

Berkshire West CCG Federation 24.04.2012

Proposed Arrangements to ensure that Clinical Commissioning Groups fulfil their responsibilities to Safeguard and Protect Children.

1.0. Background

NHS bodies have a statutory duty to make arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004. They are statutory members of Local Safeguarding Children Boards (LSCBs) under section 13 of the Children Act 2004 and have a statutory duty to cooperate under section 10 of the Act.

These statutory duties will transfer from PCTs and SHAs to CCGs and the NHS Commissioning Board in April 2013.

The statutory responsibilities of NHS providers for safeguarding children will not change.

General duties under sections 10, 11 and 13 of the Children Act (2004)

- Commission safe pathways of care for children in a complex provider environment
- Collaborate with local authorities through Health & Well- being Boards
- Ensure that all services are commissioned in line with LSCB specifications and are assured

Specific duties

- These relate to the co-ordination and management of serious case reviews (SCRs) and implementation of recommendations including monitoring of recommendations for provider organisations. A revised methodology for SCRs will be developed (nb. the coalition government is committed to publishing serious case reviews in full)
- Statutory members of LSCBs

CCGs will be required to demonstrate how they address their responsibilities in fulfilling their legal duties under the Children Act (2004).

Guidance is still emerging on the arrangements for implementation of safeguarding duties in the new NHS bodies – CCG, CSO, NHSCB. Strong links with public health will need to be maintained because of the responsibility for early intervention and commissioning of some children's services.

The CCG authorisation process requires a clear line of accountability for safeguarding to be reflected in CCG governance arrangements, and CCGs to have arrangements in place to

co-operate with the local authority in the operation of the Local Safeguarding Children Board and the Safeguarding Adults Board

2.0. Support for CCGs

The roles of Designated Doctors and Nurses remain statutory. Each CCG must therefore, have access to a Designated Doctor and Nurse. The roles and competencies of the Designated Doctor and Nurse and the named doctor and nurse are described in the intercollegiate document (2010) and Working Together to Safeguard Children (2010). The roles of designated and named professionals are distinct but require close working relationships. Their roles are summarised below:

Designated Professionals

All PCTs, and therefore CCGs, should have a designated doctor and nurse to:-

- Take a strategic, professional lead on all aspects of the health service contribution to safeguarding children across the PCT area, which includes providers.
- Provide a vital source of professional advice on safeguarding children matters to the PCT, health professionals, particularly named safeguarding health professionals, local authority children's services departments and LSCBs.
- Provide advice to ensure the range of services commissioned by the PCT take account of the need to safeguard and promote the welfare of children
- Provide advice on the monitoring of the safeguarding aspects of PCT contracts
- Provide advice, support and clinical supervision to the named professionals in each provider organisations
- Provide skilled advice to the LSCBs on health issues
- Contribute to promoting, influencing and developing relevant training, on both a single agency and inter-agency basis, to ensure the training needs of health staff are addressed
- Provide skilled professional involvement in child safeguarding processes in line with LSCB procedures
- On behalf of commissioners of health services review and evaluate the practice of all involved health professionals, including GPs and providers commissioned by the PCT. The designated professionals produce an integrated chronology and health overview report which constitutes the individual management review for the PCT required for SCRs

Designated Doctors are usually consultant grade paediatricians. Designated Nurses are usually experienced nurses with additional professional and academic qualifications.

Named Professionals

All NHS trusts, NHS foundation trusts, public, third sector and independent sector, social enterprises and PCTs providing services for children should identify a named doctor and a named nurse – and a named midwife if the organisation provides maternity services- for safeguarding children.

The focus for the named professional's role is safeguarding children within their own organisation. Named professionals:-

- Have a key role in promoting good professional practice within their organisation and provide advice and expertise for fellow professionals. They should have specific expertise in child health and development, child maltreatment and local arrangements for safeguarding and promoting the welfare of children.
- Support the organisation in its clinical governance role by ensuring that audits on safeguarding are undertaken and that safeguarding issues are part of the Trust's clinical governance system.
- Have a key role in ensuring a safeguarding training strategy is in place and is delivered within their organisation
- Are responsible for conducting the organisations internal management reviews unless they have had direct involvement with the case.

3.0. Commissioning Support organisations (CSOs)

Department of Health guidance has stated that CSOs are likely to become social enterprises by 2016. CSOs are not and will not be statutory NHS bodies therefore, statutory accountability cannot be delegated to CSOs and therefore designated professionals cannot sit in CSOs. CCGs will need to become intelligent customers of CSOs with the support and advice of designated professionals. One function of CSOs may be, for example, to provide training. CCGs with support from the Designated Nurse & Doctor may commission training from a CSO.

4.0. Berkshire Context

There six safeguarding children boards (LSCBs) across Berkshire. The three LSCBs in Berkshire West share one independent chair. The three LSCBs in Berkshire East each have their own independent chair. All six LSCBs have their own LSCB Business Manager. The areas covered by the LSCBs are co-terminous with the areas covered by the local authorities. CCGs are co- terminus with the LSCBs though there is some overlap with LSCBs for North & West Reading CCG and Newbury & District CCG.

CCGs will be required to fulfil their statutory duties under the Children Act 2004. One of the responsibilities includes membership of the LSCBs.

Historically arrangements have been in place for the PCTs to be represented on each of the LSCBs in both East and west of Berkshire. The PCT was able to speak on behalf of commissioners and providers of health services. Since the commissioner and provider split, this is no longer the case.

The ability for each CCG to be an active board member of each LSCB, and its subgroups, in light of limited resources and financial constraints is worthy of considered debate within CCGs to determine how CCGs and LSCBs can work together in ensuring that children in their area are safeguarded and protected. The chairs of the LSCBs and their Business Manager are keen to develop working relationships with CCGs.

NHS Berkshire has continued to raise the potential for LSCBs to consider merging into one LSCB but without success to date. It is recommended that this approach is continued, and possible arrangements for input at a federated level are discussed with the relevant LSCB Chairs, CCG Chair or representative and Director Safeguarding lead.

LSCBs are expected to have access to a Designated Doctor and Designated Nurse.

5.0. Governance Arrangements for Safeguarding and protecting Children

5.1. Existing Arrangements

There are established governance processes within NHS Berkshire to ensure the range of services commissioned by the PCT take account of the need to safeguard and promote the welfare of children and that the PCT Board is informed in a timely manner of safeguarding children issues. This is simplified in the diagram below.

The Berkshire wide safeguarding children and adults group is chaired by the Director of Joint Commissioning.

5.2. Proposed Changes

5.2.1. That the Berkshire wide Safeguarding Group continues to ensure robust oversight of actions required following Serious Case Reviews, Inspections and audits. This group would report into the Quality and Risk Committees for the 2 CCG Federations, and the Terms of Reference for these Committees will reflect their responsibility for oversight of safeguarding issues.

5.2.2. That the CCG Board Nurse will have formal responsibility for safeguarding, therefore enabling each CCG Board to fulfil its statutory safeguarding responsibilities.

5.2.3. That the Designated Nurse for Safeguarding is employed by a “host” CCG, with an agreement clearly outlining the responsibilities to all of the CCG Boards

5.2.4. That the Designated Doctor for Safeguarding will continue to be employed by Berkshire Healthcare NHS Trust, but their responsibilities to support CCGs in their statutory role will be specified in a formal agreement.

5.2.5. That these arrangements are kept under review and amendments made in light of emerging Department of Health guidance and brought to CCGs for formal decision.

5.2.6. That confirmation of the links between safeguarding governance in CCGs and Quality functions in the Commissioning Support Service is completed, and specified within the contract. This will ensure that safeguarding is appropriately embedded in all commissioning and contracting activities.

5.2.7. That proposals for engagement with the LSCBs at a strategic, federation level are discussed with LSCB and Federation Chairs.

5.2.8. That complementary proposals for arrangements for safeguarding adults are completed for consideration by CCGs.

A handwritten signature in black ink, appearing to read 'Bev Searle', with a stylized, cursive script.

Jenny Selim
Designated Nurse for Safeguarding

Bev Searle
Director of Joint Commissioning