

SAFEGUARDING CHILDREN and YOUNG PEOPLE POLICY

Version:	3.0
Ratified By:	CCG Governing Body
Date Ratified:	
Name of Sponsor:	Jane Foster-Taylor – NHS Thurrock Clinical Commissioning Group (CCG) Executive Nurse
Name of Originator/Author:	Yvonne Anarfi & Sharon Connell, Strategic Leads Designated Nurses Safeguarding Children
Date Issued:	Jan 2014
Review Date:	Jan 2016
Target Audience:	CCG staff and members

CONTENTS PAGE

CONTENTS

1.	Introduction	3
2.	Purpose	4
3.	Aim	4
4.	Scope	4
5.	Definitions	5
6.	Roles and Responsibilities	5
7.	Governance Arrangements	10
8.	Support and Supervision	11
9.	Staff Accused/Suspected of Harming a Child or Who May Pose a Risk to Children	11
10.	Consent	11
12.	Associated Documentation	12
13.	Communications	12
14.	Archiving of Documents	12
15.	Child Protection Training	12
16.	Equal Opportunities	13
17.	References	13
18.	Glossary	14
19.	List of Stakeholders	14
20.	Equality Impact Assessment	14
21.	Version Control	15
	Appendix 1	16
	Appendix 2	17
	Appendix 3	18

SAFEGUARDING CHILDREN and YOUNG PEOPLE POLICY

1. Introduction

The Children Act 1989 provides a comprehensive framework for the care and protection of children. The fundamental principle that underpins the Children Act is that the welfare of the child is paramount. Achieving positive outcomes for children requires all those with responsibility for assessment and provision of services to work together according to an agreed plan of action.

Section 11 of the Children Act 2004 sets out duties for a wide range of bodies including Health which is incorporated into the statutory guidance: **“Working Together to Safeguard Children” (Department for Education 2013)** which sets out how organisations and individuals have a duty to work together to safeguard and promote the welfare of children. In addition, **“Safeguarding Vulnerable People in the Reformed NHS – Accountability and Assurance Framework (NHS England 2013)** provides specific guidance to NHS organisations which clearly sets out the responsibilities of each of the key players for safeguarding in the NHS. NHS Thurrock CCG and NHS England are statutorily responsible for ensuring that the organisations from which they commission services provide a safe system that safeguards children (and adults) at risk of abuse and neglect. This means safeguarding and promoting the welfare of children must be an integral part of the care offered to all children and their families by all staff working within the NHS Thurrock CCG health economy. This may be care offered to children, young people, families or adults who are parents or carers. This duty applies to commissioners, providers from whom services are commissioned and also our partner agencies. The CCG has a Governance Framework for Safeguarding Children and Adults which shows its relationship to the wider health economy and partners. (Appendix 1)

‘Safeguarding Children Roles and Competences for Healthcare Staff - Intercollegiate Document, (RCPCH 2010), sets out the levels of competence expected of all staff working within the health service. All staff must ensure that they possess the required knowledge, skills and competences as set out in this document.

This policy is intended to support all staff in safeguarding children who reside either permanently or temporarily, or are visiting in the geographical area of NHS Thurrock CCG. The policy sets out the roles and responsibilities of all staff and members with respect to keeping children safe and promoting their welfare.

This policy provides the framework that ensures a robust and safe system is in place to safeguard children and is underpinned by Southend, Essex and Thurrock (SET) Child Protection Procedures (2011) which provide practical guidance to assist all staff working with children or their families. This includes commissioners of services, providers of services and those who work in partnership with the above (e.g. volunteers).

Links to these documents can be found on the CCG website (www.thurrockccg.nhs.uk) and SET Child Protection Procedures are also available electronically at www.escb.co.uk; www.shapingthurrock.org.uk/safeguard; www.southend.gov.uk;

All Provider Services including independent contractors must have their own safeguarding children guidance for their staff to follow in order that they can meet the above stated requirements.

The policy is compliant with the Care Quality Commission Outcome 7 (Regulation 11) Safeguarding service users from abuse.

2. Purpose

The purpose of this policy is to detail how NHS Thurrock Clinical Commissioning Group will discharge and fulfil all its statutory safeguarding children functions both strategically and operationally.

The function of this policy is to identify roles and responsibilities of all staff across the organisation so that they are clear about what actions must be taken to safeguard children.

To assist with designing and implementing a robust system that supports the Clinical Commissioning Group to work together to minimise risk, improve outcomes for children, develop and sustain effective partnerships and ensure they are able to access the necessary clinical expertise and advice.

3. Aim

This policy requires that NHS Thurrock CCG and its workforce, whether they work directly with children or not, are aware of their responsibility to safeguard and promote the welfare of all children.

The workforce will adhere to a uniform and systematic approach to safeguarding and promoting the welfare of children.

The workforce will undertake safeguarding children training in accordance with the competence level required by their role.

The CCG will involve children and young people in the planning of services and incorporate their wishes and feelings in service design and delivery.

4. Scope

The policy applies to all staff within:

NHS Thurrock CCG
General practitioners as CCG Members
Clinical Support Unit (CSU) Staff working on behalf of the CCG
Temporary, voluntary, contracted or self-employed staff
Bank /agency staff

The above will all be referred to as 'staff' in the policy.

5. Definitions

The CCG is defined as NHS Thurrock Clinical Commissioning Group responsible for commissioning health services for the population of Thurrock

These definitions are taken from Working Together 2013:

A child is anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change his/her status or entitlements to services or protection.

Safeguarding and promoting the welfare of children is defined as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care and
- Taking action to enable all children to have the best outcomes

Child protection is a part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

Child In Need is defined under section 17 of the Children Act 1989 as a child is unlikely to achieve or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services; or a child who is disabled.

Significant Harm is any Physical, Sexual, or Emotional Abuse, Neglect, accident or injury that is sufficiently serious to adversely affect progress and enjoyment of life. Harm is defined as the ill treatment or impairment of health and development. This definition was clarified in section 120 of the Adoption and Children Act 2002 (implemented on 31 January 2005) so that it may include, "for example, impairment suffered from seeing or hearing the ill treatment of another".

6. Roles and Responsibilities

Accountable Officer

The Accountable Officer has the responsibility for ensuring that the health contribution to safeguarding and promoting the welfare of children is discharged effectively across the whole local health economy through the CCG's commissioning arrangements.

Executive Nurse

The Executive Nurse is the Board Director with Lead for Safeguarding and will ensure that the CCG works closely with partner organisations and provides appropriate representation for the Local Safeguarding Children Board.

The Executive Nurse will work in partnership with the NHS England local area Director of Nursing in complying with the new accountability and assurance framework and will work closely with other regulators through the Essex wide Quality Surveillance Group to ensure sharing and learning of key information relating to all aspects of patient safety and quality, including safeguarding.

The Executive Nurse and is responsible for ensuring that the needs of all children and young people are at the forefront of local planning and that high quality health services that meet identified quality and safety standards are commissioned.

The Executive Nurse will ensure that all commissioned services give assurance on their processes and systems for children's safeguarding and that it is a standing agenda item at all Clinical Quality Review Group meetings.

The Executive Nurse will ensure that processes for safeguarding children are also supported in primary care member practices and specialist services, offering advice and support in collaboration with the NHS England Essex Area team to ensure safe services

The Executive Nurse will ensure, through reporting to the Quality and Governance Committee, that monitoring takes place of safeguarding activity to fulfil the requirements of Section 11 of the Children Act (2004), Working Together to Safeguard Children (DFE 2013), Standard 5 of the National Service Framework for Children Young People and Maternity Services (DH 2004), the Care Quality Commission Regulations (2010) and the recommendations from serious case reviews.

The Executive Nurse will ensure that the expertise of the designated professionals is used to contribute to the design and planning of services.

The Executive Nurse will ensure that the Joint Strategic Needs Assessment includes these needs which contribute to informing the strategic work of the Health and Wellbeing board, the Children and Young People's Plan and the Local Safeguarding Children Board business plan.

To fulfil all the responsibilities the Executive Nurse has support from the Designated Children Safeguarding Professionals.

Commissioning Managers

Commissioning managers within the CCG will ensure that service specifications of all health providers from whom services are commissioned include clear service standards for safeguarding and promoting the welfare of children, consistent with s11 of the Children Act (2004), SET Procedures (2011) and statutory guidance within Working Together to Safeguard Children (DFE 2013).

Services/service level agreements should take account of:

- Safeguarding responsibilities
- Equality and diversity
- The right to family life
- The principles of information sharing in accordance with statutory and other sharing information guidance.

- All services commissioned or provided are delivered, are child centred and respect the individuality of each child.

These standards will then be robustly managed through the CCGs contract monitoring processes.

The Commissioning Managers will ensure that all new pathways, commissioning cases and QIPP schemes are impact assessed by the CCGs Quality Impact assessment to ensure all consideration is given to children's safeguarding requirements.

Designated Professionals Safeguarding Children

The designated professionals for children's safeguarding are directly employed by the Southend CCG and are part of a hosted arrangement. If the service is from a local provider service – a robust Service Level Agreement will be in place which sets out the responsibilities of the role, the expected time commitment and the level of support to be given to the professional. The SLA will be monitored through the contract monitoring process.

The Designated Doctor and Designated Safeguarding Nurse take a strategic, professional lead on all aspects of the health service contribution to safeguarding children across the Thurrock CCG area. Be a member of the LSCB and serve, as appropriate, on the sub-committees of the LSCB providing safeguarding/child protection health advice on policy and individual cases to statutory and voluntary agencies, including the Police and Children's Social Care

Designate Professionals will support the organisation in its clinical governance role, by ensuring that safeguarding audits are undertaken, that safeguarding policies and procedures are in place and that safeguarding issues are managed through the CCGs clinical governance and processes and systems

Designated professionals are responsible for ensuring the development, monitoring and reviewing of safeguarding practice by all provider trusts/services.

Designated professionals provide professional leadership, expert advice, support and supervision to the Named professionals in each health organisation.

Designated professionals will support the LSCB local learning and improvement framework to learn from experience and improve services as a result. They will take a strategic lead in Serious Case Reviews and other reviews, as determined by the LSCB. When conducive to the methodology chosen by the LSCB, the designated professional may review and evaluate the practice of all health professionals in provider organisations within the CCG area and submit a health overview report to the LSCB

Associate Designate /Named Professionals Safeguarding Children

The Associate Designated Nurse Safeguarding Children will support the Designated Professionals in the discharge of their responsibilities. They work closely with the Named GP to support and advise independent contractors in the discharge of their safeguarding children responsibilities. The Named GP works closely with GPs and practice staff to support and advise them in the discharge of their safeguarding children responsibilities.

Provider Named Nurses and Doctors provide professional and clinical leadership on safeguarding children services within their own organisations and they need to ensure that a coordinated and integrated safeguarding service is provided.

Named Nurses and Doctors ensure that services in their provider organisations are delivered in accordance with this Safeguarding Children Policy and that there are safe systems and processes in place for their staff.

Provider Named Professionals should have specific expertise in children's health and development, child maltreatment and local arrangements for safeguarding and promoting the welfare of children.

Provider Named Nurses and Doctors in collaboration with the Designate Professionals are responsible for promoting good professional practice and providing specialist advice and support to health professionals within their organisation on any issue relating to safeguarding children.

Provider Named Professionals will ensure child protection supervision and training is provided for all staff as appropriate to their roles and responsibilities within their organisations. They have a key role in ensuring a safeguarding training strategy is in place and is delivered within their organisation.

Provider Named Professionals will support provider organisations in their clinical governance role, by ensuring that safeguarding audits are undertaken, that safeguarding policies and procedures are in place

Provider Named Professionals support the LSCB local learning and improvement framework to learn from experience and improve services as a result. They will conduct internal management reviews as part of Serious Case Reviews when conducive to the chosen methodology and work closely with the Designated Professionals in implementing any recommendations made.

Provider Named Professionals have a responsibility to work closely with the Designated Professionals and to seek advice support and clinical supervision from them about complex cases.

Each Health Provider Organisation will have an Executive Director or equivalent with accountability and responsibility for children's safeguarding.

Local Safeguarding Children's Board (LSCB)

The LSCB is the statutory body responsible for safeguarding children. The functions undertaken by the LSCB reflect the requirements of the Children Act 2004, and are based upon the objectives set out in Chapter 3 of 'Working Together to Safeguard Children (2013)'. The Board has an Independent Chair and membership from Local Authority, Health commissioning and providers, police and probation service, legal advisor, voluntary sector, fire service, ambulance service and a Lay Member. The CCG Executive Nurse is a full member of the LSCB.

The statutory objectives and functions of Thurrock LSCB is:

- To co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in Thurrock; and
- To ensure the effectiveness of what is done by each such person or body for that purpose.

Safeguarding & Looked After Children Forums

The CCG will work in collaboration with NHS England and other Essex CCGs on areas of mutual interest to avoid unnecessary duplication of work and share good practice. Safeguarding Children and Looked After Children Designated/Named Professionals will engage with and contribute to local, regional and national forums and networks as appropriate to their roles and responsibilities.

All Clinical Commissioning Group staff

All staff must always be alert to the possibility of significant harm to a child resulting from abuse or neglect, or to a child who is 'in need'. All staff should be able to recognise the indicators and know how to act upon concerns, their depth of knowledge being commensurate with their roles and responsibilities.

All staff must be aware of the vulnerabilities of certain groups of children such as those who are disabled, 'looked after' or privately fostered.

All staff must be aware of the increased vulnerabilities of certain groups of adults who may find parenting difficult, for example, those experiencing domestic abuse, unmanaged mental health problems, uncontrolled substance or alcohol misuse, severe learning disabilities or those with unmet support needs.

All staff working primarily with adults who are parents or carers should always consider the effects on parenting capacity and subsequent implications for children of the adult's illness or behaviour.

All staff must recognise that sharing information is vital for early intervention to ensure that children are protected from abuse and neglect and that the safeguarding of children is paramount and can override any duty of confidentiality.

All staff regardless of grade or position must follow SET Procedures (2011) where there are child protection concerns. This responsibility cannot be delegated to others.

Staff should be aware that when they have child protection concerns they can discuss them with a Designated/Named Safeguarding Professional, as required and must know how to access this support. However these discussions must never delay any emergency action that needs to be taken to protect a child.

All staff should uphold the rights of the child to be able to communicate, be heard and safeguarded from harm and exploitation whatever their:

- Ethnicity
- Religion/belief
- Spoken Language

- Gender
- Sexual Identity
- Age
- Health
- Ability
- Location or placement
- Criminal behaviour
- Political or immigration status

All staff must be familiar with and know where to access this policy and relevant organisational child protection procedures (www.thurrockccg.nhs.uk) . All staff that come into contact with children, young people or their carers while at work should have easy access to the SET Child Protection Guidance (2011) (www.escb.co.uk ; www.shapingthurrock.org.uk and www.southend.gov.uk).

All staff must ensure that they update their child protection skills and knowledge at a level commensurate with the post for which they are employed by undertaking further refresher training as appropriate and in line with the levels of competence defined by ‘Safeguarding Children Roles and Competences for Healthcare Staff – Intercollegiate Document’ (RCPCH 2010).

All staff that work regularly with children are responsible for ensuring that they access on-going safeguarding children supervision in accordance with the requirements of their particular area of practice.

7. Governance Arrangements

Clearly defined safeguarding accountability and governance arrangements are essential to ensure the Clinical Commissioning Groups are able to fulfil all their statutory requirements including the proactive and effective management of risk.

Ultimate accountability for ensuring that all quality and safeguarding duties are discharged is the responsibility of the Clinical Commissioning Group Board. The Board will receive assurance that all responsibilities are discharged; that systems and process are in place to monitor quality issues including safety in an on-going way, that arrangements are in place to proactively identify early warnings of a failing service, arrangements are in place to deal with and learn from serious untoward incidents and never events and has established appropriate systems for safeguarding from a committee of the Board, the Quality and Governance Committee (QGC). The Executive Nurse is a member of this committee and will present safeguarding assurance reports to the committee at every meeting, exception reports as required and escalate any risks with mitigating action plans.

The Clinical Commissioning Group Board will receive a comprehensive safeguarding report, including a looked after children report at least annually and exception reports when necessary.

In order to ensure the duties related to this accountability are completely discharged and to closely monitor all safeguarding arrangements, systems and process and escalate and manage safeguarding risks, the QGC will meet on a monthly basis.

This consistent Executive Nurse / Accountable Officer representation at these safeguarding meetings will ensure the alignment of organisational requirements, strategy and priorities to operational delivery. The alignment of organisational responsibility to operational delivery by local arrangements is detailed at appendix 2, this shows the Clinical Commissioning Group's organisational structure illustrating responsibilities and governance for quality delivery and safeguarding.

8. Support and Supervision

Proactive safeguarding children supervision is provided for all health professionals working with children and their families and can be accessed through the Named or Designated/Associate Designated Professionals.

The CCG will ensure that protected time is available to enable staff to receive safeguarding children supervision when required and it will be provided in addition to and separately from clinical supervision and management supervision

9. Staff Accused/Suspected of Harming a Child or Who May Pose a Risk to Children

If a member of staff becomes aware of any information regarding another member of staff, which identifies that a child either may or has been at risk of significant harm (including the member of staff's own child), then they must immediately report this information to the CCG Executive Nurse or appointed deputy. If the concern is about the Executive Nurse this must be reported to the Accountable Officer. The Executive Nurse will ensure that all appropriate action is taken in accordance with SET Procedures 2011 and the CCG procedure for Managing Allegations Against Staff.

If a health professional wishes to raise a concern all providers have systems in place to raise concerns through their organisation.

10. Consent

Sharing information for safeguarding purposes would normally require the consent of a Gillick competent child or their parent. However if this agreement cannot be obtained for a child in need of protection the relevant information would nevertheless be shared with appropriate services as the need to safeguard the child would be considered to be in the wider public interest.

11. Audit and Monitoring Compliance

To ensure that the safeguarding arrangements are satisfactory audit will be organised and undertaken by the Safeguarding Children Team with support from the audit team as part of the annual safeguarding audit programme. The results of the audit will be submitted to the Quality Governance Committee and Audit committee.

Further audits, either internally or by Local Safeguarding Children Board may be undertaken in relation to specific circumstances to ensure compliance with for example, Serious Case Reviews recommendations and statutory requirements.

This Safeguarding Policy will be reviewed and updated in accordance with the republication of SET procedures but as a minimum, every three years or sooner if there are significant local or legislative changes.

12. Associated Documentation

Southend Essex & Thurrock (SET) Child Protection Procedures 2011

http://www.southend.gov.uk/site/scripts/documents_info.php?categoryID=266&documentID=605

Safeguarding Children Roles and Competences for Health Care Staff - Intercollegiate Document (Royal College of Paediatrics and Child Health 2010)

Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children (Department of Education 2013)

Safeguarding Vulnerable People in the reformed NHS – Accountability and Assurance Framework (NHS Commissioning Board 2013)

13. Communications

The CCGs website will hold information relating to the CCGs responsibilities for safeguarding children.

This policy will be held on the CCG staff Intranet and NHS Thurrock CCG staff and members will be made aware of changes to this policy via the authorised in house communication pathways and in child protection training.

14. Archiving of Documents

Documents must be retained in accordance with the requirements of Records Management: NHS Code of Practice (DH 2006) and the CCGs Records Management Policy.

15. Child Protection Training

Child protection awareness will be covered within the local induction programme for all new staff, and new staff should also receive additional relevant local introductory training in safeguarding children from their supervisor/ line manager.

At induction training all staff must be informed about the Safeguarding Children Policy and Procedures.

The CCG Board members will receive training related to the statutory duties of the CCG. All staff must receive training and regular updates at the competence level appropriate for their role (RCPCH 2010). The training course will need to be one which has been approved by at least one of the Local Safeguarding Children Board's. Any member of staff unsure of their training needs should contact their line manager/training lead to discuss their requirements.

16. Equal Opportunities

This policy reflects the organisation's determination to ensure that all parts of our community have equality of access to services and that everyone receives a high standard of service as a service user, a carer or employee.

This policy anticipates and encompasses NHS Thurrock CCGs commitment to prevent discrimination on any illegal or inappropriate basis and recognise and respond to the needs of individuals based on good communication and best practice. We recognise that some groups of the population are more at risk of discrimination or less able to access to services than others and that services can often unintentionally put barriers in place that can limit or prevent access. The organisation is continually working to prevent this from happening.

17. References

Children Act (1989) London: Her Majesty's Stationery Office.

Children Act (2004) London: Her Majesty's Stationery Office.

Common Core of Skills and Knowledge for the Children's Workforce (2005) Department for Children, Schools and Families

National Service Framework for Children, Young People and Maternity Services (2004) Department of Health.

Outcome 7 (Regulation 11): Safeguarding people who use services from abuse (2010) Care Quality Commission.

Promoting the Health of Looked After Children (2002) Department of Health.

Records Management: NHS Code of Practice (2006) Department of Health.

Records Management Policy (2010) NHS South West Essex

Safeguarding Children Roles and Competences for Health Care Staff Intercollegiate Document (2010) Royal College of Paediatrics and Child Health

Southend Essex Thurrock (SET) Child Protection Procedures (2011)

Southend, Essex and Thurrock Local Safeguarding Boards
Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children (Department of Education 2013)

Safeguarding Vulnerable People in the reformed NHS – Accountability and Assurance Framework (NHS Commissioning Board 2013)

18. Glossary

DCSF – Department for Children Schools and Families

DfE – Department for Education

DH – Department of Health

ESCB – Essex Safeguarding Children’s Board

Gillick Competence -is a term originating in England and is used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

LSCB – Local Safeguarding Children’s Board

RCPCH – Royal College of Paediatrics and Child Health

SCG – Specialist Commissioning Group

SET – Southend, Essex and Thurrock

19. List of Stakeholders

Name	Title	Comments received Y/N	Comments incorporated Y/N
Dr Nimal Raj	Interim Accountable officer	No	
Jane Foster-Taylor	Executive Nurse	Yes	Yes
Mandy Ansell	Chief Operating Officer	No	
Ade Olarinde	Chief Finance Officer	No	
Dr Puvanendran	Designated Doctor	Yes	Yes
Yvonne Anarfi	Designated Nurse	Yes	Yes
Vacant	Named GP		
Linda Smart	Head of Quality & Patient Safety	No	
Pol Toner	NHS England Essex Area Team	No	
Andrew Stride	Head of Corporate Governance	No	
Neale Laurie	Thurrock Quality Assurance Safeguarding and Child Protection, Service Manager and LADO		

20. Equality Impact Assessment

NHS Thurrock CCG is committed to carrying out a systematic review of all its existing and proposed policies to determine whether there are any equality implications.

This policy has been assessed using the CCGs Equality Impact Assessment framework which identified the following impact/s upon equality and diversity issues:

Age	Marital Status	Disability	Gender & Pregnancy	Race	Sexuality	Religion	Human Rights	Total Points	Impact
2	0	2	1	2	1	2	1	11	Medium

Points

- 3 – This area has a high relevance to equalities
- 2 – This area has a medium relevance to equalities
- 1 – This area has a low relevance to equalities
- 0 – This area has no relevance to equalities

Scoring

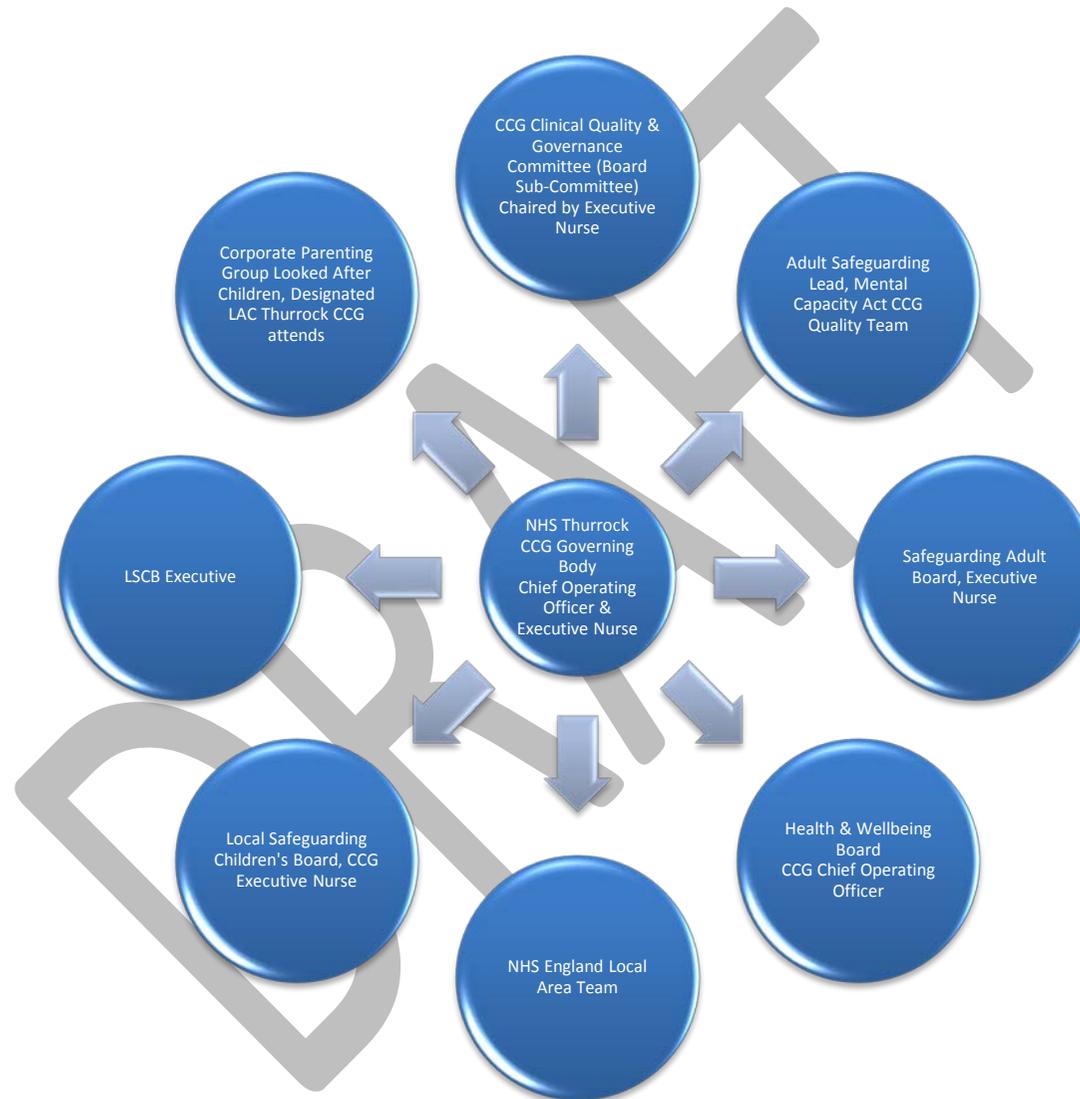
- 13-18 points – high impact
- 7-12 points – medium impact
- 0-6 points – low or no impact

21. Version Control

Version	Author name and title	Date policy issued	Date policy due for review
01	Yvonne Anarfi, Strategic Lead Designated Nurse Safeguarding Children, South West Essex Sharon Connell Strategic Lead Designated Nurse Safeguarding Children, South East Essex.		
02	Jane Foster-Taylor Executive Nurse NHS Thurrock CCG Yvonne Anarfi, Strategic Lead Designated Nurse Safeguarding Children, South West Essex Sharon Connell Strategic Lead Designated Nurse Safeguarding Children, South East Essex.		
03	Jane Foster-Taylor Executive Nurse NHS Thurrock CCG Yvonne Anarfi, Strategic Lead Designated Nurse Safeguarding Children, South West Essex Sharon Connell Strategic Lead Designated Nurse Safeguarding Children, South East Essex.	Jan 2014	Jan 2016

NHS Thurrock CCG Safeguarding Governance Structure

APPENDIX 1



NHS Thurrock CCG Governance Structure

APPENDIX 2

