

Safeguarding Strategy 2020 - 2023

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Safeguarding Strategy 2020 -2023



The Lincolnshire ICB will work in partnership with all agencies and the community to safeguard children, young people and adults and protect them from harm.

We will work closely with others to ensure that all of the services we commission have regards to our duty to protect individual human right, treat individuals with dignity and respect and safeguard against abuse, neglect, discrimination, embarrassment or poor treatment and continue to strengthen arrangements for safeguarding adults and children across Lincolnshire, working collaboratively with partner agencies.

Lincolnshire Safeguarding
Team



Contents

	Page
About this Strategy	3
National Context	4
Domestic Violence	6
Female Genital Mutilation (FGM)	6
Child Exploitation	7
Modern Day Slavery	8
Human Trafficking	9
Prevent	9
Looked after Children	10
Adult Safeguarding	10
Local Context	11
Our Vision	13
Aims of the Strategy	13
Our Priorities	14
Delivering the Strategy	16
Roles and Responsibilities	18
Equality Statement	20

About this Strategy

The safety and welfare of children, young people and adults who access health services in Lincolnshire is of paramount importance to the Integrated Care Board (ICB) who commission those services. This document sets out the strategic approach to strengthening our arrangements for safeguarding children, young people and adults at risk across Lincolnshire.

Within this document the term 'safeguarding' describes a range of activities that organizations should have in place to protect people (both children and adults, unless stated otherwise) whose circumstances make them particularly vulnerable to abuse, neglect or harm.

As commissioners of health care services, our primary role is to make sure that providers have appropriate systems in place to safeguard people who use the service, and that those systems are implemented and followed in practice to ensure good outcomes for people who use the service.

The Lincolnshire ICB aim is to commission services that protect individual human rights, promote dignity, independence and well-being, hear and respond to the needs of children, young people, adults and carers and demonstrate assurance that any child, young person or adult thought to be at risk, is safeguarded from harm and abuse.

Consequently, the emphasis of our Safeguarding Strategy is to focus on all the people who use our services, their families and carers. We will work in partnership to safeguard children, young people and adults at risk of abuse or neglect, enhancing health and well-being and protecting the rights of those in the most vulnerable situations.

The strategy is designed around core themes in delivering on the Safeguarding agenda they are;

- Ensuring that NHS organizations including Lincolnshire Integrated Care Board (LICB) are compliant with statutory guidance and legislation in the execution of their statutory duties.
- Ensuring safeguarding training, development and supervision programmes are in place, monitored and evaluated for all commissioned services and LICB Member Practices;
- Ensuring arrangements for safeguarding children, young people and adults at risk of abuse or neglect are robust and fully integrated into existing clinical governance processes;

- Monitoring, dissemination and evaluating outcomes of all Serious Case Reviews and Serious Incident Learning Processes to receive assurance that plans have been implemented and lessons learnt;
- Strengthening processes and systems to ensure effective contribution to partnership arrangements.

This Safeguarding Strategy outlines the strategic direction the Lincolnshire Integrated Care Board (LICB) will work towards over the next 3 years. It builds on existing safeguarding arrangements for children, young people and adults at risk and strengthens local assurance and governance frameworks.

National Context

In March 2013 NHS England issued a document: *Safeguarding Vulnerable People in the Reformed NHS – Accountability and Assurance Framework*.

This framework has since been reviewed and updated as the context for safeguarding continues to change and expand in response to the findings of large scale inquiries, incidents, emerging challenges in a rapidly changing and increasingly digitalised world such as modern slavery, human trafficking, radicalisation exploitation and new legislation aimed to strengthen protection of those at risk. This original framework has now been replaced by the revised document, *Safeguarding Vulnerable People in the NHS-Accountability and Assurance Framework (NHS England 2015)*.

The role and responsibilities within NHS commissioning remain unchanged and the updated framework still makes explicit the role of Integrated Care Boards in ensuring that:

- The organisations from which they commission services provide a safe system that safeguards children, young people and adults at risk of abuse or neglect;
- They are fully engaged with Local Safeguarding Children and Safeguarding Adults Boards;
- Robust processes are in place to learn lessons from cases where children, young people and adults die or are seriously harmed and abuse or neglect is suspected and;
- They work in partnership with NHS England to ensure the health commissioning system as a whole is working effectively to safeguard and improve the outcomes for children, young people and adults at risk.

Safeguarding Vulnerable People in the NHS-Accountability and Assurance Framework (NHS England 2015)

<https://www.england.nhs.uk/?s=safeguarding+vulnerable+people+in+the+nhs-accountability>

Working Together to Safeguard Children (March 2015) provides the statutory framework for safeguarding and promoting the welfare of children. The revised WTG 2015 simplifies the framework and reinforces the need for effective information sharing and partnership working to effectively safeguard.

A child is anyone who has not yet reached their 18th birthday, regardless of race, religion, first language, culture, gender, sexuality, health or disability, location or placement, involvement in criminal behaviour, political or immigration status.

Safeguarding and promoting the welfare of children is defined under the Children Acts 1989 and 2004. ICBs have a duty under Section 10 of the Children Act 2004 to cooperate to improve well-being and under Section 11 of the Children Act 2004 to ensure that their functions are discharged with regard to the need to safeguard and promote the welfare of children. A whole organisational approach to safeguarding and promoting the welfare of children is required. The scope of child safeguarding is much wider than child protection and involves all commissioners and providers of healthcare.

Safeguarding arrangements across all agencies have increasingly been scrutinised and criticised following tragic, high profile child protection incidents and their subsequent inquiries, e.g. Victoria Climbié (2003) and Baby Peter (2007). In response, safeguarding has emerged as national priority and inspection frameworks developed to enable arrangements to be monitored across all agencies working with children, young people and adults at risk.

The Munro (2011) review of Child Protection Services and social worker practice recommendations resulted in a strengthened framework for early intervention and widening of the safeguarding arrangements which, over time, and together with the reformed regulatory reviews through OfSTED and Commission for Quality Care, has raised the profile and practice of safeguarding.

Munro Review of Child Protection: Final Report (DfE 2011)

<https://www.gov.uk/government/publications/munro-review-of-child-protection-final-report-a-child-centred-system>

The Care Act (2014) enacted in March 2015 provides a statutory footing to safeguard adults, replacing the previous No Secrets (2000), *Safeguarding Adults: A National Framework of Standards for good practice and outcomes in adult protection work*. The Care Act places a duty to promote a shared approach by all agencies with responsibility for adult safeguarding to work together to keep adults at risk safe. Therein the Act represents a fundamental shift in the delivery of the adult safeguarding process, whereby emphasis is firmly placed upon promoting the well-being of the individual. The safeguarding duties within the Act apply to an adult who:

- Has needs for care and support and
- Is experiencing, or at risk of, abuse or neglect; and
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect

The legislation operates alongside but does not supersede the Human Rights Act (1998), the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards 2007.

Although the safeguarding frameworks for adults and children are managed separately nationally, they are co-dependent and must be reviewed in the context of the family, for example, (but not exhaustive) within;

- Domestic abuse issues, including Multi-Agency Risk Assessment Conferences (MARAC)
- Female Genital Mutilation (FGM),
- Child Sex Exploitation
- Trafficking and Modern Slavery,
- Multi-Agency Public Protection Arrangements (MAPPA) and the
- Prevent Agenda

Domestic Violence /Abuse (DVA)

Since the UK Government definition for DVA was amended and implemented in 2013 to include coercive and controlling behaviours, there has been increasing recognition that these behaviours often play a key role within DVA. This definition, which is not a legal definition, includes 'honour based violence', female genital mutilation (FGM) and forced marriage and is clear that victims are not confined to one gender or ethnic group." (Home Office 2013).

The Government definition now acknowledges that children who are aged sixteen and seventeen can experience DVA in their own relationships. Lincolnshire ICB recognise that these young people need to be supported through the Children Act 1989 (as amended in 2004) and/or Multi Agency Risk Assessment Conference (MARAC), dependent on the level of risk posed and the likelihood of these abusive relationships impacting on their development. Home Office definition can be accessed at:

<https://www.gov.uk/government/publications/new-government-domestic-violence-and-abuse-definition>

Female Genital Mutilation (FGM)

Female Genital Mutilation (FGM) is child abuse and a form of extreme harm against women and girls. It can lead to severe short and long term physical and psychological consequences and is illegal within the UK, as is taking a child abroad to undergo this practice (Female Genital Mutilation Act 2003).

As FGM is a form of child abuse, professionals have a statutory obligation under national safeguarding protocols (e.g. Working Together to Safeguard Children 2015) to protect girls and women at risk of FGM. This includes the new mandatory reporting duty introduced by the Serious Crime Act 2015, which will require reports to be made to the police for all cases of FGM identified in patients under 18 years of age. There is also a mandatory requirement by the NHS to collect and report data about the prevalence of FGM within the female population as treated by the NHS in

England. This will include women receiving treatment for any condition; and not just limited to reporting upon women receiving treatment for FGM-related conditions. (SCCI 2026 – FGM Enhanced Dataset Requirements). In October 2015 this mandatory data collection requirement will be extended to include all Mental Health Trusts and GP practices, along with Acute Trusts who have had a duty to report this information since September 2014.

To ensure effective safeguarding outcomes, information Sharing with multi-agency partners throughout the girl's childhood is essential, as is working across agencies as reflected throughout the HM Government Multi-Agency Practice Guidelines on FGM(2011). Recent Government guidance also provides direction regarding considerations relating to Commissioning Health Services to support women and girls with FGM and also support for front line practitioners.

Female Genital Mutilation Risk and Safeguarding; Guidance for Professionals (DoH 2015)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/418564/2903800_DH_FGM_Accessible_v0.1.pdf

Commissioning Services to Support Women and Girls with Female Genital Mutilation: (DoH 2015)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/418549/2903842_DH_FGM_Commissioning_Accessible.pdf

Multi-Agency Practice Guidelines: Female Genital Mutilation (HM Government 2011)

<https://www.gov.uk/government/publications/female-genital-mutilation-guidelines>

Child Sexual Exploitation (CSE)

Addressing the exploitation of children is a national priority following the high profile cases identified in Blackpool, Derby, Oxford and Rotherham which have resulted in significant custodial sentences for a number of perpetrators and resulted in the Joint Government Statement direction in the context of information sharing to safeguard children:

‘There can be no justification for failing to share information that will allow action to be taken to protect children’.

The letter reinforces the need for professional staff to have clarity and simple guidelines about when and how personal information should be shared and places the incumbent on all agencies to consider the following principles for multi-agency working:

- **Integrated working (e.g. co-location)**
Close collaboration in multi-agency working is essential in developing ‘real time’ risk assessments to enhance decision making. A truly integrated approach helps to break down cultural barriers, leading to greater understanding and mutual respect among different agencies.
- **Joint risk assessments** ensure clear and sufficient information about particular cases and joint plans for individual interventions.

- **A victim focused approach** reinforces the needs of the victim must be at the forefront of our approach not systems and processes.
- **Good leadership & clear governance** can often bind different organisations together to develop a shared culture.
- **Frequent review of operations** to continue to drive improvement of service.

Links and documents to CSE Cases:

Information Sharing Letter (DoH et al March 2015)

<https://www.gov.uk/government/publications/tackling-child-sexual-exploitation--2>

Information Sharing advice for Practitioners

<https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>

Rotherham Independent Inquiry into Child Sexual Exploitation 1997-2013

http://www.rotherham.gov.uk/downloads/file/1407/independent_inquiry_cse_in_rotherham

Report of Inspection of Rotherham Metropolitan Council- 2015

<https://www.gov.uk/government/publications/report-of-inspection-of-rotherham-metropolitan-borough-council>

Oxford

<http://www.oscb.org.uk/wp-content/uploads/SCR-into-CSE-in-Oxfordshire-FINAL-FOR-WEBSITE.pdf>

Working Together March 2015

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf

Modern Slavery and Trafficking

There is no typical victim of slavery, victims can be men, women and children of all ages and cut across all strata of the population. It is however, normally more prevalent amongst the most vulnerable, minority or socially excluded groups.

The Government is fully committed to significantly reducing the prevalence of modern slavery in the UK and the Modern Slavery Strategy (DoH 2014) details the wide-ranging actions that partner agencies including health have a responsibility to support.

The Modern Slavery Strategy builds on and adapts the framework that has been successfully implemented in both the Government's serious and organised crime and counter terrorism strategies. It has four components:

- prosecuting and disrupting individuals and groups responsible for modern slavery (**Pursue**);
- preventing people from engaging in modern slavery crime (**Prevent**);
- strengthening safeguards against modern slavery by protecting vulnerable people from exploitation and increasing awareness and resilience against this crime (**Protect**);
- and reducing the harm caused by modern slavery through improved victim identification and enhanced support and protection (**Prepare**).

The Modern Slavery Act (2015) provides statutory support to the Strategy and two key areas of this Act include the establishment of an Anti-Slavery Commissioner and makes provision for the protection of modern slavery victims.

Human trafficking:

Is a form of modern slavery and can involve both adults and children. The Government strategy to tackle Human Trafficking builds on the UK's record on action against human trafficking and forms part of the Government's wider strategy on violence against women and girls. The strategy considers the differing needs of victims and there is particular focus on child victims, due to the risk of significant harm caused to children who are victims of exploitation.

Modern Slavery Act 2015 <http://www.legislation.gov.uk/ukpga/2015/30/contents/enacted>

Modern Slavery Strategy (DoH) 2014

<https://www.gov.uk/government/publications/modern-slavery-strategy>

Human Trafficking@The Government's Strategy (2011)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97845/human-trafficking-strategy.pdf

Safeguarding Children Who May have been Trafficked (2011)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/177033/DFE-00084-2011.pdf

Prevent:

Prevent is a component of the government Counter Terrorism strategy working with sectors and institutions where there are risks of radicalisation, for example, education and healthcare providers, faith groups, charities and the wider criminal justice system.

Prevent operates within the pre-criminal space, supporting and protecting individual's (adults and children) who may be susceptible to radicalisation and helping to divert them away before any crime is committed.

The Counter Terrorism and Security Act 2015 (Part 5) places legal duty on public bodies (including health) to:

‘have due regard to the need to prevent people from being drawn into terrorism’.

The overall expectation within the Act and statutory guidance is that action will be taken to ‘mainstream’ efforts to identify, safeguard and intervene earlier with those at risk of being drawn into support for extremism.

Counter-Terrorism and Security Act

<http://www.legislation.gov.uk/ukpga/2015/6/contents/enacted>

Looked after Children (LAC)

Promoting the health and well-being of looked-after children Statutory guidance for local authorities, Integrated Care Boards and NHS England March 2015

[https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting the health and well-being of looked-after children.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked-after_children.pdf) outlines the duty upon LICB and NHS England to cooperate with requests from local authorities to undertake statutory health assessments and help them ensure support and services to looked-after children are provided without undue delay:

- Local authorities, LICB, NHS England and Public Health England must cooperate to commission health services for all children in their area.
- The health needs of looked-after children should be taken into account in developing the local Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy
- Every local authority should have agreed local mechanisms with ICBs to ensure that they comply with NHS England’s guidance on establishing the responsible commissioner in relation to secondary health care when making placement decisions for looked-after children and to resolve any funding issue that arise

The Intercollegiate Document describes the competency requirements of health practitioners undertaking the statutory initial and review health assessments.

[http://www.rcn.org.uk/_data/assets/pdf_file/0008/474587/Safeguarding Children - Roles and Competences for Healthcare Staff 02 0....pdf](http://www.rcn.org.uk/_data/assets/pdf_file/0008/474587/Safeguarding_Children_-_Roles_and_Competences_for_Healthcare_Staff_02_0....pdf)

Adult Safeguarding:

The safeguarding adult agenda promotes the importance of early intervention and prevention and – along with safeguarding children – reinforces the mantra that

“safeguarding is everybody’s business”

As with children there have been a number of developments which have impacted on the Safeguarding Adults agenda: many of which have resulted in significant media attention. The failures identified through the public inquiry into Mid Staffordshire NHS Foundation Trust and the findings of the Department of Health Review of Winterbourne View Hospital

highlight the need to have a robust approach to ensuring and assuring quality of care has both a safety and safeguarding approach

Care Act

<https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation>

MCA DoLS

<https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>

DOL Safeguard

<http://www.scie.org.uk/mca-directory/dols.asp>

Local Context

Figure 1 below shows the county of Lincolnshire and its main health and social care providers. The shaded areas are the ICB of relevance to this Strategy.

Lincolnshire is the fourth largest county in England with an estimated population of 718, 000, of whom 22% are aged under 19 years.

Lincolnshire has 5.7 GPs and 4.8 GP practice nurses per 10,000 people. There are 101 main GP practices across Lincolnshire.

The main acute provider in Lincolnshire is United Lincolnshire Hospitals NHS Trust, with sites in Lincoln, Boston and Grantham. Lincoln Hospital is the largest hospital, with over 88,000 inpatients and 65,000 emergency cases last year.

The community provider, Lincolnshire Community Health Services NHS Trust, runs John Coupland Hospital in Gainsborough, Skegness and District General Hospital, Johnson Community Hospital in Spalding and County Hospital Louth, offering 155 beds. Lincolnshire Partnership Foundation Trust provides mental care services, with 256 beds across hospitals and placements in the county.

The Safeguarding Team is in place to provide a countywide safeguarding service across Lincolnshire. The team's principle remit is to ensure delivery of the safeguarding strategy.

This strategy is supported by a number of ICB policies including a ICB Safeguarding Children Policy, Safeguarding Adults Policy, Safeguarding Training Policy, Policy in response to allegations that a member of staff has perpetrated or contributed to abuse and Policy for raising concerns and 'whistle blowing'.

The strategy acknowledges the principles and multi-agency working explicit within the Children and Young People Plan, the Local Safeguarding Children Boards Business Plans and Safeguarding Adults Board Business Plan.

Lincolnshire ICB are represented on both Safeguarding Boards by the Executive Nurse who is the Governing Body identified lead for safeguarding, supported by the Designated Nurse for Child and Adult Safeguarding.

A Safeguarding Strategy Group is in place to inform commissioning across the ICB and to promote and assist effective inter-organisation co-operation in order that statutory health bodies operating in Lincolnshire co-operate and discharge their statutory safeguarding responsibilities effectively.

Lincolnshire ICB Quality and Patient Experience Committee provides assurance that commissioned services are being delivered to a high quality and in a safe manner, ensuring that quality sits at the heart of everything the ICB does. The Committees seek assurance from the Safeguarding Team that effective processes are within provider organisations and the commissioning organisation regarding:

- safeguarding children, young people and adults at risk
- domestic abuse
- PREVENT agenda.

Our Vision

We will work closely with others to ensure that all of the services we commission have regard to our duty to protect individual human rights, treat individuals with dignity and respect and safeguard against abuse, neglect, discrimination, embarrassment or poor treatment and continue to strengthen arrangements for safeguarding adults and children across Lincolnshire, working collaboratively with partner agencies.

We know we will have achieved this vision when:

- Local organisations respond in a timely and effective way to concerns about abuse;
- Individuals who are vulnerable and their families and carers have access to the support and services that they need;
- Children, young people and adults who are at risk have their voices heard within safeguarding procedures and services.

Aims of the Strategy

The aims of the strategy are:

- To ensure that statutory functions are met;
- To commission services to ensure, first and foremost that children young people and adults at risk of abuse are safe;

- To encourage, embed and maintain the best safeguarding practice across Lincolnshire;
- To ensure continuous improvement and compliance with national and local policies;
- To develop and implement systems for quality monitoring that are robust, auditable and effective;
- To evidence commissioned services achieve local priorities and demonstrate progress on improved safeguarding practice through the use of specific contractual arrangements and metrics within provider organisations
- To maximise contribution to the business plans for the Local Safeguarding Children Board, Local Safeguarding Adults Board and Public Protection Board;
- To ensure effectively contribute to multi-agency approaches such as MAPPA, MARAC, PREVENT and the developing Multi-agency Information Sharing Safeguarding processes and co-location areas;
- To learn the lessons and good practice from serious case reviews, domestic homicide reviews, significant incident learning processes, local and national enquiries.

Our Priorities

A number of key priorities have been identified aligned to our partnership arrangements which will ensure the ICB establish clear lines of responsibility and accountability for safeguarding children, young people and adults at risk they are to:

- Ensure ICB Governing Bodies understanding and capability to respond to statutory responsibilities;
- Develop monitoring systems to obtain assurance for safeguarding training and development to all NHS providers including independent contractors;
- Demonstrate processes and systems to ensure effective contribution to partnership arrangements;
- Review and benchmark policy in response to legislation, practice guidance and learning from Serious Case Reviews, Serious Incident Learning Processes, Domestic Homicides and other review processes;
- Strengthen processes of securing assurance from both NHS and Independent health care providers, regarding safeguarding compliance.
- Ensure an appropriate system of supervision is in place and accessed for all staff who are involved in safeguarding and child protection work, including urgent care and midwifery, in line with inter-collegiate professional requirements;

- Provide a central point of contact for the ICB and partner agencies across Lincolnshire and develop a management information system to provide ICB with assurance regarding the safeguarding of vulnerable groups within their resident populations;
- To support the Executive Nurses in the development of effective quality assurance mechanisms for health funded Adult Health Care Placements within care homes and domiciliary settings;
- Ensure effective partnership working provides robust response to meeting the health needs of looked after children:
 - Placed by an external authority into Lincolnshire
 - Corporately parented children placed outside of Lincolnshire
- Strengthen contractual arrangements for children and adults in 'out of area' provision / residential care adults
- Commission or undertake audits or evaluations that arise from national or local intelligence
- Seek assurance and evidence that rights of patients and compliance with the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (2007) are being recognised and actioned within care planning, policies, guidance and training
- Benchmark policies and procedures for safeguarding and promoting the welfare of children, young people and adults at risk of neglect or abuse.
- Develop a local safeguarding network for health professionals to:
 - Maximise the safeguarding specialist resource
 - Integrate safeguarding training developments and practice
 - Develop safeguarding champions across the health economy including primary care
 - Ensure equitable access to safeguarding advice and support
 - Engagement with safeguarding services users
- Contribute to commissioning governance and assurance processes e.g. quality review of the contract quality schedule to provide effective scrutiny of the evidence of NHS provider organisations executing their statutory obligations regarding safeguarding children and adults and in delivering improved outcomes for children and young people who are looked after;
- Support GPs to properly equip and develop competencies for their roles in safeguarding adults at risk, child protection and meeting the needs of children in care through access to robust development opportunities. Under the delegated function of the new Co-commissioning arrangements for Primary Care Services (April 2015), ensure that the GP services commissioned have effective safeguarding arrangements in place and are compliant with the MCA.

Delivering the Strategy

Our vision and priorities will be delivered through implementing a safeguarding work plan and working alongside existing partnerships for both children and adult safeguarding. This will be monitored and reviewed by the Safeguarding Team and reported to the Safeguarding Strategy Group

A time scale will be agreed against each priority, and a responsible lead identified through the safeguarding work plan. The work plan will develop and emerge over time to include additional activity as required through any review processes or changes to either local or national guidance or requirements.

Safeguarding activity, risks and issues will be reported to the relevant ICB Quality and Patient Experience Committee and from there to individual ICB Governing Bodies.

The Safeguarding Team will advise on safeguarding issues related to ICB boundaries, and collaborative commissioning responsibilities and produce reports as required on Lincolnshire wide and ICB specific safeguarding issues and regional/national policy changes.

The ICB will, through the Safeguarding Team, work alongside the neighbouring Integrated Care Boards, in order to ensure that a pro-active approach is maintained both through the specific safeguarding work streams and also in the commissioning of services for children and their families, and for services to adults at risk.

The integration of safeguarding alongside additional elements of ICB work will ensure that we have a coordinated and proactive approach to the safety and welfare of the population we serve. Examples of this include close liaison with other quality and safety functions including the Quality Team, Continuing Health Care Team and with other health commissioners including child health, mental health and learning disabilities commissioning.

The diagram illustrates the governance structure for safeguarding in Lincolnshire, showing the relationships between various boards, committees, and NHS England groups. The structure is organized into several levels:

- Top Level (Boards):**
 - Public Protection Board** (top center)
 - Lincolnshire Safeguarding Children's Board** (middle left)
 - Lincolnshire Safeguarding Adult's Board** (middle right)
 - CDOP** (middle right, below the Children's Board)
 - MAPPA/DA/MARAC/Prevent** (middle right, below CDOP)
- NHS England Groups (Left Column):**
 - Health and Wellbeing Board** (top left)
 - NHS England Quality Surveillance Group** (below Health and Wellbeing Board)
 - NHS England Quarterly Checkpoints** (below Quality Surveillance Group)
 - NHS England Performance and Assurance Monthly Meeting** (below Quarterly Checkpoints)
 - NHS England Safeguarding Forum** (bottom left)
- ICB Governance (Center/Right):**
 - ICB Governing Body** (center, Oversight of Safeguarding Strategy Functions)
 - ICB Council** (right, Oversight of collaborative commissioning arrangements)
 - ICB Quality and Patient Experience Committee** (center, Provides assurance to the Governing body that ICB and commissioning services effectively delivering safeguarding duties)
 - ICB Safeguarding Strategy Group** (right, Oversight of Safeguarding Team Strategy Delivery)
 - Quarterly Provider Quality Review/Patient Safety Meetings** (bottom center, Monitor the key Performance indicators for safeguarding)

Relationships (indicated by dashed lines):

- The **Public Protection Board** oversees the **Lincolnshire Safeguarding Children's Board** and the **Lincolnshire Safeguarding Adult's Board**.
- The **Health and Wellbeing Board** oversees the **NHS England Quality Surveillance Group**.
- The **NHS England Quality Surveillance Group** oversees the **ICB Governing Body**.
- The **Lincolnshire Safeguarding Children's Board** oversees the **CDOP** and the **MAPPA/DA/MARAC/Prevent**.
- The **Lincolnshire Safeguarding Adult's Board** oversees the **ICB Governing Body** and the **ICB Council**.
- The **ICB Governing Body** oversees the **ICB Quality and Patient Experience Committee** and the **Quarterly Provider Quality Review/Patient Safety Meetings**.
- The **ICB Council** oversees the **ICB Safeguarding Strategy Group**.
- The **ICB Quality and Patient Experience Committee** oversees the **Quarterly Provider Quality Review/Patient Safety Meetings**.
- The **Quarterly Provider Quality Review/Patient Safety Meetings** monitor the key Performance indicators for safeguarding.
- The **NHS England Quarterly Checkpoints** oversee the **ICB Governing Body**.
- The **NHS England Performance and Assurance Monthly Meeting** oversees the **ICB Governing Body**.
- The **NHS England Safeguarding Forum** oversees the **ICB Governing Body**.

Roles and Responsibilities

Lincolnshire ICB have identified key personnel to ensure that the priorities within this strategy are achieved. These are identified in Table 1 below.

ROLE	RESPONSIBILITIES
Accountable Officer	<p>The ICB Accountable Officers remain ultimately accountable for safeguarding in their ICB to:</p> <ul style="list-style-type: none"> • ensure that the health contribution to safeguarding and promoting the welfare of children and vulnerable adults is discharged effectively across the whole local health economy through the organisation's commissioning arrangements; • ensure that the organisation not only commissions specific clinical services but exercises a public health responsibility in ensuring that all services users are safeguarded from abuse or the risk of abuse; • ensure that safeguarding is identified as a key priority area in all strategic planning processes including collaboration with the Health and Wellbeing Board; • ensure that safeguarding is integral to clinical governance and audit arrangements; • ensure the ICB co-operates with the Local Authority in the operation of the Local Safeguarding Children Board (LSCP) and Local Safeguarding Adult Board (LSAB); • ensure that safe recruitment processes are complied with and act in accordance with the NHS employers regulations;
Executive Nurse	<p>The Executive Nurse has delegated responsibility from the Accountable Officer for:</p> <ul style="list-style-type: none"> • Membership of LSCP/LSAB; • Oversight of local safeguarding services across commissioning organisations; • Securing the expertise of Designated Professionals; • Securing the expertise of an Adult Safeguarding & MCA Lead; • Ensuring the coordination of safeguarding services within health for their local health economy;

	<ul style="list-style-type: none"> • Ensuring lessons learned from case reviews are shared across health economy; • Ensuring effective systems of information sharing are in place; • Providing assurance on performance for services commissioned by ICB; • Oversight and executive sign off of relevant safeguarding reviews • Ensuring access to supervision for Designated/Adult Safeguarding Leads.
Designated Professionals and Head of Safeguarding Adults	<p>The Designated Doctors and Nurse for Safeguarding and Looked After Children have responsibility for:</p> <ul style="list-style-type: none"> • Advising Members of LSCP/LSAB • Providing safeguarding advice to organisations across the health community; • Advising and input into the development of practice guidance and policies for all health staff and ensure that performance against these is appropriately audited; • Providing expert advice (direct and indirect) to colleagues on adult safeguarding and the assessment, treatment, and clinical services for all forms of child maltreatment including FII, child sexual abuse, honour-based violence, trafficking, and detention; • Participating in the National Designated Health Professionals Safeguarding Network • Ensuring all health organisations including GP's are aware of decisions to conduct an SCR/ DHR or other review; • Ensuring all information gathering requests for LSCP/LSAB are completed on behalf of ICB & AT; • Providing supervision to named professionals; • Facilitating Whole System Training; • Support GPs to produce Agency Narrative Reports for patients at their surgery and ensure recommendations from SCRs etc are completed; monitor evidence and impact of recommendations; • Applying standard assurance models as agreed across health economy including review of Markers of good practice /S11 assurance framework Dept. of Health Safeguarding Assessment Framework (SAAF); Monitoring visits etc.
ICB Individual Staff Members	<p>Employees of the ICB have a responsibility to:</p>

	<ul style="list-style-type: none"> • Be alert to the potential indicators of abuse or neglect for children, young people and adults and know how to act on those concerns in line with local guidance; • Undertake training in accordance with their roles and responsibilities as outlined by the training frameworks of the LSCP and LSAB so that they maintain their skills and are familiar with procedures aimed at safeguarding children and adults at risk; • Understand the principles of confidentiality and information sharing in line with local and government guidance; • All staff contribute when requested to do so, to the multi-agency meetings established to safeguard children, young people and adults at risk.
GP Member practices	<p>GP Member Practices identify a safeguarding GP Lead who will:</p> <ul style="list-style-type: none"> • Provide leadership and advice to members of the practice; • Where possible participate in clinical forums relating to safeguarding; • Ensure effective mechanism for communication in the practice; • Ensure practice staff are aware of information sharing processes; • Ensure that relevant case specific information is shared where required to support safeguarding investigations; • Ensure that all staff in practice have appropriate level of safeguarding training and are aware of policies; • Ensure practice has list of all staff training & Disclosure and Baring Service (DBS); • Ensure relevant recommendations are applied, and embedded; • Ensure supervision available to all colleagues.

Equality statement

The ICB in Lincolnshire aim to commission services, policies and measures that meet the diverse needs of our population. In the development of this strategy due regard has been given to those people with characteristics protected by the **Equality Act 2010**. The strategy has been assessed to positively promote equality, support the **Equality Delivery System 2** and is consistent with the **NHS Constitution**.