Safeguarding in the context of Health

- Complexity of the new health landscape as CCGs merge into ICBs; maintaining a robust placed based safeguarding function which is congruent with the local authority.
- Capacity of health services to meet increased demand for care, exacerbated by the increased complexity of need for some CYP presenting, with limited resources, high levels of staff vacancies and on-going peaks in covid infections.
- Effective multi-agency collaboration has enabled innovative and creative solutions to be reached to manage high risk safeguarding cases.
- High level of commitment and involvement of health to support the Afghan Resettlement programme and the Ukrainian Crisis response, ensuring the needs of children and families are identified and supported.
- Review of arrangements for Initial Health Assessments for Looked after children to increase quality and timeliness.
- Investment in SEND to increase capacity and timeliness of ASD assessments.
- Preparation for the introduction of the LPS; extensive training offered across the health economy on MCA.

Contribution to the Partnership

- Representation from Director of Nursing of each ICS as part of the statutory partnership arrangements
- Joint in – put into planning of safeguarding priorities
- Forum for partnership and system learning
- SET approach to Safeguarding policy and practice development
- Health Executive Forum – all health agencies represented (provider and commissioner) collegiate view feeding in to ESCB
- Strong locality working - Quadrant locality Stay Safe groups in place
- Sharing of intelligence and key agency concerns

Risks During Transition Period

- Maintaining stability of staff and teams at a time of organisational change
- Statutory partnerships facing a number of Local Authority footprints and systems Essex/Herts/Suffolk/Southend/ Thurrock
- Capacity to ensure visibility and presence at both the strategic and operational level
- Stability, and continuity of relationships
- Managing wider understanding of complexities (NHSE/I - ICS footprint doesn't work for safeguarding in our system)
- Risk of fragmentation we need to maintain strong collaborative working and an aligned and consistent approach (3 ICS's in the Essex footprint)
- Understanding in relation to joint accountability for assurance
- New emerging inspection regime with CQC

Emergence from COVID

- Increased complexity and number of children and young people presenting with mental health illness and/ or behavioural difficulties requiring system level oversight and intervention.
- Insufficient provision within the system to support the complexity of need for those children, challenging existing resources.
- Evidence of effective multi-agency partnership working, via virtual platforms, to seek innovative and creative solutions to provide wrap around support for very vulnerable CYP, i.e., EWMHS crisis team support, whilst awaiting appropriate placement.
- Collaborative approach to escalation for looked after children at risk of placement breakdown, recognising the corporate responsibilities of each statutory body.
- Local system pressures within acute paediatric services and the 0-19 provision, due to staffing shortfalls, requiring targeted intervention for those CYP and families identified as most vulnerable.
- Risk of hidden vulnerable children within universal services, as evidenced by the recent increase in NAIs to young infants.
- Reduced opportunities for effective prevention and early intervention.
- Continuation of a hybrid model of virtual consultations, particularly for Primary Care, with low thresholds for conversion to face to face.

Examples of positive progress

- Joint working with the Hertfordshire safeguarding team to share examples of best practice, i.e., SET CDR provision, Hertfordshire Primary Care electronic Child Protection report template, focused safeguarding training sessions.
- Multi-agency training on the emotional well-being of separated migrant children/ trauma informed practice delivered by Refugee Council in west Essex, to enable practitioners to support the high number of SMC placed in Harlow.
- Procurement of SET CAMHS and Tier 2 virtual support
- Focus on transitions within commissioning
- Work to embed learning from National CSPR 'The myth of invisible men' within local health economy.

DRAFT Midlands Safeguarding Maturity Matrix for delivery April 2022

	Emerging 1	Developing 2	Mature 3
Vision and strategic planning	• ICS has been prioritised however planning has only recently commenced. • It has been identified that planning should span neighbourhood, place and system level with some services identified to develop plans	• There is a plan to develop a shared vision and shared narrative with alignment to national policy / NHS LTP / intercollegiate documents etc • Plans span neighbourhood, place and system level • Safeguarding vision and planning is holistic and include community, primary, hospital and specialist care services	• Vision is clearly articulated with a shared narrative and there is alignment to national policy /NHS LTP/intercollegiate documents etc • Plans span neighbourhood, place and system level • Safeguarding planning and delivery is holistic and include community, primary, hospital and specialist care services
Enablers	• There is an understanding of planning required across universal, targeted and specialist services for safeguarding • To identify and develop joint governance arrangements across local authorities, the third sector and the NHS • Plan and identify safeguarding team/s across the ICS • Plan and Identify key workstreams for a coordinated approach • Gather collective data across the ICS to inform workstreams and population needs	• Understanding of the population is developing across universal, targeted and specialist services • There is a plan to develop joint governance arrangements across local authorities, the third sector and the NHS • Safeguarding oversight for co commissioning models of health and care services • Partnership working – Able to provide examples which demonstrate improvements in safeguarding workstreams • Safeguarding team/s planned and being developed • Workstreams being developed for coordinated approaches across primary, community and secondary care. • Develop and review data to support the safeguarding workstreams	• Well-developed understanding of the whole population across universal, targeted and specialist services • Joint governance arrangements are in place for safeguarding. This may be demonstrated via shared policies. • Good partnership working examples seen and improvements demonstrated in safeguarding workstreams • Data sharing agreements are in place. • Strong safeguarding leadership is in place with strong working relationships • Well developed workstreams with coordinated approaches across primary, community and secondary care • Robust data is in place to support the safeguarding workstreams
Partnership working	• Engage and support joint working around safeguarding responsibilities through new and existing partnership arrangements.	• Develop strong partnership arrangements with statutory partners • Ensure safeguarding policies and procedures are coproduced including citizens with lived experience	• Evidence of established partnership arrangements • Embed and align coproduced safeguarding polices and procedures through the ICS • Partnership working to have insight across and beyond the ICS • Representation from each partner/stakeholder is proportionate