

New National Guidance on Safeguarding Adults and Children

Governing Body Meeting

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2 May 2013

Author(s)/Presenter and title	Rachel Welton, Designated Professional Safeguarding Adults Susan Mace, Designated Nurse Safeguarding Children
Sponsor	Kevin Clifford Chief Nurse
Key messages	
<ul style="list-style-type: none"> <li>• An update for the Governing Body regarding three new key documents relating to safeguarding adults and children: <ul style="list-style-type: none"> <li>○ Safeguarding Vulnerable People in Reformed NHS: Accountability and Assurance Framework</li> <li>○ Safeguarding Adults: An Aide Memoire for Clinical Commissioning Groups</li> <li>○ Working Together to Safeguard Children 2013</li> </ul> </li> </ul>	
Assurance Framework (AF)	
<b>Risk Reference Number:</b> 901	
<b>Is this an existing or additional control:</b> Existing - AF reference 2.1.1a,b,c,d	
Equality/Diversity Impact	
<b>Has an equality impact assessment been undertaken?</b> N/A	
Public and Patient Engagement	
Nil	
Recommendations	
The Governing Body is asked to consider this updated guidance	

## New National Guidance on Safeguarding Adults and Children

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#### 1. Introduction

This paper provides an update for SCCGs Governing Body regarding three new key documents relating to safeguarding adults and children.

The documents are produced in response to NHS reforms and in respect of the children's document, The Munro Report: A Child Centred System 2011.

They are:

- Safeguarding Vulnerable People in Reformed NHS: Accountability and Assurance Framework [Link to document](#)
- Safeguarding Adults: An Aide Memoire for Clinical Commissioning Groups
- Working Together to Safeguard Children 2013 [Link to document](#)

#### 2. Safeguarding Vulnerable People in Reformed NHS: Accountability and Assurance Framework

NHS England has published the above guidance which updates and replaces Arrangements to secure children's and adult safeguarding in the future NHS. The new accountability and assurance framework – interim advice issued by the NHS Commissioning Board Authority in September 2012. It takes effect from 1<sup>st</sup> April 2013.

Section 3 of this document details the responsibilities for CCGs. A summary is provided below (in italics) with SCCGs position against each of the requirements:

*CCGs are the major commissioners of local health services and need to assure themselves that the organisations from which they commission have effective safeguarding arrangements in place.*

SCCG requires all of its providers to have in place safeguarding policies that detail their staff members' responsibilities. Providers' policies include a requirement for staff to undertake training appropriate to their role that supports them to develop their safeguarding knowledge so as to recognise abuse. The policies also detail what action staff must take to respond to abuse, including following the South Yorkshire safeguarding adults procedures and Sheffield Safeguarding Children Procedures.

*A CCGs leadership arrangements for adult safeguarding need to include responsibility for ensuring that the CCG commissions safe services for those in vulnerable situations, including effective systems for responding to abuse and*

*neglect of adults and effective interagency working with local authorities, the police and third sector organisations.*

See above re 'ensuring that the CCG commissions safe services'.

Re leadership: The safeguarding team, supporting both the adults and children's agendas is well established. In respect of adults, led by SCCGs Chief Nurse with support from the deputy Chief Nurse, it includes one WTE designated professional, one WTE professional standards manager and a 0.2 WTE named GP. In respect of children, led by SCCGs Chief Nurse with support from the deputy Chief Nurse, it includes one WTE designated nurse and two GPs together totalling a 0.1 WTE named GP. Work is being undertaken for a health (CCG) funded service manager employed by Sheffield City Council, to support the CCGs safeguarding children agenda. The post of designated doctor for safeguarding children is currently vacant. Work is being undertaken with Sheffield Children's Hospital (SCH) who host the post, to recruit to it.

*CCG leads for safeguarding adults need to have a broad knowledge of healthcare for older people, people with dementia, people with learning disabilities and people with mental health conditions.*

The Professional Standards Manager employed within the CCG safeguarding adults team leads on embedding the Mental Capacity Act (MCA) (2005) and works to ensuring safeguarding for those vulnerable groups above is met by the CCGs providers.

*CCGs need to demonstrate that their designated clinical experts (children and adults), are embedded in the clinical decision making of the organisation, with the authority to work within local health economies to influence local thinking and practice. It should also be recognised that they will be expected to give clinical advice, for example in complex cases or where there is dispute between practitioners.*

The designated professionals fully contribute to the commissioning process. We have worked with our providers to ensure the 'minimum safeguarding standards expected of providers' are included within our safeguarding policy which in turn is embedded within our contracts with providers. Providers thereby have agreed to meet the minimum standards.

*The role of designated professionals for safeguarding children should always be explicitly defined in job descriptions, and sufficient time, funding, supervision and support should be allowed to enable them to fulfil their child safeguarding responsibilities effectively. Model job descriptions and person specifications can be found in the intercollegiate documents, Safeguarding Children and Young People: roles and competences for healthcare staff and Looked after children – Knowledge, skills and competences of healthcare staff.*

Job descriptions detailing the above requirements are available.

*Designated professionals and adult safeguarding leads, as clinical experts and strategic leaders, are a vital source of advice to the CCG, NHS England the local authority, the Local Safeguarding Children Board (LSCB) and Safeguarding Adults*

*Board (SAB) and the health and wellbeing board, and of advice and support for other health professionals in provider organisations.*

*It is expected that many designated professionals will be employed by a CCG. Where a designated professional (most likely a designated doctor for safeguarding or, perhaps, a designated professional for looked after children) is employed within a provider organisation, the CCG will need to have a Service Level Agreement (SLA) with the provider organisation that sets out the practitioner's responsibilities and the support they should expect in fulfilling their designated role.*

The designated professionals are employed by the CCG. Whilst the designated doctor for safeguarding children is employed by SCH, a SLA exists re SCCGs expectations for this role.

*In some areas there is more than one CCG per local authority and LSCB/SAB area, and CCGs may want to consider developing 'lead' or 'hosting' arrangements for their designated professional team. It is expected that CCGs will need to have formal arrangements in place to ensure and assure the effectiveness and compliance of such arrangements.*

Not applicable to SCCG.

*Whatever arrangements are in place for designated professionals, clear accountability and performance management arrangements will be essential. It is likely that line management will sit with the executive lead. Where designated doctors, in particular, are continuing to undertake clinical duties in addition to their clinical advice role in safeguarding, it is important that there is clarity about the two roles and the CCG will need to be able to input into the job planning, appraisal and revalidation processes.*

SCCGs designated professionals are both accountable to the Chief Nurse. In respect of the designated doctor a clear line of accountability also exists to SCCGs Chief Nurse. SCCG is fully engaged with SCH re job planning etc.

*However, the role of CCGs and, indeed, NHS England is about more than just managing contracts and employing expert practitioners. It is about working with others to ensure that critical services are in place to respond to children and adults who are at risk or who have been harmed, and it is about delivering improved outcomes and life chances for the most vulnerable.*

SCCGs safeguarding team fully embraces its professional leadership role as well as that of performance management. Excellent relationships exist between SCCGs safeguarding team and providers safeguarding team members. All are fully committed to improving outcomes for vulnerable people in Sheffield.

### **3. 'Safeguarding Adults: An Aide Memoire for Clinical Commissioning Groups'**

The above document has been produced for the former Strategic Health Authority (SHA) safeguarding adult's leads for sharing with CCGs. It details the requirements for CCGs. A summary is provided below (in italics) with SCCGs position against each of the requirements:

*CCGs have duties to take additional measures to safeguard patients who are unable to protect themselves from abuse and neglect.*

*CCGs must ensure all their commissioned services:*

- *Support patients to reduce risks of neglect and abuse- according to the patient's informed choices*
- *Reduce risks of abuse and neglect occurring within their service through the provision of high quality, person centred care.*
- *Identify and respond to neglect and abuse in line with local multi-agency safeguarding procedures*

SCCG requires all of its providers to have in place safeguarding policies that detail their staff members' responsibilities. Providers' policies include a requirement for staff to undertake training appropriate to their role that supports them to develop their safeguarding adult's knowledge so as to recognise abuse. The policies also detail what action staff must take to respond to abuse, including following the South Yorkshire safeguarding adult's procedures.

*CCGs need to establish effective structures for safeguarding within their service. This includes a clear strategy; robust governance and a competent workforce that can lead and develop safeguarding across the local health economy.*

SCCG has a safeguarding adult's strategy to take it through to 2013. It will therefore be revised and updated by the end of summer 2013. It will be shared with the Governing Body and the action plan that will accompany the strategy to show progress against the strategy implementation will be monitored by SCCGs Commissioning Safeguarding Adults Group (CSAG). Robust governance processes are already in place with reporting detailed in the CSAGs Terms of Reference.

The safeguarding adults' team is well established. Led by SCCGs Chief Nurse with support from the deputy Chief Nurse, it includes one WTE designated professional, one WTE professional standards manager and a 0.2 WTE named GP. The team embraces its leadership role within the health economy; providing support to its counterparts within provider organisations whilst at the same time 'stretching' provider organisations through e.g. the development of Key Performance Indicators (KPIs).

*CCGs need to make safeguarding adults integral across their commissioning cycle:*

- *Planning services with patients to address the needs of patients at greatest risk of neglect and abuse.*
- *Securing contracts with services that set clear standards for safeguarding adults*
- *Monitoring services through comprehensive assurance framework that support improvements and address concerns.*

The CCG engages in dialogue with service users via the safeguarding adult's board service user group. This enables us to gain the 'patient voice'. We also learn from reviews of cases, most especially where patients haven't been safeguarded as they should have been, to ensure services we commission address any gaps in service. All of our 2013/14 contracts include SCCGs Commissioning Safeguarding Adults and Children Policy that includes the 'Minimum Standards Expected of Providers'.

The safeguarding team regularly meets with our providers safeguarding adults' leads to gain assurance against the 'Minimum Standards Expected of Providers'. We also attend providers' internal safeguarding adults groups. We receive providers safeguarding adults' annual reports but plan to develop an annual assurance declaration to provide assurance that the minimum standards have been met.

#### 4. Working Together to Safeguard Children (updated March 2013)

The Department of Education has published its new version, which replaces the following: Working Together to Safeguard Children (2010), The Framework for the Assessment of Children in Need and their Families 2000 and Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004 (2007).

It has been significantly reduced to just 95 pages making it less prescriptive for professionals.

The key changes are below (in italics) with SCCGs response against some:

- *Local Safeguarding Children's Boards (LSCB's) independence will be strengthened, reinforcing their role in holding other bodies to account.*
- *LSCB's will need to publish a local document defining the thresholds for intervention.*
- *Initial and Core assessments undertaken by children's social care are to be merged into one continuous comprehensive assessment and increases the timescale to 45 working days for social care to complete.*
- *NHS England is responsible for ensuring systems work effectively to safeguard and be held to account for the all services that it directly commissions.*

NHS England published their guidance to support this on the same day as Working Together.

- *CCGs are responsible for safeguarding quality assurance through contractual arrangements with all providers.* Robust quality assurance frameworks are already in place, the CCG is working with the Area Team to develop further key performance indicators and standards.
- *GP practices should have a named lead and deputy for safeguarding who should work closely with Named GP.* Most GP practices already have a named lead. The Named GPs will work with the practices to support the establishment of deputies.
- *The guidance endorses the Royal College of Paediatrics and Child Health (RCPCH) Intercollegiate document on roles and competences for health care staff which determines all levels of training.* Providers have already been working to the guidance and it is planned to include their compliance within contracts and quality assurance.
- *LSCB's will need to produce a Local Learning & Improvement Framework involving all agencies to ensure local learning from serious case reviews and case reviews are implemented.*

Currently there is no formal framework to ensure this happens but the CCG are represented on all LSCB board and sub group meetings.

- *There is no longer a requirement that Individual Management Reviews (IMR) are commissioned from all agencies, nor a standard format for Serious Case Review (SCR's) documents. A national panel of Independent experts is to be established which will provide advice to LSCB's in relation to SCR's in light of the requirement for all reviews to be published in full.*
- *There are some minor changes to the definitions of abuse (Emotional & Sexual)*

## **5. Further Action**

The Chief Nurse, Designated Nurse Safeguarding Children and Designated Professional Safeguarding Adults are working closely with providers, SASP, SSCB, the Local Area Team and members of the CCG to ensure implementation of this guidance. The development of a new CCG strategy and plan will detail the required actions described above.

## **6. Recommendations**

The Governing Body is asked to consider this updated guidance.

Paper prepared by: Rachel Welton, Designated Professional Safeguarding Adults  
And Sue Mace, Designated Nurse Safeguarding Children

On behalf of Kevin Clifford, Chief Nurse

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