

Our Reference North East and North Cumbria ICB\
FOI ICB 26–262

North East and North Cumbria ICB
Pemberton House
Colima Avenue
Sunderland Enterprise Park
Sunderland
SR5 3XB

Tel: 0191 535 4288
E-mail: nencicb.foi@nhs.net

By Email

15 September 2026

Dear Applicant

Freedom of Information Act 2000 – Request for Information – NHS North East and North Cumbria Integrated Care Board (NENC ICB)

Thank you for your request received on 22 August 2026 for information held by NHS North East and North Cumbria Integrated Care Board (the ICB) under the provisions of the Freedom of Information Act 2000. The ICB covers the areas of County Durham, Newcastle Gateshead, North Cumbria, North Tyneside, Northumberland, South Tyneside, Sunderland, and Tees Valley.

Please find the information you requested on behalf of the ICB as follows.

Your Request

I'm requesting information concerning group-based child sexual exploitation (CSE), grooming gangs, sexual exploitation and related safeguarding risks across the North East.

I understand that NHS North East and North Cumbria Integrated Care Board (NENC ICB) has statutory safeguarding responsibilities, is an equal statutory partner within local safeguarding arrangements, commissions and monitors healthcare services, and has responsibilities concerning safeguarding children and looked-after/cared-for children.

I also understand from the ICB's published safeguarding material that its safeguarding work includes risks outside the home, child and adult exploitation, modern slavery and human trafficking, and that the ICB has had a dedicated exploitation safeguarding nurse working with multi-agency partners in relation to criminal and sexual exploitation.

This request therefore concerns information already held by the ICB in its own safeguarding, commissioning, quality-assurance, partnership and strategic roles.

I'm not asking the ICB to search individual patient records, GP records, hospital records, social-care case files or police systems.

Geographical scope

For this request, “the North East” means the following local authority areas within the ICB footprint:

- County Durham;
- Darlington;
- Gateshead;
- Hartlepool;
- Middlesbrough;
- Newcastle upon Tyne;
- North Tyneside;
- Northumberland;
- Redcar and Cleveland;
- South Tyneside;
- Stockton-on-Tees; and
- Sunderland.

I'm not seeking a North Cumbria geographical breakdown for this request.

Where information is held only for the entire North East and North Cumbria ICB area and cannot readily be separated, please provide the existing whole-ICB information and explain that it includes North Cumbria.

Where information is already broken down by ICB place, locality, local authority or safeguarding-partnership area, please provide the existing breakdown rather than creating a new one.

Definition used for this request

For the purposes of this request, references to “group-based child sexual exploitation” are intended to cover information already recorded by the ICB using terminology such as:

- Group-based CSE;
- Group-based child sexual exploitation and abuse (GBCSEA);
- Grooming gangs;
- Organised sexual exploitation;
- Networked sexual exploitation;
- Multiple-perpetrator CSE;
- Child sexual exploitation involving groups or networks; or
- Another equivalent term specifically referring to child sexual exploitation involving multiple perpetrators.

Where relevant, I also ask separately about wider child sexual exploitation, adult sexual exploitation, trafficking and modern slavery.

I'm not asking the ICB to retrospectively classify individual safeguarding cases using this definition.

Where the ICB uses different terminology, please use the nearest existing terminology and explain what is used.

Time period

Unless otherwise stated, please provide information for 1 January 2023 to the date of this request.

Section 1 – Strategic assessment and consideration of group-based CSE

1. Please provide the most recent existing ICB-level strategic assessment, briefing, safeguarding report, risk assessment or other high-level document which specifically considers:
 - Group-based CSE or grooming gangs;
 - Child sexual exploitation involving groups or networks;
 - Sexual exploitation of children and young people;
 - Cross-boundary sexual exploitation; or
 - Exploitation as a risk outside the home,

across all or part of the North East.

If the ICB does not hold a strategic assessment specifically concerning group-based CSE or grooming gangs, please confirm this and provide the nearest existing high-level strategic material concerning child sexual exploitation.

2. Where readily identifiable from existing indexed Board, Quality and Safety Committee, Health Safeguarding Subcommittee or equivalent formal governance records, please confirm whether group-based CSE, grooming gangs or significant child sexual exploitation risks have been substantively considered since 1 January 2023.

Where they have, please provide:

- The date;
- The forum or committee;
- The title of the relevant report, paper or briefing;
- A copy of the relevant paper, minutes or briefing where disclosable; and
- The high-level recorded action, assurance or decision.

I'm not asking the ICB to search every set of meeting minutes or identify incidental references to general safeguarding.

3. Where a material change in the ICB's recorded strategic understanding of child sexual exploitation or group-based CSE since January 2023 is readily identifiable from existing strategic reports or safeguarding assessments, please provide:
 - The date;
 - The broad nature of the change;
 - Whether it concerned scale, geography, victim vulnerability, offending patterns or cross-boundary activity; and
 - Any high-level action resulting from that change.

I'm not requesting a chronology reconstructed from emails or individual safeguarding records.

Section 2 – Existing ICB data and safeguarding intelligence

1. Please confirm whether the ICB currently holds any existing dashboard, assurance return, management report, dataset or regular statistical report containing aggregate information specifically relating to:
 - Child sexual exploitation;
 - Sexual exploitation of children;
 - Group-based CSE;

- Adult sexual exploitation;
- Human trafficking for sexual exploitation;
- Modern slavery involving sexual exploitation; or
- The nearest existing exploitation classifications used by the ICB.

For each category, please identify the terminology used and whether aggregate figures are available.

2. Where the ICB already holds aggregate figures for child sexual exploitation or sexual exploitation, please provide the existing figures for each year from 2023 onwards.

Where the figures are already geographically broken down, please provide the existing breakdown by ICB place, local authority or safeguarding-partnership area.

I'm not asking the ICB to obtain or construct statistics from individual NHS providers.

3. Where readily available from an existing dashboard or management report, please provide any existing breakdown by:
 - Children under 18;
 - Adults aged 18 and over;
 - Sex;
 - Looked-after/cared-for child status; and
 - Type of exploitation marker or category.

Please provide only breakdowns already available from existing reporting arrangements.

I'm not requesting patient-level linkage or a manual review of individual safeguarding referrals.

4. Please confirm whether any existing ICB strategic safeguarding data or assurance report identifies the following as risk factors or strategic issues associated with child sexual exploitation:
 - Missing episodes;
 - Repeated missing episodes;
 - Children in care;
 - Out-of-area care placements;
 - Movement across local-authority boundaries; or
 - Movement across police-force boundaries.

Where they are identified, please provide the relevant existing high-level report, dashboard extract or assurance material.

I'm not asking for details of individual missing children, care placements or journeys.

Section 3 – Exploitation safeguarding work and training

I understand from the ICB's published safeguarding material that the ICB has had a dedicated exploitation safeguarding nurse and has undertaken work concerning criminal and sexual exploitation.

Please provide:

1. The current high-level role description, remit or terms of reference for the ICB's exploitation safeguarding nurse, exploitation lead or nearest current equivalent.
2. Confirmation of whether that role specifically covers:
 - Child sexual exploitation;
 - Group-based CSE/grooming gangs;
 - Adult sexual exploitation;
 - Human trafficking;
 - Modern slavery;
 - Criminal exploitation; and
 - Cross-boundary exploitation.
3. Please provide any existing annual or programme-level figures held by the ICB showing exploitation-related safeguarding training or briefing activity from 2023/24 onwards, including:
 - The number of sessions, where already recorded;
 - The number of attendees, where already recorded; and
 - The broad subjects covered.

I'm not asking the ICB to reconstruct individual training sessions, attendee lists or geographical delivery information where these are not already contained in an existing report or programme record.

4. Please provide the current ICB training material, briefing, guidance or learning resource specifically concerning recognition and response to:
 - Child sexual exploitation;
 - Group-based CSE/grooming;
 - Sexual exploitation;
 - Human trafficking; or
 - Modern slavery,

where such material exists and can be disclosed.

5. Please confirm whether current ICB safeguarding training or guidance specifically addresses indicators such as:
 - A child repeatedly going missing;
 - A child being transported or moved between areas;
 - An older person or group exercising control over a child;
 - Sexual assault or repeated sexual harm;
 - Sexually transmitted infections;
 - Pregnancy or termination of pregnancy in circumstances raising safeguarding concerns;
 - Drug or alcohol use connected with exploitation;
 - Hotels, taxis, private addresses or other locations being used in exploitation; or
 - A looked-after child being placed or exploited outside their home area.

For this point, I'm seeking existing high-level training or guidance only and not clinical information about individual patients.

Section 4 – Cared-for/looked-after children and cross-boundary exploitation

1. Please provide any current ICB policy, procedure, pathway or high-level guidance specifically concerning healthcare safeguarding where a looked-after/cared-for child is suspected of being sexually exploited.
2. Please confirm whether existing ICB safeguarding reports, annual reports or strategic assessments identify looked-after/cared-for children as a group at particular risk from CSE or sexual exploitation.

If so, please provide the relevant existing high-level material.

3. Please confirm whether the ICB has an existing policy, pathway or strategic arrangement concerning continuity of healthcare and safeguarding where a child:
 - Is looked after by one North East local authority but placed in another local-authority area;
 - Is placed outside the North East;
 - Goes missing across local-authority boundaries;
 - Is located in another police-force area; or
 - Is suspected of being moved or trafficked between areas for sexual exploitation.

Please provide the relevant current high-level policy, protocol or guidance where held.

4. Where readily identifiable from existing strategic or assurance records, please confirm whether the ICB has raised any specific concerns since January 2023 regarding CSE or sexual exploitation involving:
 - Out-of-area placements;
 - Looked-after children;
 - Repeated missing episodes; or
 - Children crossing local-authority or police-force boundaries.

If so, please provide the existing high-level report, assurance paper or recorded action.

I'm not requesting information about identifiable children or individual placements.

Section 5 – Multi-agency work with councils and police

1. Please provide the names of current formal strategic groups, subgroups or partnerships in the North East in which the ICB is represented and which have a specific remit covering:
 - Child sexual exploitation;
 - Group-based CSE;
 - Exploitation;
 - Contextual safeguarding;
 - Risks outside the home;
 - Modern slavery/human trafficking; or
 - Serious violence where sexual exploitation forms part of the remit.

Please provide the current terms of reference or equivalent governance document where held.

2. Where an existing ICB-level strategic report, assurance paper or governance document records substantive multi-agency consideration of group-based CSE or grooming gangs since January 2023, please provide that existing document or relevant extract.

Please identify at a high level the partner organisations involved where this is already recorded, for example:

- Local authorities;
- Northumbria Police;
- Durham Constabulary;
- Cleveland Police;
- Safeguarding partnerships;
- NHS providers; or
- Voluntary/victim-support organisations.

I'm not requesting a search through individual meeting records or minutes to identify every occasion on which the subject was discussed.

3. Please confirm whether existing ICB strategic records identify movement of children or victims between different North East areas, or between the North East and other regions, as an issue relevant to sexual exploitation.

Where this is identified, please provide the existing high-level strategic document or recorded response.

I'm not requesting individual locations, routes or case details.

Section 6 – Commissioning and funding

For 1 January 2023 to the date of this request, please confirm whether the ICB has directly funded, commissioned or jointly commissioned any service, programme or project specifically addressing:

- Child sexual exploitation;
- Sexual exploitation;
- Group-based CSE;
- Victims or survivors of child sexual abuse/exploitation;
- Human trafficking or modern slavery;
- CSE safeguarding training;
- Healthcare support for looked-after children at risk of exploitation; or
- Other health services specifically intended to support people affected by exploitation.

For each readily identifiable service or programme, please provide:

1. The service or project name;
2. The provider or commissioned organisation;
3. The financial year;
4. The amount of ICB funding, where separately recorded;
5. The geographical area covered; and
6. The broad purpose and target population.

Where group-based CSE forms only one part of a wider service and no separate amount is recorded, please state this rather than calculating a new figure.

I'm not asking the ICB to manually review every NHS contract, grant or commissioned service.

Please limit this question to services readily identifiable from existing safeguarding, exploitation, sexual-violence or relevant programme and commissioning records.

Section 7 – Assurance of NHS providers and safeguarding learning

1. Please provide the current high-level mechanism by which the ICB obtains assurance that NHS providers within its area are complying with safeguarding requirements concerning child sexual exploitation and exploitation.

This may include existing:

- Contract-monitoring arrangements;
- Quality assurance frameworks;
- Safeguarding dashboards;
- Provider assurance returns;
- Quality System Group reporting; or
- Other existing assurance mechanisms.

2. Please provide the most recent existing ICB-level strategic or assurance report, if one exists, identifying any material system-wide or provider-level concern specifically relating to the recognition, referral or safeguarding response to CSE or sexual exploitation.

Where such a concern is recorded, please provide:

- The broad nature of the concern;
- The high-level corrective action; and
- The current recorded status.

I'm not asking the ICB to search historic individual provider records to identify every concern since January 2023.

3. Please provide any existing ICB-wide recommendation, improvement plan or high-level learning document resulting from a Child Safeguarding Practice Review, learning review or other safeguarding review since January 2023 where group-based CSE, child sexual exploitation or sexual exploitation was a substantive issue.

Please limit this to existing centrally held recommendations, action plans or learning documents.

I'm not asking for a manual review of all safeguarding practice reviews to determine whether exploitation was mentioned.

If disclosure of particular information is restricted, please provide any existing anonymised high-level recommendations or action plan which can be disclosed.

Section 8 – Casey National Audit and Independent Inquiry into Grooming Gangs

I understand that Baroness Casey's National Audit on Group-Based Child Sexual Exploitation and Abuse was published in June 2025 and that the Independent Inquiry into Grooming Gangs has subsequently been established.

Please provide:

1. Confirmation of whether the ICB Board, Quality and Safety Committee, Health Safeguarding Subcommittee, Executive Chief Nurse, Director of Nursing for Safeguarding or another senior ICB forum has formally considered the Casey National Audit.

If so, please provide:

- The date and forum;
 - The relevant existing briefing or paper;
 - Any implications identified for the North East health and safeguarding system;
 - Any recommendations or actions agreed; and
 - The latest recorded status of those actions.
2. Confirmation of whether the ICB has formally considered the Independent Inquiry into Grooming Gangs.

If so, please provide any existing:

- Briefing;
 - Board or committee paper;
 - Formal response;
 - Submission;
 - Action plan; or
 - Recorded decision.
3. Please provide any formal centrally held correspondence, submission or briefing from June 2025 to the date of this request specifically concerning:
 - The Casey National Audit;
 - The Independent Inquiry into Grooming Gangs;
 - Potential involvement of any North East area in the Inquiry;
 - NHS or health-service involvement in any local investigation;
 - Implementation of recommendations concerning group-based CSE; or
 - A regional North East health response to group-based CSE.

This is intended to cover formal or centrally recorded correspondence readily identifiable from indexed records.

I'm not asking the ICB to search individual officers' or employees' email accounts.

4. Please confirm whether the ICB currently has any planned:
 - Regional review;
 - Health safeguarding audit;
 - Strategic meeting or roundtable;
 - Research project;
 - Training programme; or
 - Other formal work

specifically concerning group-based CSE or grooming gangs.

Where one is planned, please provide the existing scope, expected timeframe and participating organisations where already determined.

If no such work is currently planned, please confirm this.

Scope, sensitivity and Section 12 clarification

This request concerns only information actually held by NHS North East and North Cumbria Integrated Care Board.

I'm not asking the ICB to:

- Obtain new information from NHS trusts, GPs or other healthcare providers for the purpose of answering this request;
- Search individual patient records;
- Search GP clinical records;
- Search hospital clinical records;
- Manually review safeguarding case files;
- Manually review individual safeguarding referrals;
- Search local-authority children's social-care systems;
- Search police systems;
- Identify individual victims, patients or suspected offenders;
- Create a new regional CSE dataset;
- Combine patient-level datasets from different providers;
- Retrospectively classify individual cases as group-based CSE;
- Calculate new estimates;
- Search individual officers' or employees' email accounts;
- Review large volumes of free-text records;
- Manually reconstruct historical meeting or training records;
- Manually review all ICB contracts or commissioned services;
- Manually review all provider assurance records or safeguarding reviews;
- Disclose operational police intelligence; or
- Disclose information which would compromise safeguarding or an active investigation.

Please provide existing aggregate data, strategic reports, assurance documents, policies, dashboards, indexed governance records and commissioning information in the form in which they are currently held.

Where an existing geographical breakdown is available, please provide it.

Where information is held only at whole-ICB level, please provide the existing aggregate rather than creating a new North East-only dataset.

If the detailed geographical breakdowns in section 2 would require manual extraction from individual safeguarding records, please provide only the existing ICB-level or place-level aggregate figures.

If section 1, question 2 would require review of large numbers of meeting records, please limit the response to substantive consideration readily identifiable from existing indexed Board, committee or formal governance records.

If the training information in section 3, question 3 is not available in an existing annual, programme-level or management report, please provide only the training material and any readily available aggregate totals rather than reconstructing individual sessions.

If the multi-agency information in section 5, question 2 would require a search through individual meeting minutes or records, please limit the response to existing ICB-level strategic, assurance or governance documents which already record the relevant multi-agency work.

If the funding information in section 6 would require review of all ICB contracts, grants or commissioned services, please limit the response to services readily identifiable from existing safeguarding, exploitation, sexual-violence or relevant programme records.

If section 7 would require a review of individual provider, patient or safeguarding-review records, please limit the response to existing ICB-level assurance reports, dashboards, centrally held improvement plans and high-level learning documents.

If the correspondence element in section 8, question 3 would require a broad search of individual email accounts, please limit the response to formal correspondence, submissions or briefings held centrally or readily identifiable from indexed records.

If any particular detailed breakdown would cause the request as a whole to exceed the appropriate limit under section 12 of the Freedom of Information Act 2000, please treat that detailed breakdown as withdrawn and provide the higher-level information which can be supplied from existing records.

If any individual question cannot be answered without manual review sufficient to cause the request to exceed the appropriate limit, please provide the readily available higher-level information for that question rather than undertaking the manual review.

If the remaining request would still exceed the appropriate limit, please provide advice and assistance under section 16 identifying:

- The specific question or search responsible for the estimated excess cost;
- Which parts can be answered within the limit;
- Which relevant information is already held in structured or indexed form; and
- What refinement would enable the remaining information to be provided.

Where an exemption applies only to part of a document, please provide the remaining information with the exempt material redacted.

Where aggregate figures require small-number suppression to protect personal information, please suppress the affected cells rather than withholding the wider table where possible.

Our Response

NHS North East and North Cumbria Integrated Care Board has considered the request in relation to information held within its central safeguarding, governance, quality-assurance, commissioning and partnership records for the period from 1 January 2023 to the date of the request.

This response provides information in the form in which it is currently identified as held and does not include searches of individual patient records, provider clinical systems, GP records, police systems, local-authority children's social-care records, or retrospective creation of new datasets.

The ICB's central safeguarding material identifies statutory safeguarding governance arrangements, provider assurance arrangements, partnership representation, risks outside the

home including children and adult exploitation, modern slavery and human trafficking, and work undertaken by the dedicated exploitation safeguarding nurse. Details of which are available in the ICB's most recent published Annual Report (2024-25)

https://northeastnorthcumbria.nhs.uk/media/mdhpgvwh/qhm_icb_annual_report_2024-25_final-unsigned.pdf

Section 1 – Strategic assessment and consideration of group-based CSE:

1. The ICB holds high-level safeguarding assurance material which considers exploitation as a risk outside the home, including children and adult exploitation, modern slavery and human trafficking, within the wider statutory safeguarding assurance framework. The 2024/25 Safeguarding Annual Report describes the ICB's statutory safeguarding duties, governance structure, partnership role, provider assurance arrangements and areas of focus including risks outside the home.
2. The ICB has not undertaken a separate strategic assessment of group based CSE. It has though contributed to the work of individual Safeguarding Boards which has included safeguarding adult reviews and safeguarding children reviews relating to exploitation, details of which are, or will be published on Individual local safeguarding partnership board websites.
3. Issues relating to exploitation were considered by the ICB's Health Safeguarding Executive Sub-Committee overview safeguarding assurance report in August 2025. However, NENC ICB has determined that the information requested is exempt from disclosure under Section 41(1) of the Freedom of Information Act 2000 (Information Provided in Confidence).

The report was obtained from a third party in circumstances giving rise to a duty of confidence. Disclosure would constitute an actionable breach of confidence and could reasonably give rise to legal proceedings by the organisation to whom that duty is owed. Accordingly, the information has been withheld under Section 41(1) of the Freedom of Information Act 2000.

Section 2 – Existing ICB data and safeguarding intelligence:

1. At this stage, no centrally held ICB aggregate dataset has been identified that provides annual figures specifically coded as group-based CSE, grooming gangs, adult sexual exploitation, trafficking for sexual exploitation or modern slavery involving sexual exploitation from 2023 onwards.
2. NENC ICB does not hold the requested aggregate figures in recorded form.
3. Please refer to the response to section 2, question 2.
4. Please refer to the response to section 2, question 2.

Section 3 – Exploitation safeguarding work and training:

1. The ICB's safeguarding annual report identifies a dedicated ICB exploitation safeguarding nurse who has worked with multi-agency colleagues to raise awareness and manage criminal and sexual exploitation across the age span, supported modern slavery activity, delivered briefing sessions across the ICB and partnerships, and developed training resources. The report also notes planned work to explore wider coverage of exploitation subject matter across the ICB NHS footprint and to incorporate learning from national and regional reviews and incidents into the ICB learning programme. The exploitation nurse has delivered specific exploitation training however the ICB does not hold separate training records for this.

The role of the Exploitation Nurse was subsequently disestablished in May 2026 as part of the recent NHS reforms.

2. Please refer to the response to section 3, question 1.
3. Please refer to the response to section 3, question 1.
4. Please refer to the response to section 3, question 1.
5. Please refer to the response to section 3, question 1.

Section 4 – Cared-for/looked-after children and cross-boundary exploitation:

1. The ICB annual safeguarding report and assurance materials identify children cared for/care experienced children as a key statutory safeguarding area and describe the ICB's role in safeguarding children partnership arrangements, corporate parenting boards, children in care assurance and provider oversight. Initial health assessment compliance for children entering care is noted as a current risk area in assurance reporting.
2. The ICB does not have a specific current policy, pathway or protocol concerning suspected sexual exploitation of looked-after/cared-for children, out-of-area placement safeguarding, continuity of healthcare, missing episodes across boundaries or suspected movement/trafficking between areas. Where there are concerns relating to exploitation of looked after/cared for children these would be managed in partnership in accordance with the locally agreed safeguarding partnerships multi agency procedures.
3. Please refer to the response to section 4, question 1.
4. Please refer to the response to section 4, question 1.

Section 5 – Multi-agency work with councils and police:

1. Existing safeguarding annual report material confirms that the ICB is represented in safeguarding children partnerships, safeguarding adult boards, child death review arrangements, corporate parenting boards, community safety partnerships, domestic abuse and serious violence arrangements, and other partnership boards across the ICB footprint.
2. The ICB safeguarding governance structure includes the ICB Safeguarding Assurance Group, Quality and Safety Committee, Safeguarding Professionals Forum, Regional Named GP Forum and local commissioning team arrangements.
3. NENC ICB does not hold a strategic document containing the information required.

Section 6 – Commissioning and funding:

The ICB has clear arrangements to ensure compliance with the NHS England Safeguarding Assurance and Accountability Framework which requires the ICB to embed safeguarding requirements into contracts, provider assurance and quality governance. The ICB annual safeguarding report confirms that contractual standards provide the safeguarding audit framework used to monitor NHS and non-NHS providers of healthcare and that safeguarding teams coordinate system safeguarding assurance with contracting, commissioning and quality teams.

At this point, no separately identifiable centrally held commissioning schedule or funding table has been identified that specifically records ICB funding for group-based CSE, sexual exploitation, trafficking, modern slavery or exploitation-specific victim/survivor services.

This response relates to services directly or jointly commissioned by the ICB. Relevant services may be commissioned separately by NHS England, local authorities, police and crime commissioners, or other statutory and voluntary-sector partners.

Section 7 – Assurance of NHS providers and safeguarding learning:

The ICB holds high-level provider safeguarding assurance material. The ICB has statutory responsibility for ensuring safe systems of care and that providers commissioned by the ICB discharge their safeguarding functions. Compliance is measured with the use of contractual standards, safeguarding assurance processes (a data dashboard) aligned to the Safeguarding Accountability and Assurance Framework, coordination between safeguarding, contracting, commissioning and quality teams, provider assurance audits and NHS England assurance through the Safeguarding Commissioning Assurance Toolkit.

The ICB does not hold an ICB-level strategic or assurance report, specifically relating to the recognition, referral or safeguarding response to CSE or sexual exploitation. Reporting on these metrics would usually be reported through local Multi Agency partnership monitoring arrangements. The ICB does though provide health data which is used in the compilation of Multi agency dashboard reporting.

Section 8 – Casey National Audit and Independent Inquiry into Grooming Gangs:

1. The ICB Board received Safeguarding training on 26 August 2026 which included a focus on exploitation and abuse including operation Beaconport, the Statutory Independent Inquiry into Grooming Gangs and the need for the ICB to seek assurance that commissioned services are sufficient, sustainable and responsive to potential increased demand. The ICB's Safeguarding Assurance Group agenda for 25 August 2026 also included Operation Beaconport. The ICB's Executive Chief Nurse and Director of Nursing for Safeguarding were present at both of these sessions.

The Casey review was discussed at the ICB Health Safeguarding Executive meetings in May, August and November 2025 extracts from the records of the meetings that refer to Casey are included below.

Extracts from health safeguarding executive reports:

May 2025

Durham Police force as in other areas are seeing criminal exploitation as the main concern reported. In April 2025 the exploitation nurse is supporting a targeted piece of work with Durham Children Social Care around child exploitation and mental capacity.

Cleveland Police force is seeing some very complex cases relating to child exploitation. The exploitation nurse is supporting partners with a concerning case linked to organised criminal networks following a meeting with Tees health colleagues who have requested assistance.

A previous complex case involving the sexual exploitation of young girls in Gateshead is being reviewed by the Independent Safeguarding Partnership Scrutineer, to look at how agencies worked together at that time. All victims in this case are now adults. Children with familial links to the 6 perpetrators have recently come to the attention of the LA and the subsequent, necessary safeguarding measures resulted in significant community tensions. There is now a multi-agency team ensuring all children linked to the perpetrators are identified and the necessary safeguarding measures put in place, with consideration being given to preventing further community tensions. All 6 perpetrators are due to appear in court in August 2025 and significant media interest is expected.

August 2025

Baroness Casey's National Audit on Group-Based Child Sexual Exploitation and Abuse published in June 25 reported key findings emphasising the need for systemic reform which include: Barriers to Justice, taxi licensing loopholes, accountability and transparency and gaps

in data. It identified what safeguarding partnerships can do to prevent, identify and respond to CSE. The audit makes 12 recommendations which include;

1. tighten the law on rape and consent,
2. launch a national police operation and inquiry into CSE,
3. review criminal convictions of victims,
4. improve ethnicity and nationality data collection,
5. mandatory information sharing,
6. introduce unique reference numbers for children,
7. upgrade police information systems,
8. treat CSE investigations as serious and organised crime,
9. investigate decline in child protection data,
10. Commission research into drivers of CSE,
11. reform taxi licencing and
12. commit to long term resourcing and oversight.

Each local safeguarding children's partnership are considering the findings of the National Audit and will look to develop a local action plan to respond to its recommendations.

November 2025

Each child safeguarding partnership across the NENC footprint has been reviewing the findings of the Casey report into child sexual exploitation and abuse and are undertaking audits based on the learning. Some emerging themes include a variation in trauma-informed approaches, representation of the child's perspective needs strengthening, fragmented recording systems hinder holistic understanding of risk, CSE was not always identified in the records and stronger management oversight and cross-agency accountability are needed.

Safeguarding children's partnerships are also undertaking self-assessment work in relation to intrafamilial child sexual abuse which is the current theme of joint targeted area inspections.

2. Please refer to the response to section 8, question 1.
3. The ICB does not currently hold any, briefing, formal response, submission, action plan, correspondence or recorded decision centrally that could be disclosed as part of this request.

In accordance with the Information Commissioner's directive on the disclosure of information under the Freedom of Information Act 2000 your request will form part of our disclosure log. Therefore, a version of our response which will protect your anonymity will be posted on the NHS ICB website <https://northeastnorthcumbria.nhs.uk/>.

If you have any queries or wish to discuss the information supplied, please do not hesitate to contact me on the above telephone number or at the above address.

If you are unhappy with the service you have received in relation to your request and wish to request a review of our decision, you should write to the Information Governance Manager using the contact details at the top of this letter quoting the appropriate reference number.

If you are not content with the outcome your review, you do have the right of complaint to the Information Commissioner as established by section 50 of the Freedom of Information Act 2000. Generally, the Information Commissioner cannot make a decision unless you have exhausted the ICB's complaints procedure.

The Information Commissioner can be contacted at Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF or www.ico.org.uk.

Any information we provide following your request under the Freedom of Information Act will not confer an automatic right for you to re-use that information, for example to publish it. If you wish to re-use the information that we provide and you do not specify this in your initial application for information then you must make a further request for its re-use as per the Re-Use of Public Sector Information Regulations 2015 www.legislation.gov.uk. This will not affect your initial information request.

Yours faithfully

Information Governance Support Officer

**Information Governance Support Officer
North East and North Cumbria Integrated Care Board**