### SUPPORTING DOCUMENTATION

# Appendix 1

#### Summary of safeguarding arrangements

#### The Children and Young People's Trust:

Brighton and Hove's Children and Young People's Trust is compliant with legislation and statutory guidance, i.e., in line with the Children Act 2004 the City Council has appointed a Director of Children's Services (DCS) and designated a Lead Member for children's services with responsibility for all relevant functions including the arrangements to secure co-operation and establish LSCB. The DCS and Lead Member both fulfil a key leadership role in bringing together local partners, both statutory and non statutory across the full range of children's services.

Also in line with the Children Act 2004, and in accordance with the statutory guidance 'Working Together 2006', the city council has established a Local Safeguarding Children's Board (LSCB). The Board includes representatives of relevant persons and bodies in the city (see below).

Because Brighton and Hove's CYPT has been established since November 2006, it is in a strong position to demonstrate compliance with the new Children's Trusts Statutory Guidance on inter-agency cooperation to improve well-being of children, young people and their families (November 2008), particularly in respect of safeguarding and child protection, i.e. 'Safeguarding children depends on effective joint working between agencies and professionals that have different roles and expertise. In order to achieve this joint working, the Children's Trust needs to take a strong lead in emphasising to all partners the importance of universal, targeted and responsive safeguarding. It has a key role to play in ensuring that planning and commissioning of services takes account of the need to safeguard and promote children's welfare. The Children's Trust should consult the Local Children's Safeguarding Board on coverage and performance of services that contribute to the 'staying safe' outcome (2.12)'.

The CYPT's Quality and Performance Branch provides offline assurance and support to all of the Trust's services including safeguarding and child protection arrangements in order to ensure compliance with legislation, statutory guidance and national standards. The branch includes:

A Quality Assurance Programme Manager: to maintain an overview of quality assurance in social care services through regular case file auditing; act as LSCB Business Manager; and oversee safeguarding policies and procedures to ensure compliance to legislation.

The Senior Independent Review Officer (IRO); the IRO team chair both child protection conferences and looked after children (LAC) reviews. They are independent of operational and line management responsibility and have the status to ensure inter-agency commitment to effective safeguarding and child protection practice.

The Nurse Consultant Safeguarding & Designated Nurse: provides local health economy safeguarding children assurance and compliance to the PCT.

The Head of Nursing, Governance and Safety; this new post is responsible for service governance and risk management across the CYPT, including the interface with the PCT and the city council, which underpins much of the work outlined in this section.

The Senior Performance Development Manager: the performance team provides operational managers with monthly monitoring reports of social care data including safeguarding and child protection.

The Manager for the Youth Advocacy and Participation Team: provides support to some children and young people involved in the safeguarding and children in care system

The CYPT has in place a comprehensive range of safeguarding and child protection services as a key element of its wider integrated provision, i.e. front-line safeguarding and child protection services are delivered primarily through area safeguarding teams as part of the CYPT's integrated locality based services, and include child protection support to the Social Work Team at the Children's Hospital. Each safeguarding team provides an immediate front line response to enquiries and referrals through their duty and assessment teams and on going casework support through their family support and long-term teams for looked after children and those with a child protection plan.

Safeguarding and child protection services are also provided by specialist services within the CYPT or commissioned from the Community and Voluntary Sector including: the CYPT's Integrated Disability Team, the Fostering & Adoption, the 16+ Team; Clermont Child Protection Unit; Safety Net; and RISE (Women's Refuge). Other Child Protection Services, and particularly those provided by Sussex Police full under the remit of the LSCB.

A range of management and assurance process is in place to ensure the effectiveness of these services, i.e. the DMT Safeguarding Sub Group is a meeting of 2<sup>nd</sup> and 3<sup>rd</sup> tier managers to oversee safeguarding and care pathways and to report to the CYPTs senior management team (DMT).

Front-line safeguarding and child Protection arrangements include: all referrals are seen by the practice managers who oversee the allocation of cases; all social care staff provided with regular one to one supervision; Section 47 procedures in place to trigger child protection investigations including strategy discussions, initial child protection conferences, core group meetings, review child protection conferences. Multidisciplinary Area Panels chaired by Assistant Directors consider cases where children are at risk of exclusion, eviction or entering care. Specialist arrangements include placement stability meetings and disruption meetings, professional meetings for children in need planning

Arrangements to quality assure the work of front line services include:

A programme of quarterly case file audits and monthly Section 47 audits; LSCB bi-annual auditing of a sample of child protection cases to ensure compliance with procedures; an annual thematic audit by the LSCB, which is informed by performance data and challenge at the LSCB and includes scrutiny of case files to address specific issues of concern (e.g. 2006 Referrals and Re-referrals; 2007 Child Sexual Abuse).

Every school has a designated child protection co-ordinator and the CYPT has a named senior officer and three local authority designated officers (LADO's) to deal with allegations against members of staff.

In order to ensure front line staff have the support, skills and capacity to deliver effective safeguarding and child protection services the CYPT has in place: an integrated Safeguarding Children Training and Development Strategy 2007 –2010, that has been approved by CYPT DMT and LSCB. The strategy comprises staged approach to training and development in safeguarding with different staff being required to access specific levels dependant on the skills, knowledge and competencies that are needed to fulfill their role. The training programme is based on the Children's Workforce Development Strategy is underpinned by a range of professional leadership and development initiatives including post qualification training. The CYPT are partners in Research in Practice and Making Research Count both of which promote evidence based practice, and learning from child care research, to staff in the Trust.

Front line safeguarding and child protection services commissioned and provided by the CYPT are subject to regular external inspection. Foremost of these is Ofsted's Annual Performance Assessment of Children's Services, which will be revised as part of implementing the new Comprehensive Area Assessment regime from April 2009. In addition the GOSE Children's Service Advisor meets regularly with senior managers in the CYPT to review safeguarding and child protection practice, including Serious Case Reviews.

# The Local Health Economy:

The PCT is expected to have an overview of local health economy Safeguarding Children arrangements in the city and be assured that NHS safeguarding functions are in place and undertaken. These functions include:

- Senior engagement at the Local Safeguarding Children Board
- Safeguarding Children Commissioning arrangements are in place
- Have a designated doctor and designated nurse for Safeguarding Children
- Ensure all statutory health trusts have a named doctor and named nurse in place and are compliant with all relevant NHS safeguarding standards.
- Have Child Death Overview Panel, Child Death Rapid Response and Serious Case Review processes in place
- Have a designated nurse and designated doctor for Looked After Children
- Ensure Safeguarding children is embedded within NHS governance systems across the city
- Allegations against staff are reported and managed in line with safer workforce guidance
- Safeguarding children in general practice is in place

A number of safeguarding children systems and arrangements are used in Brighton and Hove City to provide an overview of statutory health organisations, independent health providers and NHS staff learning and development. Statutory health organisations provide the PCT with a number of key safeguarding children documents to demonstrate safeguarding governance and Core Standard 2 compliance. These documents form part of the evidence required by health organisations for inspection purposes so do not create unnecessary additional work. If more detailed in depth service or practice information is required it can be requested from the NHS trust or independent provider. The LSCB undertakes multi-agency audit work which along side, complaints, plaudits, training and practice issues arising from other LSCB subgroups are used to identify when more in depth scrutiny is required.

A city wide 'Safeguarding Children Local Health Economy Quality Framework' (2007) makes explicit health sector safeguarding arrangements and systems. This document was endorsed by Brighton and Hove City PCT (B&HC PCT) during 2006, then by BSUH, SDHT, and SPT during 2006/07 and then by the Local Safeguarding Children Board in 2007. Since production of this document there has been organisational change in the city therefore safeguarding children lines of accountability have been reviewed and are being updated.

Safeguarding children developments during 2008 have included: setting up the Child Death Overview Panel, strengthening Child Death Rapid Response practice and delivery, reviewing health sector input into the Brighton and Hove Multi-Agency Risk Assessment Committee (MARAC) and the wider domestic abuse agenda. Any gaps in connections and/or systems identified, or which emerge through service delivery, or case/service reviews and which impact on safeguarding children will be considered and where appropriate added into the PCT local health economy overview and made explicit as expectations in a PCT Safeguarding Children Policy which will be developed this year to replace the 'Safeguarding Children Local Health Economy Quality Framework' (2007).

Each Statutory health organisation providing services in the city is required to provide evidence of compliance with Standards for Better Health Core Standard 2 and NHSLA Risk Management Standards for child protection and safeguarding.

A summary of this evidence is shared with B&HC PCT via the designated nurse. An assurance review process for this evidence is currently being discussed to ensure and to inform full understanding of local health economy safeguarding children issues. 'Independent Health Care Provider Safeguarding Children Assurance packages also need to be in place. A GP Child Protection Local Enhanced Service (LES) is already in place and was reviewed during 2008. Others arrangements are required for: Dentists, Pharmacists, Opticians, large independent health care providers, and other community health care providers.

The PCT Named Doctor and Named Nurse have undertaken extensive work with GP surgeries. A Safeguarding children lead has been identified in each primary care team. A training programme has been delivered for GP Practices. A report has been produced for this committee outlining what has been achieved and next stage developments.

Some work is already underway with other independent providers to review and support their safeguarding children arrangements. Some of the larger providers are linked into the Brighton and Hove Safeguarding Children Coordinators group.

The CYPT provides assurance through its Children and Young People's Integrated Care Governance system that health care is safe, effective and informed by relevant evidence. Compliance with health care standards is provided through joint working with Southdowns Health NHS Trust, Sussex Partnership Trust and Brighton and Hove City PCT. The Designated Professionals for Child Protection (who are hosted in the CYPT) provide local health economy safeguarding children assurance and compliance evidence to the PCT via the PCT Integrated Governance Committee and PCT Child Protection & Safeguarding Lead Director. Accountability for delivery of this assurance is through the Section 75 Agreement.

The CYPT has separated named and designated nurse functions, which were co-located in the same post during 2008 so that the PCT can be assured there is no conflict of interest for assurance purposes for those undertaking these functions. Designated and named doctor functions will also be separated into separate posts during 2009. Safeguarding Children specialist roles will be regularly reviewed and updated.

A range of safeguarding commissioning indicators and a number of safeguarding service delivery standards have been developed which can be used to underpin commissioning contracts and service level agreements. Service Level Agreements/Understandings are being reviewed or developed to ensure transparency and clarity between and across the local health economy providers and commissioners.

Public involvement in the scrutiny and review of NHS safeguarding children arrangements is through non-executive membership of the Children and Young People Integrated Care Governance Board and through CYPT and PCT connections with patient forums. These links should be transparent and will be brought back to the PCT IGC for review and discussion.

# The Local Children's Safeguarding Board (LSCB):

The LSCB is the key statutory mechanism to co-ordinate the safeguarding agenda in the city and ensure the effectiveness of local arrangements to safeguard and promote the welfare of children and young people.

The member agencies are: City Council and CYPT, Sussex Police, Brighton and Hove City Primary Care Trust, Brighton and Sussex University Hospitals NHS Trust, Southdowns NHS Health Trust, Sussex Partnership NHS Trust, South East Coast Ambulance Service, Sussex Probation, National Society for the Protection of Cruelty to Children, RISE (Women's Refuge), Children and Family Court Advisory Support Service, Community and voluntary Sector Forum (represented by Safety Net).

Partners have a duty under S.11 of the Children Act 2004 to ensure their functions are discharged with regard to the city's safeguarding agenda. The core functions of the LSCB are set out in Working Together 2006, and it achieves these through 7 sub groups: Planning & Review; Child Protection Liaison; Training; Health Advisory; Staying Safe; Education Child Protection; Safer Recruitment; and participation in the Pan Sussex Procedures Group.

The LSCB is the responsible body for reviews of serious cases, either as a formal Serious Case Review or through Individual Management Reviews. These run alongside the Serious Untoward Incident procedures for health and the Youth Offending Team Serious Incident Reporting. Lessons learned are disseminated to staff through bulletins and staff seminars approved by the Integrated Care Governance Board and the DMT Safeguarding Sub Group.

The LSCB is also responsible for ensuring the effective operation of the Child Death Overview Panel, strengthening Child Death Rapid Response practice and delivery, and reviewing health sector input into the Brighton and Hove Multi-Agency Risk Assessment Committee (MARAC) and the wider domestic abuse agenda.

The effectiveness of the LSCB is reviewed as part of Ofsted's Annual Performance Assessment of Children's Services. The LSCB has a three-year strategy and an annual business plan. Following a strategic review in august/September 2008 the LSCB made three significanct changes in December 2008:

- To appoint an Independent Chair
- To create a new Executive Sub Group (and enable the Planning and Review Group to focus on monitoring and evaluation)
- To allocate more resources for the operating costs and responsibilities of the LSCB