Item Number: 564.

Meeting Title: Governing Body	Scarborough and Ryedale Clinical Commissioning Group
Meeting Date: 28 November, 2018	
Report's Sponsoring Governing Body Member: Carrie Wollerton, Executive Nurse	**Report Author: Carrie Wollerton, Executive Nurse**

1. Title of Paper: Safeguarding Children Enhanced Capacity and Succession Planning Proposal

2. Strategic Objectives supported by this paper:

To create a viable & sustainable organisation, whilst facilitating the development of a different, more innovative culture.	☐
To commission high quality services which will improve the health & wellbeing of the people in Scarborough & Ryedale.	☒
To build strong effective relationships with all stakeholders and deliver through effectively engaging with our partners.	☒
To support people within the local community by enabling a system of choice & integrated care.	☐
To deliver against all national & local priorities including QIPP and work within our financial resources.	☒

Executive Summary:

The attached business case sets out a proposal to increase the safeguarding children team capacity for the four CCGs across North Yorkshire and York (Hambleton, Richmondshire and Whitby (HRW), Harrogate and Rural District (HaRD), Vale of York (VoY), and Scarborough and Ryedale (SR) CCGs), and to build a framework for succession planning given the paucity of suitably experienced and available nurses.

The case describes an approach that combines an increase in hours, and a new developmental post that recognises the increasing scope of safeguarding children practice both nationally and locally, areas for development recognised during regulatory inspections, and additionally combines this with a way of 'growing our own' to take account of the urgent need to start and embed succession planning.

The paper takes members through the CCGs statutory functions and expected staffing levels, and summarises the driving forces behind the proposal presented. The business case has been under discussion for several months and has now been revised to include an April 1 2019 start date in order to enable longer financial planning time and in recognition that the appointment process is likely to be a number of months.

3. Risks relating to proposals in this paper:

That the CCG is unable to meet its statutory obligations in regard to safeguarding children

That the Designated Professionals employed currently decide to retire prior to their intended dates, and we are unable to recruit given the paucity of experienced staff in this specialty

That we are unable to recruit to the development post, or that the new recruit does not progress quickly enough to be a suitable applicant for a Designated post when advertised in the future, however

The increased capacity would constitute a permanent increase to the current establishment of the team and will be a cost pressure for the CCG in terms of 2019/20 planning

4. Summary of any finance / resource implications:

As set out in Section 6 of the business case and full year effect (2019/20) as follows:

SRCCG	£10,772	15.28%
VoYCCG	£31,866	45.20%
HaRDCCG	£15,200	21.56%
HRWCCG	£12,662	17.96%

5. Any statutory / regulatory / legal / NHS Constitution implications:

The CCG are potentially unable to meet their statutory responsibilities around Safeguarding Children including looked after children and child protection due to a shortfall in necessary capacity.

6. Equality Impact Assessment Completed? (Not Relevant):

7. Quality Impact Assessment Completed? (Not Relevant):

8. Any related work with stakeholders or communications plan:

Discussed with partners on the Safeguarding Children Boards and CCG Chief Nurses

9. Recommendations / Action Required

The CCG is asked to consider and approve the proposal to permanently increase the capacity of the Safeguarding team from April 2019

10. Assurance

The CCGs arrangement's for children's safeguarding are monitored by Ofsted (looking at services across the LA boundaries), CQC and NHS England

For further information please contact:

Name: Carrie Wollerton Title: Executive Nurse Phone number: 01723 343675

NHS
Scarborough and Ryedale
Clinical Commissioning Group

Business Case

Safeguarding Children Enhanced Capacity and Succession Planning Proposal

C Wollerton

15/11/2018 (revised)

Contents

1. Introduction and Background

1.1 Introduction

This business case sets out a proposal to increase the safeguarding children team capacity for the four CCGs across North Yorkshire and York (Hambleton, Richmondshire and Whitby (HRW), Harrogate and Rural District (HaRD), Vale of York (VoY), and Scarborough and Ryedale (SR) CCGs), and to build a framework for succession planning given the paucity of suitably experienced and available nurses.

The case describes an approach that combines an increase in hours, and a new developmental post that recognises the increasing scope of safeguarding children practice both nationally and locally, areas for development recognised during regulatory inspections, and additionally combines this with a way of 'growing our own' to take account of the urgent need to start and embed succession planning.

1.2 Background

On 13 September 2017 Executive Nurses were given an interim proposal for consideration which asked for confirmation of additional funding to support the increasing pressures on the team through increasing the working hours of one of the current Designated Professionals from 30 – 37.5 hours per week from 1 July 2017 until 31 March, 2018. This has been extended and continues to be reviewed in line with workload.

The pressures on the team driving that request had been building across 2016 and 2017, and were in addition to the core roles and ad hoc reporting that have been constant features of the team's workload. A summary of these was provided in the earlier paper and is included at Appendix 1. The pressure has continued and appears to be settled into a new 'business as usual state'; there is no sign of the Government and regional focus on safeguarding reducing in the foreseeable future and indeed the need for greater cross agency working is also increasing.

The NHSE Assurance process has continued to highlight a shortfall In the Designated Nurse capacity across North Yorkshire and York. The action plan developed in response to the most recent assurance process included that a business case be submitted to the CCGs to address the capacity issues highlighted by the process. The interim proposal paper also noted that a further paper would be brought to look at a permanent increase in capacity including addressing the need for succession planning to retain continuity in these specialist posts.

2. The Strategic Case

2.1 Strategic Context

As NHS bodies CCGs have a range of statutory duties, including safeguarding children set out under Working Together guidance[1]. CCGs are required to demonstrate that they have appropriate systems in place for discharging their statutory duties in terms of safeguarding. These include: A clear line of accountability for safeguarding, properly reflected in the CCG governance

[1] https://www.gov.uk/government/publications/working-together-to-safeguard-children--2

arrangements, i.e. a Named Executive Lead to take overall leadership responsibility for the Organisation's safeguarding arrangements. In North Yorkshire and York the CCGs have joined together to create a safeguarding team that operates across the four CCGs and this remains largely effective in managing and providing some economies of scale across the area including the local authority and provider footprints. While SRCCG host the Safeguarding team on behalf of the four CCGs, each CCG retains their own statutory duties and obligations.

CCGs as commissioners of local health services need to assure themselves that the organisations from which they commission have effective safeguarding arrangements in place. CCGs are responsible for securing the expertise of Designated Professionals on behalf of the local health system, and it is crucial that they play an integral role in influencing all parts of the commissioning cycle, from procurement to quality assurance to ensure that all services support children at risk of abuse or neglect as well as effectively safeguard their well-being. Designated Professionals are responsible for providing expert advice to Health Education England (HEE) and Local Workforce (Education and Training) Boards to ensure that the principles of safeguarding are integral to education and training curricula for health professionals.

CCGs must gain assurance from all Commissioned services, both NHS and Independent Healthcare Providers, throughout the year to ensure continuous improvement. Assurance may consist of assurance visits, Section 11 audits, and attendance at local authority, NHS England, commissioner and provider safeguarding committees and network meetings.

CCGs are required to employ Designated Professionals – both Nurses and Drs to cover both safeguarding and children in care (CIC), and while in most areas the roles are separate, in North Yorkshire we have combined the posts.

National guidance[2] sets out the recommended number of Designated Nurses per population as follows:

Designated nurse Safeguarding children; 1.0 dedicated WTE Designated Nurse for a child population of 70,000, supported by 0.5WTE administrative support., plus

Designated Nurse Looked After Children (Children in Care); 1.0 dedicated WTE for a child population of 70,000 supported by 0.5 WTE administrative support

NHS England figures show that:	
NYY has a child population of 176,000 Of which:	
350	Children subject to Child Protection Plans in North Yorkshire
435	Children in Care from the North Yorkshire
170	Children subject to Child Protection Plans in City of York

[2] RCPCH (2014) "Safeguarding Children and Young People: roles and competences for healthcare staff" available at: < http://www.rcpch.ac.uk

246	Children in Care from City of York
*There are approximately 400 children and young people in care from out of area placed in North Yorkshire and York	

Thus, the recommendations for our population are that North Yorkshire and York (NYY) together should have **5.0 wte Designated Nurses for Safeguarding Children/Children in Care**.

3. Current Service Provision

The current substantive establishment of the safeguarding children team is as follows:

1.8 wte Designated Nurses covering Scarborough and Ryedale CCG/Hambleton Richmondshire and Whitby CCG/Harrogate and Rural district CCG/ Vale of York CCG 4 CCGs.

1.0 wte Nurse Consultant – Safeguarding in Primary care (0.5 wte of which is attributed to adults)

NYY falls below the recommended capacity levels by 3.2 wte Designated Nurses across the 4 CCGs. NHS England also highlight that since the Designated Nurse roles in NYY are joint roles (i.e. cover both safeguarding and children in care), the capacity issues are further compromised.

Some mitigation was provided by the development and implementation of the role of Nurse Consultant Safeguarding in Primary Care, however this post is split between adults and children so provides only an additional .5wte. This leaves a significant shortfall of around 2.7 wte Designated Nurses.

To some extent the NYY CCGs have mitigated this shortfall further by having a strong one team approach where the designated Drs and Nurses work across the patch, and while taking a geographical lead, also have subject matter areas where they specialise and work across all 4 CCGs. This has worked to some extent for a number of years however it has been necessary during that time to increase the establishment by .2 wte on an adhoc basis as need has arisen, including for the current period (1 July, 2017 – 31 March, 2018.

The age profile of the current Designated Nurse / Nurse Consultant team means that each of the 3 team members have or will have reached their minimum retirement age during 2018/19. During appraisal each have expressed an intention to retire within 2 years. A retire and part time return may be able to be negotiated.

4. The Case for Change

Over recent years we have seen an unprecedented interest in safeguarding children arena at both a national and local level. This has been on the back of a number of high profile serious case reviews and public inquiries and has resulted in significantly increasing demands for assurance on all agencies with a responsibility for the health and wellbeing of children and young people. A summary of such pressures on the

Designated Professionals Team over 2016/17 was included in the earlier paper and is included again at Appendix 1.

Additionally, The scope of safeguarding children practice has grown exponentially in response to research findings, national and local case reviews and emerging social issues. More specifically, these reflect abuse which takes place outside the family setting. Some of these key agenda issues include:

- PREVENT
- FGM
- Unaccompanied asylum seekers
- Modern slavery
- Human trafficking
- Sexual exploitation in gangs
- County lines

All of these practice areas result in new requirements for safeguarding partners to develop robust processes and systems for highlighting, managing and mitigating risk to children and young people. Responses from the health economy are led and coordinated by the Designated Nurses and Nurse Consultant

Our local team is highly regarded locally and on a national basis has been invited to present at different events and been asked to provide teaching and learning sessions to other areas. However in common with many areas of nursing, we have an aging workforce with each of the current team members, beyond, at or close to their minimum retirement age. Each team member has expressed informally their intention to retire with the potential for consideration of a part time return/flexible arrangement, over the next two years. Recruitment to Designated Professional posts is challenging with a small pool from which to choose, and this is compounded in North Yorkshire where recruitment can already be problematic geographically. Currently it is not clear where new staff would come from, and with NHS Trusts now tending to recruit higher grade 'Heads of Safeguarding' posts the situation is likely to worsen. What we know for sure is that if we do nothing to plan for succession we will be losing at least 2 highly experienced, wte staff members over the next two years and potentially a third, with no obvious field of candidates waiting in the wings. This is a risky situation for the CCGs who are already short on capacity.

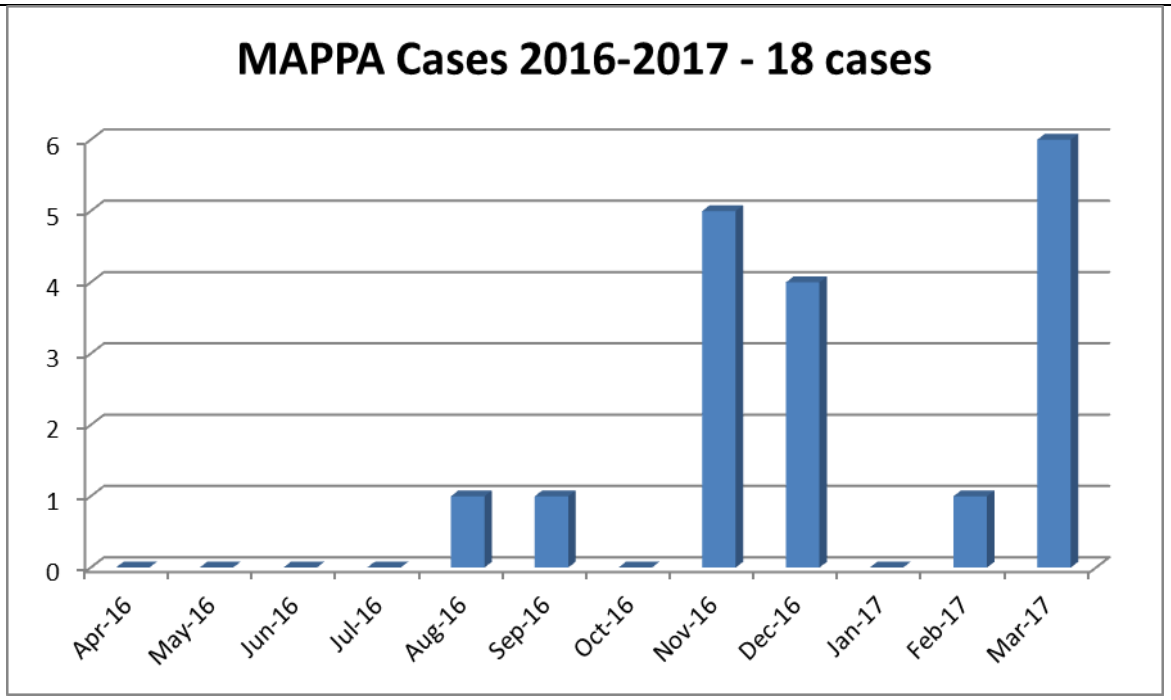
The table below provides an establishment comparison between several areas including NYY.

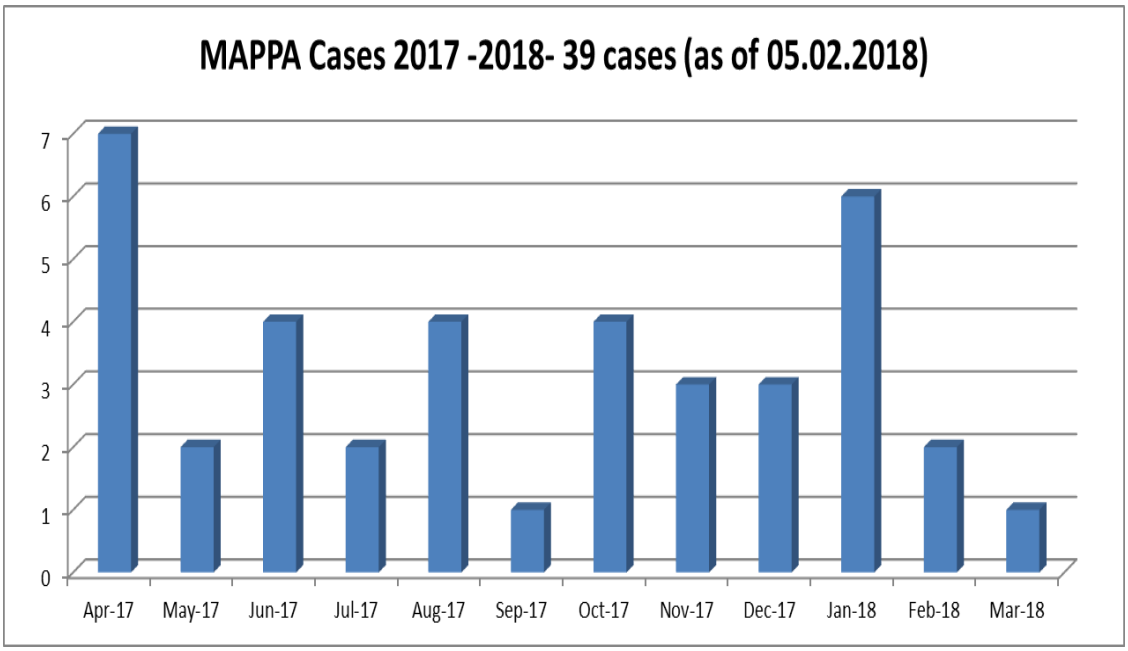
Area	**Total child population**	**Designated Nurse Safeguarding (WTE)**	**Designated Nurse LAC (WTE)**	**Number of CCGs**	**Number of Safeguarding Children Boards**
NYY	176,000	0.9	0.9	4	2 (plus ERY)
South Tees	66, 600	0.5	0.5	1	2
Hartlepool and Stockton	69,600	0.5	0.5	1	2

Hull	66,000	1.0	Not in post	1	1
East Riding	72,000	1.0	Not in post	1	1
Hampshire	300,000	2.0	1.0	5	1

The tables below set out continuing challenges and further developments in respect of demands on the Safeguarding Children Team and the risks of scaling back on the programmes.

MAPPA (Multi-Agency Public Protection Arrangements).
Background: following a Serious Case Review undertaken by Durham LSCB, there was some significant learning around how MAPPA processes are managed across the health economy. Such processes are mandated to manage violent and sex offenders who pose the greatest risk to themselves, the public and professionals. Whilst MAPPA is managed by the National Probation Service and Police, all NHS organisations have a statutory duty to cooperate. Across North Yorkshire prior to the publication of the Durham SCR, there was no system for the management of MAPPA cases within NHS providers with the exception of TEWV (since many offenders already have involvement with mental health services). The Safeguarding Children Team responded to the SCR recommendations by engaging with MAPPA leads and provider organisations to develop a process by which relevant and proportionate information sharing is undertaken and necessary actions put in place to protect individuals, vulnerable children and staff.
Impact: the new arrangements have been established over the course of the past year. A key aspect of this work includes the Nurse Consultant and Designated Nurses attendance at relevant MAPPA meetings. The graph below demonstrates the number of meetings attended, with each meeting taking on average 2 hours.





- Following the meetings, an Information Sharing Form is completed. The relevant GP practice and/or provider organisation is contacted directly and advised re outcome of the meeting and any necessary actions. The Information Sharing Form is forwarded via secure email to relevant parties. This takes an additional hour of time to complete

- The introduction of MAPPA processes to primary care has been supported through the past 12 months 'Hot Topics' training programme. GPs have welcomed the development and have already demonstrated an increased awareness of the risk that MAPPA subjects may pose via increased contacts with the Safeguarding Children Team.

Risks of not continuing this work stream:

- Failure to comply with statutory duties to cooperate with MAPPA processes;
- Ineffective risk management of the most dangerous offenders within the health economy which could impact on children, families, the community, health and other professionals.
- The probability of these risks occurring is 'likely' and the risk 'high/critical';
- The strategic work with NHS E (North) around MAPPA and the management of offenders transferring across areas would remain unresolved leading to additional and unaddressed risk. This is particularly significant given that there is an 'approved premises' for offenders in City of York which frequently takes offenders released from out of area custodial settings.

Suggested solutions/impact:

- The operational work involved in MAPPA arrangements could be undertaken by an appropriately trained and experienced Band 7 practitioner, with dedicated administration support.
- This would both develop this practitioner (with a view to succession planning within the team) and free up team members to move forward with the wider strategic work around MAPPA as described above.

MARAC (Multi-Agency Risk Assessment Conferences)

Background: MARACs are statutory multi-agency risk assessment and management meetings convened by the police to agree plans to manage the most serious domestic abuse cases. The majority of such cases involve families where there are children, young people or unborn infants and thus have a significant role in terms of safeguarding children.

MARACs have been in place across NYY for over 10 years. However, it has been a recognised risk that primary care has not been effectively linked into these processes, meaning that GPs were largely unaware of the MARAC process and of those patients who were victims or perpetrators of domestic abuse.

Over the past year, work has been undertaken to ensure that GPs have an enhanced understanding of domestic abuse and MARAC processesThis is in line with the recommendations from the 2016/17 CQC CLAS Reviews and the 2014 Domestic Homicide Review in North Yorkshire. GP's are increasingly recognising all levels of Domestic Abuse in their patients and are referring cases into the MARAC process for mulit agency assessment. GPs should also now receive minutes from MARAC meetings. However an audit of this process has been completed which has showed that this system is still not fully embedded mainly due to the difficulty of establishing the relevant victims GP at the meeting itself and, therefore, additional work at strategic level needs to be undertaken. The next phase of this work is to engage GPs prior to the meetings such that any relevant health information held in primary care is shared appropriately to inform the risk assessment. This process is

significantly hampered by the inability of the MARAC chair to identify who the victims GP is prior to the meeting and without a dedicated resource to undertake this identification this work cannot be taken forward.

Impact:

- GPs are more linked into MARAC processes – when minutes of meetings are received they are appropriately stored and coded in line with guidance developed by the Nurse Consultant and Named GPs (this guidance now forms part of the revised national Safeguarding Toolkit for GPs).
- GPs' awareness of the impact of domestic abuse on children and vulnerable adults has been enhanced – again this is evidenced by increased calls to the safeguarding team for advice re case management.

Risks of not continuing and developing this work stream:

- Failure to comply with statutory duties to cooperate with MARAC processes;
- Critical health information held by primary care will not be considered as part of the MARAC risk assessment. This, in turn, will lead to ineffective risk management of the most dangerous domestic abuse cases with concurrent high risk to children.
- GP practices are unaware of critical risk associated with their patients and any actions which have been agreed in a multi agency process to mitigate that risk.
- When GP's refer their patients to MARAC they are unable to participate in MARAC meeting process due to the tight time frames involved and therefore the Primary Care aspect of the risk assessment is not considered.

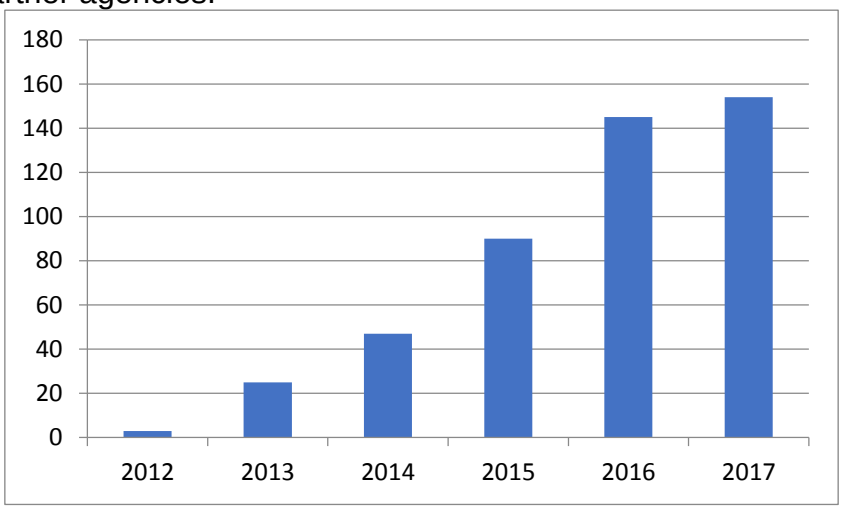
Suggested solutions/impact:

- The operational work involved in MARAC arrangements could also be undertaken by an appropriately trained and experienced Band 7 practitioner, with dedicated administration support This would both develop this practitioner (with a view to succession planning within the team) and free up team members to move forward with the wider strategic work around MARAC as described above.

Increased activity around calls for advice from primary care

Background: the activity around calls for advice have been monitored and reported via the Safeguarding Children Team Annual Reports. Recording systems within the team have been developed significantly over the past year to support analysis of the impact of training programmes and improved engagement with the safeguarding agenda – the first report from this system will be in the 2017/18 Annual Report.
The chart below shows the number of *cases* discussed by primary care practitioners with the Safeguarding Children Team. It is of note that each *case* may necessitate a large number of subsequent phone calls to support management of the case or to

liaise with partner agencies.



This demonstrates a year on year increase in demand for advice and support.

Impact:

- GPs and primary care staff are contacting the team appropriately for advice regarding a range of complex safeguarding issues. They are now identifying *early* indicators of abuse and neglect, including domestic abuse, child sexual exploitation, adolescent neglect – this is welcomed as an opportunity to intervene at an early stage to prevent significant harm.
- The impact on the Safeguarding Children Team of the increase in number and complexity of calls cannot be underestimated.
- GPs frequently need advice urgently, and whilst team members endeavour to respond in a timely fashion this is not always possible due to other work commitments.

Risks of not continuing and developing this work stream:

- Should the number of contacts from primary care continue to increase, there is a significant risk that GPs and primary care staff will not have access to timely, expert advice and support regarding the management of safeguarding children concerns.
- If these operational demands on the team continue to increase, there is an associated risk that the strategic role of the Nurse Consultant and Designated Nurses will not be fully realised. This would be a particular risk for the CCGs with the implementation of revised statutory guidance and the increased role for CCGs as one of the three statutory partners in the new multi-agency arrangements (see below).

Suggested solutions/impact:

- The operational work involved in responding to case demands could also be undertaken by an appropriately trained and experienced Band 7 practitioner. This would both develop this practitioner (with a view to succession planning

within the team) and free up team members to move forward with the wider strategic work as described above.

Primary care development

Background: the Job Description for the Nurse Consultant included responsibility for the development of safeguarding systems across primary care settings including community pharmacists, dentists and optometrists. It has been recognised and highlighted that this area of work has remained unaddressed whilst the Nurse Consultant has focused on the more pressing demands associated with GPs.

Risks of not developing this work stream:

- The safeguarding agenda across primary care other than GPs will remain poorly understood and potential risks unaddressed.

Suggested solutions/impact:

- This work will need to be undertaken at a strategic level, linking in with both community settings and professional bodies (e.g. LDC, LPS) and needs to be undertaken by the Nurse Consultant as part of her strategic role. However, she will remain unable to move this agenda forward without additional support as suggested above.

Action Plans arising from CQC CLAS Reviews/NHS E Assurance Processes

Background: there are a number of comprehensive action plans arising from the two CQC CLAS Reviews and NHS E Safeguarding and LAC assurance processes which need to be taken forward on behalf of the CCGs and with NHS provider organisations. This falls within the scope of the Designated Nurse roles. However, as highlighted in the NHS E Assurance processes, the team are currently significantly under-capacity as per national recommendations (currently the team is below the recommended capacity for Designated Nurse Safeguarding by 3.2 wte).

Impact:

- Work is being undertaken in response to these action plans in a timely fashion and updates are submitted within given timescales. This has been supported by a time-limited increase in hours for the Designated Nurses of 0.2 wte.

Risks of not continuing this work stream:

Risks of not monitoring and implementing action plans as described above are that:

- The development requirements identified in the Reviews and assurance processes may not be fully implemented resulting in less effective

safeguarding systems within the health economy across NYY;
- Failure to respond appropriately to action plans could also lead to reputational damage for the CCGs and further regulatory scrutiny.

Suggested solutions/impact:
- The hours for the Designated Nurse team should be increased – this would also support team capacity going forward and partly meet one of the NHS E Safeguarding Assurance recommendations.

Designated Professionals role in developing new multi-agency partnership arrangements ('Working Together', 2018)

Background: the Children and Social Work Act, 2017 mandates that the three key safeguarding partners (the local authority, police and CCGs) are required to develop and publish how they will implement new multi-agency safeguarding arrangements across local authority footprints. This work has to be completed by April 2019 with implementation during the following year.

Whilst representing an unprecedented opportunity for health organisations to influence new arrangements, this is also a very significant challenge and will represent a large and increased demand on the work of the Designated Professionals as the repository of safeguarding expertise within the CCGs.

Risks of not developing this work stream:
- Statutory obligations for the CCGs would not be fully met.
- CCGs and health partners would not be in a position to fully influence the development and implementation of the new arrangements.

Suggested solutions/impact:
The hours for the Designated Nurse team should be increased – this would also support team capacity going forward and partly meet one of the NHS E Safeguarding Assurance recommendations**.**

5. The Proposal

The proposal CCGs are asked to consider is as follows:

Increase the permanent establishment of the pan North Yorkshire safeguarding team from **1 April 2019** as follows:

0.2 wte Designated Nurse, Band 8B, thus making both the current Designated Nurse posts full time.

1.0 wte Assistant Designated Nurse, Band 7.
£10,000 Training budget (over 2 years)

This would increase the overall establishment to closer to the recommended levels and would promote succession planning through developing our own workforce to move into the Designated posts as and when they become available.

The planned new development post will assist the Designated nurses and Nurse Consultant Primary Care, and although working autonomously for long periods, will work under supervision as the core competencies develop. The role will be focused on developing the individual to apply for Designated roles within two years and will include a responsibility for personal and professional development which the CCGs will support with sponsorship on relevant training. To provide for greater flexibility in respect of primary care the Band 7 may support elements of the Nurse Consultant role across adults and children.

6. Finance Implications

2019/20 Estimated Full year effect (permanent increase to establishment)

Band 8B 0.2 wte Designated Nurse £15,400
Band 7 Mid-Point 1.0 wte £50,100
£5,000 Training Budget (to prepare for Designated Post specialist MSc required)

Total £70,500

Split by CCGs

SRCCG	£10,772	15.28%
VoYCCG	£31,866	45.20%
HaRDCCG	£15,200	21.56%
HRWCCG	£12,662	17.96%

Please note that the figures include estimated salaries plus oncosts and have been calculated using the 2019/20 transitional pay scales. Actual recharges may differ depending on who is appointed and their previous NHS experience.

The split between CCG's has been included at the agreed 2018/19 percentages. These percentages are reviewed at the start of each financial year so the actual charge to each CCG in 2019/20 may differ once percentages are confirmed.

7. Recommendation

The CCGs are asked to consider and approve the proposal to permanently increase the capacity of the Safeguarding team.

Appendix 1. Increasing pressures over 2016/17

When	Review/ Inspection/ Assurance Process	Response/Resource Implications
January 2016	NHSE Looked After Children CCG Benchmarking Exercise	• Prepare evidence for NHSE – 33 Key Lines of Enquiry • Meet with Reviewers • One day attendance at results presentation in Manchester • Develop and take forward action plan • Respond to request for update from NHSE (next due November 2017)
July 2016	NHSE Safeguarding Assurance Visit	• Prepare extensive evidence files – 28 Key Lines of Enquiry • Meet with Reviewers • Develop and take forward ongoing action plans
July 2016	Multiagency Joint Targeted Inspection (SEND)	• Support inspection preparation from a children in care perspective • Meet with Inspectors: Children in Care focus group
November 2016	City of York LA and CYSCB Ofsted Inspection	• Support the inspection from the LSCB perspective and LA re strategic arrangements for children in care (attendance at x5 focus groups)
December 2016	City of York CQC Children Looked After and Safeguarding Review	• Lead on co-ordinating the CCG and provider submission of evidence and planning for the Review week • Coordinating and preparing hard copies of case chronologies for inspectors • Preparing Review timetable • Lead the Review week –including preparation of scene-setting overarching report for inspectors • Participation in daily KIT teleconferences with lead inspector and coordination of daily KIT teleconferences with provider organisations • Co-ordinate the CCG and provider response to factual inaccuracies of

		draft report • Pre-pare the CCG action plan • Co-ordinate the submission of a composite CCG/ provider action plan • Co-ordinate the submission of subsequent action plan update to CQC • Presentation to LSCB
February 2017	NY CQC Children Looked After and Safeguarding Review	As above but with more provider organisations (including 4 FTs)
August 2017	Independent Inquiry into Child Sexual Abuse (Requirement to submit information describing CCG arrangements for identifying and responding to CSE by organised networks: each CCG across NY required to submit separate responses)	• Lead on developing the detailed responses to the 40 questions and preparation of the 15 evidence files. • Work with providers to ensure relevant information is submitted • Support CCGs to submit • Continue to coordinate and lead plans
Sept 2017	CQC CAMHS Thematic Review – supporting review with elements, particularly in relation to children with additional vulnerabilities (e.g. looked after) which form part of our agenda.	Working closely with lead CAMHS commissioner in CCGs around review preparation • Focus group meeting with inspectors (from a safeguarding perspective)