- take account of independent scrutiny which helps to determine the effectiveness of our arrangements including arrangements to identify and review serious child safeguarding cases
- be confident about the authenticity of the report they will publish at least once a year

This will be achieved through a range of mechanisms to ensure scrutiny and assurance including independent scrutiny, which are:

- Section 11

- Assurance Events/Visits
- Practice Learning Line of Sight Events
- Inter-agency/single agency practice audits
- Peer Review
- Independent scrutiny role
- Case note reviews
- Thematic Inspections and reports

In the event of any dispute between the safeguarding partners and/or relevant agencies or any local disputes relating to multi-agency practice, the ISO(s) may also assist with the dispute resolution process. (See Dispute Resolution section 19 below).

The Lead Member for Children’s Services in local authorities holds key political accountability for ensuring that the needs of all children and young people, including the most disadvantaged and vulnerable, and their families and carers, are addressed. In doing so, they work closely with other local partners to improve the outcomes and well-being of children and young people. Therefore, the NEL Portfolio Holder for Children and Young People will have a key role in our NELSCP arrangements.

The ‘voice’ of children and young people runs through all our NELSCP business (See section 17 Voice of children and families).

Our NELSCP challenges other strategic Boards via the Inter-Board Protocol regarding their response to the views and wishes of children and young people and the impact of safeguarding issues upon their lives.

Independent Scrutiny

The role of independent scrutiny is critical to provide assurance in judging the effectiveness of our Safeguarding Children Partnership arrangements, including arrangements to identify and review serious child safeguarding cases.

Independent Scrutiny Officer(s) will play a significant role in the Safeguarding Children Partnership Scrutiny and Assurance Framework and there are also opportunities for safeguarding partners and representatives from relevant agencies to engage in peer review processes and further opportunities for peer review processes at a regional and national level.

Links to the community will be maintained through the Voluntary Sector Alliance and the commissioned Voluntary Sector Support currently provided by North Bank Forum.

We as Safeguarding Partners will be jointly responsible for identifying Independent Scrutiny Officers ISO(s) who should have suitable attributes, skills, knowledge and understanding of the safeguarding children system. It is anticipated that there will be a small pool of ISO(s) from a range of backgrounds, which will ensure different perspectives and provide a degree of flexibility and capacity to contribute to the scrutiny and assurance arrangements as required. External independent scrutiny will be commissioned where independent scrutiny is required in respect of specific areas of focus

Independent scrutiny can also assist in the event of a disagreement between the safeguarding partners and/or relevant agencies involved in Safeguarding Children arrangements. There are more details in dispute resolution section within our **Safeguarding Children Partnership Memorandum of Understanding**.

7. The relevant agencies the safeguarding partners will work with, why these have been chosen and how they will collaborate and work together to improve outcomes for children and families.

We three Safeguarding Partners must agree on ways to co-ordinate our safeguarding services, act as a strategic leadership group in supporting and engaging others. To fulfil our role we must set out how we will work together with any relevant agencies.

Relevant agencies are those organisations and agencies whose involvement the safeguarding partners consider is required to safeguard and promote the welfare of local children. Strong, effective multi-agency arrangements are ones that are responsive to local circumstances and engage the right people.

A systematic review of the LSCB Board structure in developing new safeguarding arrangements has sought to reduce duplication and improve integration with other local partnerships. The number of subgroups has reduced with the new groups having a strong focus on improving practice and ensuring an emphasis on learning.

It is vital for us to maintain the full engagement of other partners in the business of safeguarding children, even if those partners are not attending face-to-face NELSCP meetings on a regular basis. This enables the new Partnership to reach more agencies and organisations and to engage them in the safeguarding children agenda.

Our NELSCP relevant agencies are defined below.

EDUCATION AND CHILDCARE

Local authority maintained schools (under section 342 of the Education Act 1996)

Nursery

- Great Coates Village Nursery
- Scartho Village Nursery

Primary

- Coombs Briggs Primary School
- Grange Primary School
- Humberston Church of England Primary School
- Queen Mary Infant and Nursery School
- Scartho Infants Primary School
- Stallingborough Church of England Primary School
- Stanford Junior and Infant School
- Western Primary School

Secondary

No local authority maintained schools

Academies

Primary

- Bursar Primary Academy
- Canon Peter Hall Church of England Primary Academy
- East Ravendale Primary Academy
- Edward Heneage Primary Academy
- Eastfield Primary Academy
- Elliston Primary Academy
- Enfield New Waltham Primary Academy
- Fairfield Primary Academy
- Great Coates Primary Academy
- Humberston Cloverfields Primary Academy
- Laceby Acres Primary Academy
- Lisle Marsden Primary Academy
- Little Coates Primary Academy
- Macaulay Primary Academy
- Middlethorpe Primary Academy
- Oasis Academy Nunsthorpe
- Old Clee Primary Academy
- Ormiston South Parade Primary Academy
- Pilgrim Primary Academy
- Reynolds Primary Academy
- Scartho Juniors Academy
- Signhills Infants Academy
- Signills Junior Academy
- South Parade Primary Academy
- Springfield Primary Academy
- St Josephs Voluntary Aided Catholic Academy
- St Marys Voluntary Aided Catholic Academy
- St Peters Church of England Primary Academy
- Thrunscoe Primary Academy
- Waltham Leas Primary Academy
- Welholme Primary Academy
- William Barcroft Junior Academy
- Woodlands Primary Academy
- Wybers Wood Primary Academy
- Yarborough Primary Academy

Secondary

- Beacon Academy
- Cleethorpes Academy
- The Academy Grimsby (TAG) (key stage 4 only)
- Havelock Academy
- Healing Science Academy
- Humberston Academy
- John Whitgift Academy

- Oasis Academy Immingham
- Oasis Academy Wintringham
- Ormiston Maritime Academy
- Toll Bar Academy

Special School Academies

- Cambridge Park Special School Academy
- Humberston Park Special School Academy

Pupil Referral Unit (PRU) Academies

- Sevenhills Academy
- Phoenix Park Academy

Governing bodies (of local authority maintained nursery, primary, secondary, special and pupil referral unit schools and academies, further education and higher education providers)

- All governing bodies

Any providers of further and higher education or training

- Franklin College
- Grimsby Institute
- Linkage (special post-16 provision)

Independent Schools

- Best Futures
- Orchard Education
- St James School
- St Martins School

Childcare providers

- All childcare providers

Children’s Centres

- Reynolds
- Highgate
- East Marsh
- Central
- Immingham
- Queensway
- Broadway
- Nunthorpe and Bradley Park
- Riverside
- Scartho
- West Marsh

HEALTH AND SOCIAL CARE

NHS England

- NHS England North (Yorkshire and Humber)

NHS Trust

- East Midlands Ambulance Service NHS Trust

NHS Foundation Trusts

- Northern Lincolnshire and Goole Hospitals NHS Foundation Trust

Adoption Support Agency

- North East Lincolnshire Council Adoption Service

Registered adoption society (also known as voluntary adoption agency)

- No local provision

Fostering Agency

- North East Lincolnshire Council Fostering Service
- Treehouse

Children's Homes

- Treehouse
- Whitgift Bungalow
- 25 Scartho Road
- 29 Heneage Road
- Saltergate
- 507 Grimsby Road
- Cambridge Bungalow
- Heneage road

Residential holiday schemes for disabled children

- No local provision

CRIMINAL JUSTICE

Child and Family Court Advisory and Support Service (CAFCASS)

- CAFCASS South Yorkshire and Humberside

Probation Services

- National Probation Service (North Lincolnshire and North East Lincolnshire)
- Community Rehabilitation Company (Humberside, Lincolnshire and North Yorkshire)

Youth Offending Hubs

- North East Lincolnshire Youth Offending Service

POLICE AND IMMIGRATION

British Transport Police

- British Transport Police Midlands

Port Police Forces

- Port Police Force

Border Police

- Border Police

MISCELLANEOUS

- Salvation Army
- Blue Door
- NSPCC

- Others charities commissioned by safeguarding partners
- Religious Organisations (as set out in the school admissions regulations 2012)
- All sport and leisure providers

OTHER AGENCIES INCLUDED IN THE SAFEGUARDING CHILDREN ARRANGEMENTS

Voluntary Community Social Enterprise

- Voluntary Action North East Lincolnshire
- North Bank Forum
- Carers Support Centre
- Others significant to the area

Faith-based organisations

- All faith based organisations

Private sector organisations

- Private sector organisations who provide activities, support and services to children, young people and families

Fire and rescue service

- Humberside Fire and Rescue Service

Health providers

- Virgin Care
- Addaction
- East Midland Ambulance Service Limited

Others

- Health watch
- Office of Police and Crime Commissioner
- Elected Members

This list is the selected relevant agencies and other named organisations and agencies. Other organisations and agencies with responsibilities for safeguarding and promoting the welfare of children who are not listed will still have a responsibility for working under the auspices of the NELSCP arrangements.

As the three safeguarding partners we will:

- Ensure the relevant agencies are aware of the expectations placed on them by the Safeguarding Children Partnership arrangements
- Consult with relevant agencies in developing the safeguarding arrangements to make sure the expectations take account of an agency's structure and statutory obligations
- Assure ourselves that relevant agencies have appropriate, robust safeguarding policies and procedures in place and how information will be shared amongst all relevant agencies and safeguarding partners
- Determine how regularly our list of relevant agencies will be reviewed

- Be clear on how agencies with a national remit should collaborate and take account of that agency's individual responsibilities and potential contributions towards a number of safeguarding arrangements

Once designated as a relevant agency, agencies are under a duty to cooperate with the published safeguarding arrangements.

Relevant Agencies

The strength of local partnership working is predicated on safeguarding partners working collaboratively together with relevant agencies, whose involvement the safeguarding partners consider is required to safeguard and promote the welfare of children. Our Safeguarding Children Partnership arrangements will engage local organisations and agencies to collaborate and provide targeted support to children, young people and families. The local approach also enables joint identification of, and response to, existing and emerging needs, and to agreeing priorities to improve outcomes for them.

8. Wider partnership agencies

Whilst wider safeguarding partner organisations are not named in the relevant agency regulations, their involvement is crucial within the safeguarding arrangements. For example Humberside Fire and Rescue Service, Lincolnshire Housing Partnership, voluntary, charity, social enterprise who provide activities, support and services for children and families, private sector organisations, faith-based organisations and other health providers. Organisations and agencies that are not named in the relevant agency regulations, whilst not under a statutory duty, should nevertheless cooperate and collaborate with the safeguarding partners particularly as they may have duties under section 10 and/or section 11 of the children Act 2004.

Where a relevant agency has a national remit, such as the British Transport Police and Children and Families Court Advisory and Support Services, the safeguarding partners will collaborate and take account of that agency's individual responsibilities. The safeguarding partners have secured the clinical expertise of designated health professionals for safeguarding and looked after children within their arrangements.

9. How all early years' settings, schools, academies, colleges and other educational establishments will be included in safeguarding arrangements

In respect of the educational landscape the area is highly academised:

- 38/48 primary schools are academies
- All 10 secondary schools are academies
- There is 1 key stage 4 secondary provision academy provided by a further education provider
- Both special schools are academies
- Both pupil referral units are academies
- There is 1 teaching school at 1 of the secondary academies
- There are 3 independent schools in the area (1 of which is for children and young people with SEND)

- There are 2 further education colleges (1 of which is a 6th form and one provides higher education)
- There is 1 post 16 specialist SEND provision

Schools/academies and colleges are represented in our NELSCP partnership arrangements.

Early years providers play a crucial role in safeguarding and promoting the welfare of children, as defined by their duties under Section 40 of the Childcare Act 2006. There are robust arrangements in place at a strategic and operational level to engage with early years providers to ensure they are fulfilling their safeguarding responsibilities, for example through annual safeguarding audits and the nursery and childminders safeguarding forums.

There are established, collaborative relationships with schools/academies and colleges, which are built on open and transparent partnership and governance arrangements. For example the school child protection coordinators forum, the safeguarding education sub group and primary and secondary heads forum and associated safeguarding audit frameworks.

Through the Multi Agency Innovation Hub there will be opportunities to build on existing mechanisms and develop an even more unique, innovative approach to engaging with early years' providers, schools/academies, colleges and other educational providers in the new arrangements.

10. How youth custody and residential homes for children will be included in the new safeguarding arrangements.

The Youth Offending Service will report to our NELSCP and will continue to support our Partnership through the Local Authority Children's Services representative on the Partnership. The Youth Offending Service is directly represented on our NELSCP Improving Practice Group and on wider sub-groups.

There are no Youth Custody homes within the local authority but those which are in the region will be required to report on arrangements as and when necessary.

There is representation from the residential homes, which are in the area of the local authority, on our NELSCP Multi-Agency Child Exploitation Panel (MACE)

All residential homes for children within North East Lincolnshire, including those provided by North East Lincolnshire Council and private sector organisations, are selected by the safeguarding partners as relevant agencies. There are mechanisms in place to engage residential homes in local arrangements which will include the section 11 process and the local provider forum.

11. How the safeguarding partners will use data and intelligence to assess the effectiveness of the help being provided to children and families, including early help

Our NELSCP uses data and intelligence to assess the effectiveness of the help being provided to children and families across the safeguarding system, from early help to looked after children and care leavers. It is focussed around the journey of the child. There are opportunities to further develop our performance data and intelligence across our Partnership and bring together one multi- agency dataset, so that we can better understand our collective impact.

We will develop our approach to the principles of Outcomes Based Accountability, which identifies five key questions to inform our monitoring, evaluation and next steps planning:

- What is the outcome we want for our children, young people and families?
- What is the curve we want to turn – what does success look like?
- What is the story behind the baseline – where have we been and where are we headed?
- How much did we do, how well did we do it and is anyone better off (performance measures)?
- Are we making a difference (indicators)?

A wide range of performance, activity and compliance data is regularly used across the workforce to aid ongoing management oversight and ensure best practice. This is a key feature of the Safeguarding Children Partnership Scrutiny and Assurance Framework, which also incorporates case audit, quality assurance and practice observations and service user feedback and views. Performance data and intelligence is routinely collated and fed into key partnership and governance arrangements.

This is not exhaustive of all the opportunities for oversight, but does take account of the performance and intelligence monitoring across our key NELSCP partnership and governance structure.

There will be a flexible approach to monitoring performance and intelligence to ensure that the information collated relates to current need and any new and emerging threats to inform decision-making and strategic direction leading to better outcomes.

The multi-agency dataset includes data on all aspects from early help through to statutory intervention. Contributions to the core data set are received quarterly from partners who also provide the story behind the figures. The dataset is scrutinised and analysed by the relevant sub-groups and by our NELSCP Improving Practice Group and the Assuring Quality Group.

Each sub-group produces highlight report, on activity, actions and performance, including on how the 'voice of the child' has been included in the work of the sub-group and the safeguarding needs of disabled children. A composite report is presented to our Partnership, highlighting performance, issues, exceptions, actions and recommendations for further action. Our Partnership, and each sub-group, keeps an action log which is reviewed and completion of each action recorded. Actions and outcomes from all case audits and reviews are reviewed and re-reviewed to ensure that they are embedded in practice. Our NELSCP Delivery Plan records and reviews actions and outcomes for each Partnership priority.

12. How inter-agency training will be commissioned, delivered and monitored for impact

Locally, there is an ongoing commitment to developing a consistent approach to multi-agency training which is underpinned by robust evaluation processes to ensure that the training programme is clearly

focused on the needs of our partners to deliver effective services. In addition to needs analysis, the training programme is informed by case audit processes, local and national case reviews and research. Through the Multi Agency Innovation Hub there will be further developments to enhance the commissioning, delivery, monitoring and evaluation of the effectiveness and impact of all commissioned multi- agency training. The outcomes will be fed into partnership and governance processes and this information will also be included in our annual report.

Under the auspices of our Safeguarding Children Partnership arrangements, the safeguarding partners will undertake needs analyses to understand what training is required locally. All safeguarding partner organisations and the locally selected relevant agencies will be required to contribute. A Safeguarding Children Partnership training programme is available on the website, developed on an annual basis and published through the website. Training is available at a basic, intermediate and advanced level. The training programme is flexible, updated and republished as required to reflect local need.

Continuous learning is key to improving outcomes for our children, young people and families. We will work towards a collective understanding of new and emerging threats, trends and issues, familiarising ourselves with evidenced based practice about what works, utilising research. We will provide the children's workforce with the knowledge, skills and mind-sets to transform the rhetoric of training into day to day practice.

As outlined in **Working Together to Safeguard Children 2018**, multi-agency training is important for supporting our collective understanding of local need and for practitioners to be effective in universal services and across the safeguarding pathway. This spans from early help to specialist services including looked after children and care leavers. To be effective practitioners need to continue to build their knowledge and skills and be aware of the new and emerging threats.

Individual organisations and agencies are required to ensure that their workforce is sufficiently trained and competent in safeguarding children and to meet the needs of the children, young people and families. The premise of multi-agency training is that it is 'added value' and 'better together' to provide a collective understanding of the local needs of children and families the new and emerging threats.

In addition to training activities, there will also be development opportunities under the auspices of the Safeguarding Children arrangements focussed around information sessions, practice forums and conferences. These development activities promote putting theory and research into practice, developing evidence-based practice and expertise, sharing perspectives and learning and enhancing confidence in helping and protecting children and young people. Publications that support learning and that may be of interest will also be made available through communications routes and published on the SAFER NEL website.

13. How we will undertake any interagency audits and implement learning

The Safeguarding Children Partnership Scrutiny and Assurance Framework provides clarity regarding how safeguarding partnership arrangements will be reviewed and how any recommendations will be taken forward. This includes the process and timescales for ongoing review of the arrangements to ensure they remain fit for purpose. The Framework also clarifies mechanisms for scrutinising our Safeguarding Children

Partnership arrangements through individual safeguarding partner's organisational scrutiny functions, the outcomes of which can contribute to learning across the wider partnership as well as the individual organisations themselves.

The framework informs all elements of the system and will feed into both the Improving Practice Group and the Assuring Quality Group, Innovation Hub and NELSCP. It will enable safeguarding partners to:

- Have a direct line of sight to practice
- Take account of independent scrutiny which helps determine the effectiveness of local safeguarding arrangements
- Inform practice through audit
- Receive challenge from Youth Action
- Have assurance whether inter agency practice is joined up and effectively safeguards and promotes the welfare of children

The Managing Improving Practice Group will quality assure practice at both a multi and single agency level. Audit themes will be aligned to the Partnership priorities and identified and emerging themes from performance exceptions and audit themes through single agency audit findings. Assurance activity will include

- Section 11
- Agency Specific Assurance event(s)
- Thematic Assurance event(s)
- Practice learning line of sight event(s)
- Peer Review

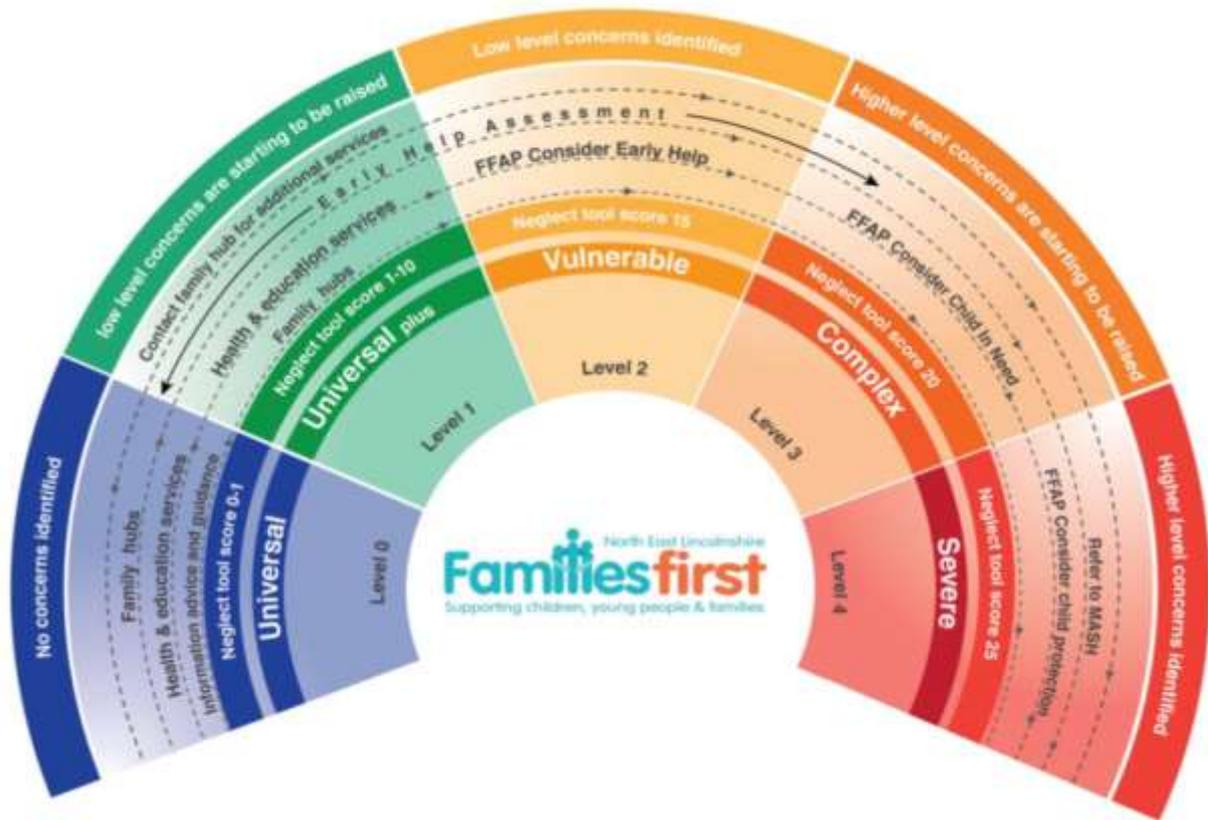
14. How the arrangements will be funded

The board will approve a finance & resourcing plan on an annual basis to deliver against the priorities. Funding for the partnership has been secured for 2019/20. Details of funding will be published in the CYSP Annual report.

15. How the threshold document setting out the local criteria for action aligns with safeguarding arrangements

Our new arrangements will build upon the North East Lincolnshire Family support pathway and Threshold of Need Child Concern Model which outlines our collective commitment to find solutions at the earliest point and via the agency working with the child.

This model reflects our ambition to provide early help to enable children and families to have positive outcomes and reach their full potential independent from additional services. The challenge for all is to offer help and support swiftly, by reducing 'process' so that children and families with emerging need can be supported within the context of the service being delivered at that time. Where help is necessary, this should be timely and provided in the least intrusive way – building on the strengths of children, young people and families to ensure they are resilient and safeguarded.



The threshold document is in the process of being revised; however the current version aims to

- ensure that children and families receive the right help at the right time with a focus on prevention and early help.
- highlight the level of support that may be needed by children and families from universal through to child protection
- support high quality assessment processes and evidence based interventions to meet the need of the whole family
- support the identification of and assessment of risk and need
- Work collaboratively and restoratively with children, young people, their families and partners to keep improving outcomes for children so that they thrive and are safe.

16. How the arrangements will include the voice of children and families

The voice of children, young people and their families is at the heart of our Partnership. Partners are committed to engaging at an individual, service and strategic level. We will make use of the various systems, processes, groups and forums in place to gather the views, either directly through services, through independent voice representatives or through established groups and networks.

Building on this strong foundation of voice and engagement the safeguarding partners will forge the new approach to working with young people into a more enduring model that focuses on understanding strengths and assets, as well as contextual safeguarding issues whilst acknowledging individuals as the experts in their own lives and managing risk facing behaviours in a positive way.

The ambition is to engage with all children and young people who experience services, particularly those who are harder to engage. Agencies and organisations will make sure that the information, help, protection and services are available at the right time and the right place leading to better outcomes where children and young people are resilient and safe.

Partners are committed to engaging with children, young people and families at an individual, service and strategic level. We will make use of the various systems, processes, groups and forums in place to gather the views of children, young people and families, either directly through services, via independent voice representatives or via established groups and networks.

We will work with established groups and forums where children and young people can have their say, share their views and experiences, challenge and support local decision makers and shape and influence strategic planning, commissioning and service provision at an individual, service and strategic level. These include:

- Routine feedback from children and young people involved with services
- Primary, adolescent and college lifestyle surveys
- Involvement of young people in the scrutiny and assurance framework
- Involvement of young people in commissioning and recruitment
- Involvement in 'Make Your Mark' annual youth ballot where young people get to vote on issues that matter to them
- Attendance at key boards and partnerships
- Opportunities that come from established groups such as Young Reporters, Youth Action, Children in Care Council, Youth Parliament.

17. Child death reviews

The responsibility for ensuring child death reviews are carried out is held by two 'child death review partners,' who are the local authority (North East Lincolnshire Council) and the clinical commissioning group (North East Lincolnshire NHS Clinical Commissioning Group).

- Child death review partners must make arrangements to review all deaths of children normally resident in the local area and, if they consider it appropriate, for any non-resident child who has died in their area.

North East Lincolnshire has an established joint child death overview panel with North Lincolnshire. The current arrangement works well and has led to broader and shared learning. Wider learning will be achieved through by expanding the current footprint through learning events on a Humber-wide or Sustainability and Transformation Partnership basis for shared learning including an annual conference.

The Northern Lincolnshire Child Death Overview panel (CDOP) covers North East and North Lincolnshire. It will undertake additional learning events with CDOPs across the Yorkshire and Humber in order to enable broader learning and to meet the wider Yorkshire and Humber area.

It has been agreed by the Child Death Review Partners (CDRP), namely the Clinical Commissioning Group and North East Lincolnshire Council that CDOP will report to the Safeguarding Children Partnership.

CDOP will continue to provide an annual report on activity to the NEL Safeguarding Children Partnerships

18. Dispute resolution

Working collaboratively to safeguarding and promote the welfare of children and families leading to better outcomes is at the heart of our local arrangements. Through effective leadership, openness, transparency and effective professional challenge, there is a commitment to resolving any disputes locally between the safeguarding partners, selected relevant agencies and other organisations and agencies in a timely fashion.

If a clear, single point of leadership is required, safeguarding partners will agree the most appropriate partner, who will act on behalf of and in the interest of all three safeguarding partners. This will be done through a discussion at our Safeguarding Children Partnership or if done outside of the Partnership arena, it shall be referenced and recorded at our Safeguarding Children Partnership as required.

The first point of resolution of issues would be through us three safeguarding partners. Any issues which cannot be resolved directly between the three safeguarding partners will be escalated to the lead representatives of the three safeguarding partners Director of Children's Services, North East Lincolnshire Council Director of Nursing and Quality, NHS North East Lincolnshire Clinical Commissioning Group Chief Superintendent, Humberside Police

In the event that a resolution cannot be reached, the issue would be escalated to an Independent Scrutiny Officer in the first instance for consideration, mediation (if required) and resolution. If a meeting is required, the meeting will be chaired by an Independent Scrutiny Officer with an agenda agreed prior to the meeting by all parties involved.

It is acknowledged that any safeguarding partners that fail to comply with their obligations under law are held to account through a variety of regulatory and inspection activity for example, Ofsted, HMIC and CQC. If no resolution can be reached, consideration should be given by the three safeguarding partners to seek formal independent arbitration via a professional body such as the Chartered Institute of Arbitrators to reach an acceptable conclusion. Where necessary, legislation allows the Secretary of State to take enforcement action against any agency that is not meeting its statutory obligations as part of local safeguarding arrangements.

Multi- Agency practice escalation processes

All agencies work within different structures and from a variety of professional backgrounds and perspectives, though they should work co-operatively to safeguard and promote the welfare of children. This is reliant of all agencies complying with Working Together 2018 and the underpinning Safeguarding Children Partnership arrangements policies and procedures. In the event of any disagreement between practitioners involved in the Safeguarding Children Partnership arrangements relating to multi- agency practice it is necessary to have in place a quick and straightforward means of ensuring safeguarding arrangements and resolving professional differences of opinion, as detailed in the **Safeguarding Children Partnership Escalation procedure**.

19. Reporting Annually

As safeguarding partners we will publish an annual report setting out work undertaken by the Partnership and the partners to safeguard CYP during the previous year and the effectiveness of arrangements.

The report will include:

- Agreed priorities
- Evidence of the impact of the work of the safeguarding partners and relevant agencies on outcomes for children and families
- An analysis of any areas where there has been little or no evidence of progress on agreed priorities
- A record of actions taken by the safeguarding partners in the report's period (or planned to be taken) to implement the recommendations of any child safeguarding practice review
- Ways in which the partners have sought and utilised feedback from children, young people and families to inform their work and influence service provision.

Our annual report will be endorsed by the Safeguarding Children Partnership on behalf of the North East Lincolnshire Council Chief Executive, North East Lincolnshire Clinical Commissioning Group Accountable Officer and Chief Officer of Humberside Police. Following endorsement, the report will be distributed through relevant governance and accountability routes across the three safeguarding partners (via North East Lincolnshire Council's democratic functions, the Clinical Commissioning Group's Governing Body and Office of the Police and Crime Commissioner). It will also be distributed across relevant partnership and governance arrangements as required.

Our annual report will be subject to independent scrutiny by prior to final publication.

20. Endorsement

We the undersigned, endorse the content of the Local Safeguarding Arrangements Plan and accept responsibility for working under the auspices of the conditions outlined above.

Steve Kay	Jan Haxby	Darren Downs
Director of Children's Services	Director of Nursing and Quality Assurance	Chief Superintendent
North East Lincolnshire Council	North East Lincolnshire CCG	Humberside Police