NHS
North East and North Cumbria

Safeguarding Annual Report 2025-26

Report prepared by:

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Designated Nurse Safeguarding Adults

Contributions from the wider safeguarding team across NENCICB

We are committed to safeguarding the welfare of children, young people and adults across the organisation

Our four key goals

Longer & healthier lives

Reducing the gap between how long people live in the North East and North Cumbria compared to the rest of England

Fairer outcomes for all

As not everyone has the same opportunities to be healthy because of where they live, their income, education and employment

Better health & care services

Not just high-quality services but the same quality no matter where you live and who you are

Giving children and young people the best start in life

Enabling them to thrive, have great futures and improve lives for generations

Our area



The Wider Safeguarding System

LEARNING FROM

94

statutory Children and adult reviews completed during 2025–26

A substantial evidence base to strengthen safeguarding practice across the system.

Partnership coverage and contribution includes:

19	Safeguarding Children Partnerships and Safeguarding Adult Boards
14	Community Safety Partnerships
14	Corporate Parenting Boards
14	Local Authorities
4	Police Forces

Executive summary

NENC ICB has continued to discharge its statutory safeguarding duties throughout 2025-26 in relation to safeguarding children, young people and adults at risk.

The Executive Chief Nurse held the statutory accountability for safeguarding and delegated the statutory safeguarding responsibilities to the Director of Nursing leading the delivery of the statutory functions undertaken by the safeguarding team.

NENC ICB was able to demonstrate that there were appropriate safeguarding governance systems in place for discharging their statutory safeguarding duties and functions in line with the following key legislation:

- Care Act 2014
- Children Act 1989 and 2004
- Children and Social Work Act 2017
- Working together to Safeguard Children 2023 (revised March 2026)

The NHSE Safeguarding and Accountability and Assurance Framework (SAAF 2022) provided the strategic framework for ensuring system oversight of safeguarding priorities.

Assurance and oversight of these duties is maintained by NENC ICB through its formal quality governance arrangements. NENC ICB was compliant with all the NHSE monitoring requirements.

Additional key statutory safeguarding areas of focus within the report include:

- Child Deaths - The Child Death Review Statutory Guidance (2018)
- Prevent - Counter Terrorism and Security Act, 2015 (Prevent Duty)
- Mental Capacity – Mental Capacity Act (MCA, 2005)

Joint Forward Plan Priorities were revised to include:

- Cared for and Care Experienced
- Domestic and Sexual Violence

Foreword and Introduction

NENC ICB's 2025/26 Annual Safeguarding report demonstrates how statutory duties were delivered through integrated governance, partnership working and provider oversight.

REPORTING & ASSURANCE	Reporting period: 1 April 2025–31 March 2026 ongoing assurance to the Board that ICB safeguarding functions and statutory responsibilities continue to be fulfilled.
INTEGRATED GOVERNANCE	The Health Safeguarding Executive subcommittee (May 26 renamed as safeguarding assurance group) supports an integrated ICS approach, including work with NHS providers and system colleagues.
PREVENTION, VOICE & LEARNING	Prevention and early intervention remain central, alongside national guidance, the ICB's convening role, multi-agency engagement, learning from reviews and incidents, and population voice.
PROVIDER ASSURANCE	Designated Leads attend each NHS provider safeguarding committee, providing expertise, monitoring performance, practice, contractual compliance, standards, safety and effectiveness.

NENC Safeguarding Team Structure

Safeguarding arrangements are within the overarching NENC ICB quality governance structure.

The ICB has a strategic Health Safeguarding Executive subcommittee which includes senior NHS leaders in providers. The structure supports an integrated model for the delivery of the safeguarding functions.

There is a clear line of accountability with the Executive Chief Nurse taking overall responsibilities for the organisations safeguarding arrangements

Chief Nursing Officer
Hilary Lloyd

Director of Nursing (Safeguarding)
Richard Scott

Deputy Director of Safeguarding
Trina Holcroft-Jones

Medical & GP clinical leadership
8 ad hoc roles, including CDOP Chair and Named GPs and Designated Doctors

Designated Nurses
Adults and children / care leavers portfolios

Deputy safeguarding nurse/ professionals
All-age safeguarding delivery support,

Business Team
Business officer, CDOP support and safeguarding administrators

All-age safeguarding model spanning adults, children, children in care and care leavers — with clinical, medical, GP and business support functions.

Statutory commissioning assurance of NHS safeguarding

Safeguarding statutory programmes include:

- CP-IS
- FGM
- Prevent
- Working Together
- Modern Slavery and Human Trafficking
- Domestic Abuse and sexual violence
- Mental Capacity Act / DoLS
- Child Death Overview Pamel (CDOP)

In addition to:

- Prevention and strategic workforce planning
- Statutory and mandatory learning reviews
- Information sharing duties
- Delivery of national, regional and ICB safeguarding priorities
- Compliance with NHSE safeguarding priorities
- Assurance, effectiveness and scrutiny of commissioned services
- Identifying and informing commissioning gaps and intentions
- Oversight children in care health assessments

ICB Chief Nurse as the accountable member of the local strategic partnership structures with Duty to Cooperate:

- Equal statutory partner for Children Safeguarding Partnerships
- Equal partner with Local Authority in the Child Death Review process
- Equal partner for Safeguarding Adult Boards
- Responsibility for ensuring compliance with the Mental Capacity Act
- Serious Violence Duty as responsible authority / Violence reduction unit
- Domestic Abuse Act as specified authority, domestic abuse local partnership boards
- Community Safety Partnerships
- Corporate Parenting Boards

(SAAF March 2026)

Safeguarding partnerships and statutory engagement

NENC ICB fulfils its statutory partnership duties across 22 safeguarding boards and partnerships through executive leadership, place-based expertise and sustained system oversight.

PARTNERSHIP ROLE	The ICB has maintained its role as equal joint partner with local authorities and police in Children's Safeguarding Partnerships, and a statutory Adult Safeguarding Board partner, working to protect children and adults.
SCALE & LEADERSHIP	NENC has 22 safeguarding boards and partnerships, seven jointly arranged. The Executive Chief Nurse attends, or delegates executive responsibility to Director of Nursing. For children, ICB Chief executive is a lead safeguarding partner (LSP) and the Director of Nursing the delegated safeguarding partner (DSP)
PLACE-BASED ACTION	The safeguarding team are experts and strategic leaders providing advice and influencing safeguarding practice, leading on and chairing partnership work and are key members of multi-agency partners across health and social care.
REPORTING & OVERSIGHT	The ICB contributes achievements and priorities to partnership annual reports; local and wider safeguarding and quality governance maintaining oversight and contribution.

Working Together to Safeguard Children

The WT 2023 guidance strengthened multi-agency safeguarding and NENC ICB worked across its complex footprint to secure compliant arrangements by the December 2024 deadline. WT updated 2026, impact to be considered 26-27.

STRONGER ARRANGEMENTS	The guidance strengthened safeguarding arrangements between local authorities, police and ICBs, and clarified the responsibilities of senior leaders as Lead Safeguarding Partners (LSPs)
LOCAL RESPONSE	Areas had to strengthen the whole system of help, support and protection for children and families, and publish updated multi-agency safeguarding arrangements by December 2024.
ICB DELIVERY	The ICB worked with LSPs, executives and Children Safeguarding Partnerships across its footprint; every arrangement was agreed, endorsed and published by the deadline.
LEADERSHIP & NEXT STEPS	The Chief Executive is the ICB LSP and Director of Nursing is the DSP. The Chief Executive and Executive Chief Nurse oversee delivery, with proportionate partner contributions planned for 2026/27.

Safeguarding Assurance – Overview

NENC ICB has a statutory responsibility for ensuring safe systems of care are delivered and to ensure that all health providers with whom they commission, discharge their functions regarding safeguarding and the promotion of welfare of children, young people and adults at risk. The statutory safeguarding assurance processes set out in the SAAF (2022) have been adhered to. (Recently revised 2026)

NENC ICB Contractual Standards provide the safeguarding audit framework used to monitor all NHS and Non-NHS providers of health care and ensure annual safeguarding arrangements are in place to provide oversight of provider safeguarding assurance.

NENC ICB Safeguarding Teams oversee the coordination of system safeguarding assurance in coordination with contracting, commissioning and quality teams.

Our Safeguarding assurance model for NHS commissioned services includes actively engaging and seeking assurance from our large acute trusts, Private Hospital Trusts, GP Practices and Nursing Care Homes as well as numerous smaller commissioned or independent services.

Assurance of ICB's is overseen by NHS England who have a statutory role to oversee assurance.

Formal NHSE ICB assurance reviews are carried out quarterly via the Safeguarding Commissioning Assurance Toolkit (SCAT). The organisation was fully compliant across all standards.

The ICB has responded to all Section 11 requests from Children's Partners

Facilitated ICB and provider compliance with NHSE workforce survey

Achievements 2025-2026:

- MCA assurance toolkit completed for ICB and providers
- Revised and updated Safeguarding Health Assurance Framework issued as contractual requirement for 2026/27
- Formalised governance and reporting into the ICB Quality and Safety Committee
- Developed the ICB wide Professional Network Meeting, inclusive of all safeguarding professionals
- Audit one audit, overall assurance gained with 2 actions identified which are completed
- Continued to fulfil statutory responsibilities in significant period of change

Emerging Risks:

- Wide variation in terms of ICB commissioned health resource into LA based multi agency safeguarding Hubs (MASH) which impacts on outcomes for children/adults.
- Children's social care reforms and impact of multi-agency child protection teams
- Significant changes to MCA DoLS process, risk to organization until guidance and new processes are clear.
- Volume of statutory reviews continues to increase at pace placing demands on the teams further increase during 2025/2026
- Workforce-recruitment to designated doctor posts

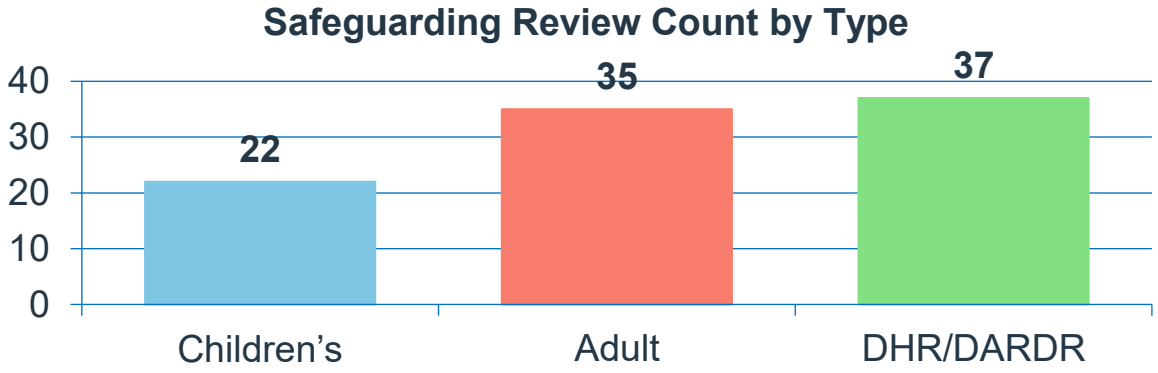
Safeguarding Statutory Reviews: 1 April 2025 to 31 March 2026

94

statutory safeguarding reviews

Statutory duty

ICBs must participate in SARs (Care Act 2014), CSPRs (Children and Social Work Act 2017), and DHRs (Domestic Violence, Crime and Victims Act 2004).



How the ICB contributes

NENC ICB's Designated Safeguarding Teams contribute to every review through adult boards, children's partnerships and community safety partnerships.

How learning is used

Learning informs local partnerships, system development and improved population outcomes, shaping ICS, regional and national priorities.

Safeguarding Statutory Reviews

Themes evident through NENC ICB statutory safeguarding reviews in 2025-2026 mirror the national picture including:

- Professional curiosity and challenge
- Voice of the child/adult and impact of trauma including child removal
- Information sharing and multiagency working
- Neglect, self neglect and domestic abuse
- Mental health and suicide
- Earlier recognition of risk and disruption required

Learning from safeguarding reviews across NENC continues to demonstrate that the consistency of themes across all localities provides a strong foundation for shared improvement priorities and system-wide learning

NENC ICB Key Priorities for 2026/2027

To promote and progress a model of

- ✓ central coordination of learning
- ✓ development of a health system response to learning
- ✓ provider accountability
- ✓ thematic analysis
- ✓ contractual leverage
- ✓ assurance and evidence of impact

Domestic and Sexual Violence

Domestic Abuse Requirements	Assurance and Key Areas of Development (see also Serious Violence Duty which now incorporates domestic and sexual abuse): includes Violence Against Women and Girls (VAWG)
ICB Statutory Functions	• Executive Chief Nurse is accountable for the statutory commissioning assurance functions of domestic (DA) sexual abuse (SA) and serious violence. • Statutory responsibility to participate in Domestic Abuse Related Death Reviews (previously Domestic Homicide Reviews - DHR's) • ICB has a duty to collaborate on the commissioning of community support services for victims of domestic and sexual abuse and serious violence. (Victims & Prisoners Act, 2024) • Strategic oversight via Community Safety Partnerships, Safeguarding Boards and Safeguarding Partnerships and Domestic Abuse Local Partnership Boards (DALPBs) • NENC ICB signatory to the sexual safety charter
NENC ICB Domestic abuse policy, procedures and systems to monitor the domestic abuse agenda	• Domestic and sexual abuse is incorporated within all Safeguarding Policies for ICB staff • Domestic and sexual abuse is one of the key ICB Joint Forward Plan safeguarding priorities in line with the positive duty under Domestic Abuse Act 2021 and Health and Care Act 2022 • Designated professionals maintain oversight of the system response to DA, SA, Serious violence with the inclusion in provider safeguarding contractual standards in 2024-25. • ICB representation on the Community Safety Partnerships and DALPBs and contributes to each partners area's DA Strategy
2025-2026 Developments	• The ICB has four Quality Assurance Reviewers providing professional advice and guidance to the Home Office in respect of health learning from our DARDRs • DA, SA and VAWG workstreams developed and offer a consistent view around ICB priorities and development e.g. DA/SA support services and DA champions
Domestic Abuse Related Death Reviews	• NHS England Safeguarding case review tracker provides oversight of learning and recommendations for the ICB footprint. • 19 Newly commissioned DARDRs during 25-26
System developments for 2026- 27	• Strengthened oversight of DARDRs, CSPRs and SARs learning and recommendations for the ICB footprint ensuring actions are robust and impactful to the population we serve. • Enact the duty to cooperate in the commissioning for support services for Victims. • Continue to provide an ICB wide offer of support and guidance around DA, SA, serious violence and VAWG agenda.

Serious Violence Duty

The Police, Crime, Sentencing and Courts Act received Royal Ascent in April 2022. The Serious Violence Duty (SVD) requirements came into effect in January 2023, they introduced a new statutory duty for specified authorities in a locality to collaborate to prevent and reduce serious violence. NENC ICB is the specified authority for health in each ICB area and needs to ensure services work together to share data and knowledge and to target interventions to prevent serious violence.

Serious Violence Duty Requirements	Assurance and Key Areas of Development
ICB Statutory Functions	• Executive Chief Nurse holds the serious violence duty responsibilities • NENC ICB contributes and engages with other duty holders via relevant partnerships including the Violence Reduction Unit and board, place Community Safety Partnerships, Safeguarding Boards and Safeguarding Partnerships.
Embedding SVD within NENC ICB policy, procedures and ensure systems in place to progress the agenda	• The ICP Joint Forward Plan 2023/4-28/29 outlines our priorities in response to our statutory safeguarding duties and legal duties. • Safeguarding partnerships have undertaken preparatory JTAI and audit work in response to serious youth violence and shared findings. • More health navigators are being introduced into hospital settings to support those attending with injuries from violent incidents. • Training has been delivered in PLT sessions relating to FGM and SARCs to raise awareness. • Safeguarding team member is now part of the ICB VAWG programme group offering expert advice.
System developments for 2026-27	• ICB will work together with partners to discharge its duty to collaborate to support the commissioning of health services where required for victims of serious violence and ensure a streamlined service. • promote the 'Make a Change' programme, a model which is a community-wide, early response approach to people who are concerned that they are using harmful behaviours in their intimate, or previously intimate, relationships. Training has been delivered and primary care have been supported by the Named GP in identifying and referring patients to this programme. • Ongoing and specialist advice as required in the ICBs prioritisation of the prevention and reduction of violence against women and girls (VAWG) and for the needs of victims of abuse

Prevent

The Prevent Duty Guidance 2023 denotes the health sector specified authorities as NHS Trust and Foundation Trusts in England and Wales. Prevent is part of the UK's Counter Terrorism Strategy known as CONTEST. Prevent works to stop individuals from getting involved or supporting terrorism or extremist activity.

Prevent Requirements	Assurance and Key Areas of Development
ICB Prevent statutory functions	• Executive Chief Nurse as a Board level executive director fulfils the function of a Prevent Lead
Prevent within NENC ICB Policy, Procedures to ensure systems in place to monitor the Prevent agenda	• Prevent is incorporated within NENC ICB Safeguarding Policy including a Prevent concern flowchart and locality referral details. It sits alongside long-established safeguarding duties on professionals to protect people from a range of harms • Prevent is included within NENC ICB safeguarding reporting and provider safeguarding contractual standards including training compliance to ensure that people who are susceptible to radicalisation are supported • NHSE national data reporting from NHS Acute provider trusts is included in quarterly ICB assurance
System developments for 2026/27	• The ICB will continue to work strategically with partners at Contest Board or Gold command in the delivery of required compliance and assurance in line with national policy and have oversight of Contest Strategy implementation in health provision. This will be further supported by effective leadership and guidance as part of the local delivery teams for Prevent duty. • NENCICB has a Prevent working group in place with representatives from each area which provides support for strategic group attendance and updates developments and improvements for Prevent policy and procedure. • The ICB Prevent Lead has developed health actions from the Southport Enquiry which will be reviewed with board and commissioners to form an action plan for ICB. This briefing has been circulated to board and safeguarding forum. • The ICB will continue to ensure effective health representation (not ICB) at 'Channel panels' across the 14 Local Authorities and offer support and leadership in the event of high-level risk strategy meetings in the context of public safety or complex cases requiring ICB Safeguarding and Commissioning. • The ICB will work with NHSE to develop a Deep Dive for Prevent which will incorporate training, policy and procedures. • The operational leads will engage with the workforce and development leads to establish the ESR process ensuring all professional registered staff complete level 3 online new NHSE Prevent training as part of their mandatory training programme in 2026.

Mental Capacity Act (MCA)

NENC ICB as a commissioner needs to be able demonstrate understanding and compliance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding 2009 (DoLS) LPS (MCA amended) 2019 (Recent Supreme Court Judgment June 2026 overturns Cheshire West and current DoLS processes)

Mental Capacity Act (MCA)	Assurance and Key Areas of Development
ICB Statutory Functions, implementation and system developments of MCA 2025/26	• The ICB has an MCA lead in place who chairs an MCA Oversight and Development Group with providers, LA regional leads and NHSE leads. This group provides assurance activity and gives national and regional updates on MCA developments via training and sharing recent updates • 2015/2026 MCA Toolkit audit completed across NENCICB and health providers demonstrating strong performance across ICB and providers. 5 areas for improvement were identified and will be monitored via the development group.
System development and changes 2026/27	• A landmark UK Supreme Court judgment on June 2, 2026, redefined the legal definition of deprivation of liberty under Article 5, replacing the previous "acid test" with a holistic, context-specific assessment. • Key Changes to the DoLS Process will require reviews of pending cases, training and policy changes. • Key actions across acute trusts and ICB regarding changes to DoLS and CoP DoLS must be implemented following the AGNI (Attorney General for Northern Ireland) and Cheshire West overturn working closely with Local Authority partners • Further develop the MCA Oversight and development group as an assurance and joint working group to facilitate changes

Additional responsibilities

ICB Statutory Function	Assurance and Key Areas of Development 2025-26	System Developments for 2026/27
Modern Slavery	• Publication of an annual Modern Slavery Statement in full support of the Governments objective to eradicate modern slavery and human trafficking • Dedicated ICB exploitation safeguarding nurse was instrumental in Modern Slavery operations • Use of contracts to ensure that providers adhere to Modern Slavery legal requirements	• Develop and embed ICB Modern Slavery operating procedures • Training to be rolled out to all staff following ratification
Exploitation	• Work with multi-agency colleagues to raise awareness and manage criminal and sexual exploitation across the age span. Numerous briefing sessions delivered by exploitation safeguarding nurse across the ICB and to some partnerships • Videos created for training resources e.g. Home takeover for distribution to all areas of health sector • Exploitation nurse fundamental in supporting victims of sexual abuse in local case	• Explore wider coverage of exploitation subject matter across the ICB NHS footprint • Incorporate learning from national and regional reviews and incidents into the ICB learning programme
Female Genital Mutilation (FGM)	• NHSE monitor FGM assurance ICB receive assurance via contract monitoring. • Updates shared with workforce as required:	• Continued compliance with reporting NHSE data reporting using Safeguarding Integrated Data Dashboard (SIDD)
CP-IS	• CP-IS is mandated via the Information Standards Notice DCB1609: Child Protection - Information Sharing • It's also included in the standard contract for providers of NHS unscheduled care • ICBs need to be supported to optimise the Child Protection Information System (CPIS) and facilitate system-level launch with NCRS	• Facilitate the NHS Long Term Plan requirement for CP-IS to be extended to 'all health care settings that see children' including general practice (in hours), child and adolescent mental health services (CAMHS),sexual assault referral centres, termination of pregnancy services, school nursing and health visitors, community paediatrics and dentistry

Child Death Overview Panels

Across four CDOPs, NENC ICB is strengthening consistent governance, shared learning and prevention—supporting 14 local authorities and a planned ICB-led model by April 2027.

DUTY & SCOPE	CDR partners must review every death of a resident child from birth to age 17; stillbirths, late pregnancy loss and lawful planned terminations are excluded.
SCALE & CURRENT MODEL	Four CDOPs use eCDOP across 14 local authorities to share information and identify themes. Panel funding, employment, leadership, membership and processes currently vary.
REFORM & LEADERSHIP	Review (2024/25) and engagement (2025) support an ICB-led model by April 2027, aligned to national best practice and bereaved-family needs. Designated Doctors, supported by the Designated Nurse, represent the ICB.
LEARNING, OVERSIGHT & PREVENTION	Annual CDOP reports highlight learning and trends to prevent deaths, with ICS Health Safeguarding Committee oversight. In 2025/26 partners introduced prevention and public health measures, while reporting nationally to NCMD.

Achievements 2025–26: Designated Nurses and wider team

- Multi-agency safeguarding assurance and learning following the Casey Report national audit on group-based child sexual exploitation and abuse
- Led rapid reviews for children and adults, identifying service improvements
- Strengthened GP safeguarding learning through expert-led training and the Safeguarding Leads Network
- Supported Children in Care service redesign and improved statutory health assessment compliance
- Facilitated multi-agency learning events and translated review findings into practice
- High-Risk Case Framework
  - Developed CARM/MARM for high-risk community cases
  - Prepared multi-agency rollout for 2026
  - Completed NENC ICB and Health Providers MCA audit data report
- Continued to fulfil statutory responsibilities whilst undergoing significant changes within the ICB
- Developed bespoke neglect training for GP practices in response to safeguarding themes
- Strategic leadership on child sexual abuse/exploitation and safeguarding reforms
- Received positive feedback following a JTAI inspection
- Supported the development of safe sleep messages across the ICB.
- Established an ICB-wide CPIS Implementation Group
- Provided ongoing assurance to NHSE on a variety of safeguarding measures
- Updated review and triage of SAR/ DARDR processes to improve multi agency oversight

The Safeguarding Health Professionals Network

The Safeguarding Health Professionals Network was expanded in September 2025 to include all health professionals within the North East North Cumbria Integrated Care System footprint with the aim of supporting members in their roles by providing learning and development opportunities, along with beneficial information, resources and guidance.

CURRENT NETWORK MEMBERS

675



CURRENT NHS FUTURES MEMBERS

305

A complementary digital repository that keeps learning and guidance accessible.

Resources include

Newsletters • Published Safeguarding Reviews • Training Opportunities • Publications • Information & Resources • Guidance

Highlight achievements 2025-26: Named GPs

Named GPs strengthened safeguarding assurance across general practice through closer partnerships, practical review support, commissioning influence and system-wide networks.

PRACTICE PARTNERSHIPS	Strengthened relationships between the ICB and GP safeguarding leads to embed multi-agency policies and new RCGP safeguarding standards in general practice.
COMPLEX CASES & REVIEWS	Worked with partners on complex cases and advised on statutory reviews, improving the practicality of recommendations and streamlining chronologies and interview-style reviews.
COMMISSIONING & TRANSITION	Embedded safeguarding in contracting and commissioning, including domestic-abuse support and the Steps to Safety bid; aligned the Named GP role with ICB changes and statutory duties.
NETWORKS & INFORMATION	Used regional and national Named GP networks to collaborate on shared projects and share information efficiently with practices, including learning from the forensic project.

Named GP Area Achievements 2025–26

Stronger assurance, pathways and frontline safeguarding across NENC.

System leadership & assurance

- Led Newcastle's domestic abuse perpetrator pilot; its impact report is being shared with the Parliamentary group.
- Created an audited advice system for complex queries after the Gateshead Thematic Review.
- Developed primary-care assurance and helped shape the Named GP role through ICB restructure.

Partnership pathways

- Established mental-health escalation and supported subgroups, SIRS and MARAC access.
- Developed abuse dashboards and pathways for older people.

Practice support & learning

- Facilitated GP lead forums and shared review learning.
- Delivered Level 3 training on self-neglect, child neglect and domestic abuse.
- Revised children's safeguarding and escalation policies, plus welfare-check guidance.

Frontline safeguarding support

- Continued domestic abuse advocacy and routine enquiry in practices.
- Supervised Special Allocation Service professionals.
- Improved multiagency escalation, recording and referral for complex cases.

Designated Doctor achievements 2025–26

Building safer pathways, stronger clinical oversight and better multiagency responses.

Multi-agency learning & evidence

- Delivered FII/PP and child protection medical report training; evaluation findings were submitted for publication.
- Reached 1,200+ with bruising training and turned review learning into UHT surgical-speciality training.

Clinical pathways & professional support

- Developed A&E safeguarding pathways and formal supervision for named doctors.
- Revised the ICB Designated Doctor job description to clarify the role and accountability.

Audit & quality improvement

- Audited child protection medical reports, developed an action plan and chaired peer review.
- Immobile-baby audit showed better senior review and assessment; primary care–CSC work continues with re-audit.

Partnership leadership & CSA response

- Supported CSPR and action planning after severe abuse and neglect themes, and co-developed CSA referral training.
- Strengthened Sunderland's Designated Doctor role through NSPCC CSA snapshot and partnership-board work.

Priorities for 2026/27

- Continue to deliver our statutory responsibilities and those outlined within the SAAF (2026) for Safeguarding (Children, Cared for Children and Adults) on behalf of the ICB.
- Develop and embed updated policies and procedures to reflect new MCA DoLS process following the Agni review.
- Review the variation of health input into Multi-agency safeguarding hubs and implementation of children's social care reforms including the introduction of multi-agency child protection teams
- Review of multi agency risk assessment conferences (MARAC) and multi agency public protection arrangements (MAPPA) in support of primary care
- Review with commissioners and providers the health response and actions following the Southport Enquiry, Thirlwall inquiry and Working Together 2026.
- Review the ICBs response to Child Deaths to ensure consistency and compliance with best practice and statutory guidance
- Work with digital leads to implement CP-IS Phase 2 towards a single care record

Commissioning considerations for 2026-27

MULTI-AGENCY HUBS	Future commissioning of multi-agency safeguarding hubs for adults and children - conversations commenced with some ICB commissioners as 0-19 service (children) advising potential withdrawal. ICB has a duty to ensure health provision within the hubs, to be decided between local partners.
CHILD PROTECTION HUBS	Multi-agency child protection hubs as part of children's social care reforms – commissioners are aware, conversations continue relating to next steps and funding responsiblilities
HORIZON SCANNING	Horizon scanning, need to consider recent published inquiries such as Southport and Thirlwall to inform commissioning gaps

Conclusion

STRATEGIC CONTEXT	This report has been compiled amongst ongoing transformation within the NHS and social care with the ICB model defining the core role and function of ICBs as strategic commissioners. The safeguarding good practice guidance recommended ICBs retain Designated Professional Advisory capacity for their strategic safeguarding functions and statutory safeguarding partnerships and boards.
BOARD ASSURANCE	The report demonstrates the range of activity and developments within the safeguarding team, providing assurance to the NENC ICB Board and partners of the ICBs commitment to the effective discharge of its statutory safeguarding duties in relation to safeguarding children, young people and adults at risk.
2026–27 PRIORITIES	Our continued focus for 2026/27 as the new ICB transforms and matures in its strategic commissioning role will be to align with the national initiatives to strengthen our multiagency safeguarding arrangements, ensure that learning from reviews nationally and locally is transferred into systems and practice and informs our population health improvement priorities.
PROFESSIONAL LEADERSHIP	Our Designated Professionals and safeguarding team as experts and strategic leaders for safeguarding will continue to be a vital source of safeguarding advice and expertise to commissioners to fulfil the responsibility for ensuring commissioned services are safe and effective. We will continue to work closely with our colleagues in the ICB and with our partner agencies to ensure we address the wider determinants of health, enact change and evidence impact of learning to help protect individuals from harm.

Safeguarding Partnerships and Boards Annual Reports

ICB Local Delivery Team	Children's Safeguarding Partnerships Annual Report	Safeguarding Adult Boards Annual Reports
Newcastle Gateshead	Newcastle Safeguarding Children Partnership Annual Report 24/25 Gateshead Safeguarding Children Partnership Annual Report 24/25	Newcastle Safeguarding Adults Board Annual Report 24/25 Gateshead Safeguarding Adults Board Annual Report 24/25
Sunderland South Tyneside	Sunderland Safeguarding Children Partnership Annual Report 24/25 South Tyneside Children's Safeguarding Partnership Annual Report 24/25	Sunderland Safeguarding Adults Board Annual Report 24/25 South Tyneside Safeguarding Adults Board Annual Report 24/25
Northumberland North Tyneside	Northumberland Safeguarding Children and Adults Partnership Annual Report 24/25 North Tyneside Safeguarding Children Partnership Annual Report 24/25	North Tyneside Safeguarding Adults Board Annual Report 24/25
Cumbria	Cumberland Safeguarding Children Partnership Annual Report 24/25	Cumbria Safeguarding Adults Board Annual Report 24/25
Durham	Durham Safeguarding Children Partnership Annual Report 24/25	Durham Safeguarding Adults Partnership Annual Report 24/25
Tees	South Tees Safeguarding Children Partnership Annual Report 24/25 Darlington Safeguarding Partnership Annual Report 24/25 Hartlepool & Stockton Safeguarding Children Partnership Annual Report 24/25	Teeswide Safeguarding Adults Board Annual Report 24/25

Glossary (1 of 2)

Cared for Children	Children in Care of Local Authority
CDOP	Child Death Overview Panel
Child Protection Conferences	Statutory meeting to share information to safeguard children/young people and promote their welfare, development and health
CSA	Child Sexual Abuse
CSC	Children's Social Care
CSPR	Child Safeguarding Practice Review
DARDR	Domestic Abuse Related Death Reviews
DHR	Domestic Homicide Review
DoLs	Deprivation of Liberty Safeguards
ESR	Electronic Staff Records
FII/PP	Fabricated and induced illness/ Perplexing presentations

Glossary (2 of 2)

MAPPA	Multi-Agency Public Protection Arrangements
MARAC	Multi-Agency Risk Assessment Conference (Domestic Abuse meeting for professionals to safeguard victims)
MCA	Mental Capacity Act
NHSE	NHS England
RCGP	Royal College of General Practitioners
SAB	Safeguarding Adult Board
SAR	Safeguarding Adult Review
S-CAT	Safeguarding Commissioner Assurance Tool
SCP	Safeguarding Children's Partnership
SIRS	Sharing Information Regarding Safeguarding
Trauma informed care/practice	An approach which considers how an individual's behaviour or thinking may be impacted by past trauma