

Report to: Clinical Commissioning Group Board

Date of Meeting: 31st May 2013

Subject: Safeguarding Vulnerable People in the Reformed NHS: Accountability and Assurance Framework

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STATUS OF THE REPORT:

To approve

To note

To ratify

To discuss

To consider

For information

PURPOSE OF REPORT:

1. To provide a summary to the Board of the revised guidance from NHS England in respect of safeguarding accountability and assurance requirements as outlined in "Safeguarding Vulnerable People in the Reformed NHS: Accountability and Assurance Framework" NHS Commissioning Board March 2013.
2. To highlight implications for the NHS Hull Clinical Commissioning Group (CCG).

RECOMMENDATIONS:

1. That the Board note the revised Assurance and Accountability Framework from NHS England in relation to safeguarding vulnerable people in the reformed NHS.
2. That the safeguarding of children, young people (including those who are looked after) and vulnerable adults should continue to be a key priority for the NHS Hull CCG.

3. That the NHS Hull CCG should maintain and strengthen its assurance processes via the NHS Hull Safeguarding Assurance Board.
4. That the NHS Hull CCG will ensure continued representation on and support of the Hull Safeguarding Children Board (HSCB), Safeguarding Adults Board (SAB) and Health and Wellbeing Board.
5. That the designated professionals and safeguarding leads within the CCG progress work with the Area Team in respect of developing Safeguarding Forums.
6. That the CCG work with the emerging Quality Surveillance Group and NHS Trust Development Agency to clarify local assurance processes.

REPORT EXEMPT FROM PUBLIC DISCLOSURE

No Yes

If yes, grounds for exemption
(FOIA or DPA section reference)

CCG STRATEGY NUMBER REFERENCE	ASSURANCE FRAMEWORK REFERENCE NUMBER
The NHS Hull Clinical Commissioning Group Strategy 2009-2014, designed to improve the health and well-being of local people, is underpinned by the need to ensure the safety and protection of children, young people and vulnerable adults.	This report describes the NHS Commissioning Board's arrangements to secure accountability and assurance arrangements in the NHS for safeguarding children, young people and vulnerable adults

IMPLICATIONS: <i>(summary of key implications, including risks, associated with the paper),</i>	
Finance	There are no financial risks associated with this report.
HR	There are no HR implications.
Quality	Risks not addressed may result in safeguarding issues for children, young people and vulnerable adults.
Safety	Risks not addressed may result in safety issues for children, young people and vulnerable adults.

ENGAGEMENT: *(Explain what engagement has taken place e.g. Partners, patients and the public prior to presenting the paper and the outcome of this)*

Engagement has taken place and does so with partner agencies on a continuous basis. This is via the Hull Safeguarding Children Board (HSCB), the Hull Safeguarding Adults Board (SAB) and the Health and Wellbeing Board. Engagement with GPs takes place via the CCG Board and through the training programme.

LEGAL ISSUES: *(Summarise key legal issues / legislation relevant to the report)*

Relevant legal issues have been considered and are addressed in this report.

EQUALITY AND DIVERSITY ISSUES: *(summary of impact, if any, of CCG's duty to promote equality and diversity based on Equality Impact Analysis (EIA). All reports relating to new services, changes to existing services or CCG strategies / policies **must** have a valid EIA and will not be received by the Committee if this is not appended to the report)*

All issues in relation to quality, diversity and disability are considered in safeguarding children, young people and vulnerable adult's arrangements, including policies, procedures and training.

THE NHS CONSTITUTION: *(How the report supports the NHS Constitution)*

Safeguarding children, young people and vulnerable adults is integral to the NHS Constitution and is framed by the values and principles which guide the NHS, with particular reference to the provision of high quality care that is safe, effective and focussed on patient experience.

SAFEGUARDING VULNERABLE PEOPLE IN THE REFORMED NHS: ACCOUNTABILITY AND ASSURANCE FRAMEWORK

1. INTRODUCTION

The purpose of this report is to: Provide a summary of the revised guidance from NHS England in respect of safeguarding accountability and assurance requirements as outlined in “Safeguarding Vulnerable People in the Reformed NHS: Accountability and Assurance Framework” March 2013 and Highlight implications for the NHS Hull Clinical Commissioning Group.

2. BACKGROUND

In September 2012, the then NHS Commissioning Board Authority published “Arrangements to secure children’s and adult safeguarding in the future NHS: The new accountability and assurance framework – interim guidance”. This was in response to concerns expressed by Professor Munro in her review of child protection in relation to the impact of planned changes to the NHS on partnership arrangements to safeguard vulnerable children (Munro 2011). It was intended to support commissioners as they developed new commissioning organisations and structures.

In March 2013 the revised “Working Together to Safeguard Children” (HM Government) was published together with the revised “Safeguarding Vulnerable People in the Reformed NHS: Accountability and Assurance Framework” (NHS Commissioning Board).

The new Accountability and Assurance Framework does not differ significantly from the provisions of the interim guidance. However, it is more detailed and reflects the roles and responsibilities of additional NHS structures.

3. INFORMATION

3.1 Purpose of the Framework

The Framework endorses the Mandate from Central Government to the NHS England stating,

“We expect to see the NHS, working together with schools and children’s social services, supporting and safeguarding vulnerable, looked-after and adopted children, through a more joined-up approach to addressing their needs.”

The Framework is intended to support NHS organisations in order to fulfil their statutory safeguarding duties as set out in the following documents.

- Working Together to Safeguard Children 2013
- Statutory Guidance on Promoting the Health and Wellbeing of Looked After Children 2009
- Future legislation in relation to safeguarding adults

The Framework does not generate new policy or priorities for the NHS or partners. It articulates how the performance of the wider NHS with respect to the duties and priorities defined elsewhere will be assured.

The Framework provides a brief overview of the commissioning responsibilities of each part of the reformed NHS and then goes on to consider the significance of the extensive reforms in relation to safeguarding and assurance processes.

3.2 Summary of Roles and Responsibilities

3.2.1 Department of Health

- Provides strategic leadership and sets the direction for the NHS.
- Will assess NHS CBs performance against the Mandate.

3.2.2 NHS England

Through the leadership of the Chief Nursing Officer and the Clinical Lead for Safeguarding will

- Ensure that organisations from which services are commissioned provide safe systems for safeguarding children
- Act as the policy lead for NHS safeguarding
- Provide specialist safeguarding advice to the NHS
- Lead assurance and peer review processes for CCGs and directly commissioned services
- Provide leadership support to safeguarding professionals
- Co-ordinate and fund safeguarding training for GPs and potentially other primary care professionals. This was not clear in the Interim guidance.
- Work with primary care commissioners and CCGs to develop effective arrangements for the employment and development of named GPs. The Royal College of GPs (RCGP) is to lead on the development of standards for this role (this was also absent from the Interim guidance). The Framework includes the minimum recommended number of named GP sessions according to population size (this is not the case for any other role).

3.2.3 Clinical Commissioning Groups

- Have responsibility for ensuring that organisations from which services are commissioned provide safe systems for safeguarding those in vulnerable situations
- Demonstrate the safeguarding requirements set out in authorisation including: plans to train staff; a clear line of accountability reflected in governance arrangements; effective arrangements for information sharing; securing the expertise of designated

doctors and nurses for safeguarding and looked after children and a designated paediatrician for unexpected deaths in childhood; and having a safeguarding adults lead and a lead for the Mental Capacity Act.

- Where CCGs contract with Commissioning Support Units (CSUs) for support with patient specific services (e.g. management of serious incidents) they must be assured that the CSUs have access to the appropriate safeguarding expertise.

3.2.4 Health Service Providers

- All healthcare providers must have effective arrangements in place to satisfy themselves, regulators and commissioners that robust processes for safeguarding children and adults are in place and are effective. These include safe recruitment, effective training and supervision, good partnership working and the identification of a named doctor, nurse and midwife (where relevant).
- GP practices are required to nominate a safeguarding lead. This was not considered within the Interim guidance.

3.2.5 Public Health England (PHE)

- PHE is required to identify a named doctor and nurse for safeguarding
- PHE has specific safeguarding duties in relation to the front line delivery of services which relate to its delivery of health protection services and which are required to co-operate with local arrangements.
- PHE was not considered within the Interim guidance.

3.2.6 Health Education England (HEE)

- Working in conjunction with Local Education and Training Boards (LETBs) HEE has responsibility for all health professionals' education and training.
- LETBs are the local provider lead organisations with responsibility for local health workforce development and education commissioning. This includes the provision of training for both the general and specialist safeguarding workforce, working with local commissioners and providers.
- HEE was not considered within the Interim guidance.

4. ACCOUNTABILITY AND ASSURANCE

The Framework considers leadership, accountability and assurance via a number of mechanisms:

- Internal assurance processes and Board accountability
- The Local Safeguarding Boards (LSCBs and SABs)
- External regulation and inspection – Care Quality Commission (CQC) and Monitor
- Locally developed peer review and assurance processes

- Effective commissioning, procurement and contract monitoring

4.1 Local Safeguarding Boards

Local Safeguarding Children Boards (LSCBs) and Safeguarding Adults Boards (SABs) are the key mechanisms for agreeing how the relevant organisations in each local area will co-operate to safeguard and promote the welfare of children and adults in their locality and for ensuring the effectiveness of what they do. Membership of the LSCB must include the NHS England, the Clinical Commissioning Group, NHS Trusts and NHS Foundation Trusts. The NHS Hull CCG, Director of Quality and Clinical Governance/Executive Nurse sits on both local Boards. Designated professionals should either be members of the LSCB (as is the case in Hull) or make their expertise and advice available to the Board. The draft Care and Support Bill proposes putting SABs on a stronger statutory footing. It is intended that CCGs will become statutory members of SABs. Through annual reports the LSCB and the SAB must provide a comprehensive analysis of local safeguarding arrangements.

4.2 Health and Wellbeing Boards

Health and Wellbeing Boards have overall strategic responsibility for assessing and planning to meet local needs via the Joint Strategic Needs Assessment and corresponding strategies. They will play a vital role locally in identifying and ensuring that the needs of children and adults at risk of abuse or neglect are identified and addressed.

The Framework states that “*The exact relationship between LSCBs/ SABs and Health and Wellbeing Boards is for local determination*” and comments that “*NHS commissioners and providers will want to understand these arrangements*”.

4.3 NHS England

The central and regional teams of the NHS England take lead responsibility for policy on safeguarding and for overall assurance of the NHS safeguarding system, whilst the Area Teams have the responsibility for day-to-day support, leadership and assurance.

4.4 Quality Surveillance Groups

The role of Quality Surveillance Groups (QSGs) was absent from the Interim guidance. The QSG will operate at regional and local levels according to the footprint of NHS England’s regional and area offices. The QSG will act as a virtual team across a health and care economy to bring together organisations and their respective information and intelligence gathered through performance management, commissioning and regulatory activities, to spot potential and actual quality problems at an early stage. QSGs may identify quality problems in relation to providers which may have safeguarding implications. These concerns should be fed into the local safeguarding arrangements including the LSCB/ SAB as appropriate. It is noted that the role of QSGs in relation to safeguarding is being tested as part of the roll out of the QSG, and will be clarified as part of updated guidance in the autumn of 2013.

4.5 NHS Trust Development Authority

The role of the NHS Trust Development Agency (NHS TDA) was also absent from the Interim guidance. Its role is to provide oversight and performance management of NHS Trusts in England with a central focus on quality, including the expectation that Trusts will have proper systems in place for child and adult safeguarding. The NHS TDA will work closely with commissioners and regulators via mechanisms such as the QSGs.

5 IMPLICATIONS FOR THE CCG

- 5.1** As the major commissioner of local health services the CCG needs to assure itself that the organisations from which it commissions have effective safeguarding arrangements in place. NHS Hull CCG does have effective monitoring arrangements in place through contracting and the CCG Safeguarding Assurance Board and these will be enhanced through the development of the Strategy and the new Quality and Performance Framework.
- 5.2** The CCG has a statutory responsibility to be a member of the LSCB and will become a statutory member of the SAB. NHS Hull CCG has appropriate nominated membership of both Boards.
- 5.3** The relationship between LSCBs/ SABs and Health and Wellbeing Boards is described as “for local determination”. Therefore, the CCG must devise a mechanism to ensure robust engagement with new arrangements in order to exercise support and influence. This will be delivered via the Health and Wellbeing Board strategy for NHS Hull CCG.
- 5.4** Currently the CCG has retained the role undertaken by the Primary Care Trust in co-ordinating the delivery of safeguarding training to GPs. The CCG needs to work with the NHS England via the Area Team to ensure this training continues under revised arrangements.
- 5.5** The CCG will need to work closely with the NHS England via the Area Team to maintain and develop the existing role of the Named GP.

6 RECOMMENDATIONS

It is recommended:

- a) That the Board note the revised Assurance and Accountability Framework from NHS England in relation to safeguarding vulnerable people in the reformed NHS.
- b) That the safeguarding of children, young people (including those who are looked after) and vulnerable adults should continue to be a key priority for the NHS Hull CCG.
- c) That the NHS Hull CCG should maintain and strengthen its assurance processes via the NHS Hull Safeguarding Assurance Board.
- d) That the NHS Hull CCG will ensure continued representation on and support of the HSCB, SAB and Health and Wellbeing Board.

- e) That the Designated Professionals and Safeguarding Leads within the CCG progress work with the Area Team in respect of developing Safeguarding Forums.
- f) That the CCG progress work with emerging QSGs and NHS TDAs to clarify local assurance processes.

Glossary of Terms

HSCB	Hull Safeguarding Children Board
SAB	Safeguarding Adults Board
CQC	Care Quality Commission
CCG	Clinical Commissioning Group
CSU	Commissioning Support Unit
QSG	Quality and Surveillance Group
NHS TDA	NHS Trust Development Authority
RCGP	Royal College of General Practitioners
PHE	Public Health England
HEE	Health Education England
LETB	Local Education and Training Board