WORKING TOGETHER TO SAFEGUARD CHILDREN IN THE REFORMED NHS

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TWO KEY DOCUMENTS PUBLISHED MARCH 2013

Safeguarding Vulnerable People in the Reformed NHS

Working Together to Safeguard Children

Working Together to Safeguard Children
A guide to inter-agency working to safeguard and promote the welfare of children

March 2013
NHS England
NHS budget distributed from here

PH England
Public Health Directorate
(Directors of Public Health in each LA)

Safeguarding NHS England Leadership
Chief Nurse: Jane Cummings
Hilary Garret

Regional & Local Area Team (Patch)
Responsibilities

Clinical Commissioning Groups (CCGs)
May group into federation’s for commissioning health services across a population
CCGs to demonstrate local authority alignment
Access Commissioning Support

Leadership for Safeguarding
Named GP
1 per CCG/LA

NHS England
Regional & Local Area Team (Patch)

Safeguarding Leadership
Regional & Area Teams

Safeguarding Leadership CCG
CCG accountable officer for safeguarding & delegated lead
Safeguarding Children Designated Nurse & Doctor for Safeguarding Children
Safeguarding Adult Lead

Leadership for Safeguarding
Safeguarding Trust Board Lead
Named Nurse and Named Doctor for Safeguarding Children / Named Midwife

PRIMARY CARE

PROVIDER TRUSTS
ACCOUNTABILITY AND CHILD PROTECTION

Chief Executives are responsible for ensuring the Health contribution to Child Protection is discharged effectively.
ACCOUNTABILITY

Identify your line of accountability for safeguarding children within your CCG / Trust

Safeguarding is located in Chief Nurse Directorate the Director of Nursing (Commissioning and Health Improvement) is the Clinical Lead for Safeguarding.
Safeguarding Vulnerable People in the Reformed NHS

NHS England, through the leadership of the Chief Nursing Officer:

- Ensures that the organisation meets its specific safeguarding duties in relation to the services that it directly commissions (e.g. primary care, specialised services)

- Leads policy for NHS safeguarding, including defining improvement in safeguarding practice and outcomes

- Leads, in conjunction with Regional Directors of Nursing, assurance and peer review processes for both CCGs and directly commissioned services.

- Provides specialist safeguarding advice to the NHS

- Leads a system where there is a culture that supports staff in raising concerns regarding safeguarding issues.
Directly commissioned services

- All providers of health services are required to be registered with the Care Quality Commission (CQC). In order to be registered, providers must ensure that those who use the services are safeguarded and that staff are suitably skilled and supported. This includes private healthcare providers

- Named professionals.

- Named GPs

- GP practices should have a lead for safeguarding, who should work closely with named GPs and designated professionals.
Clinical Commissioning Groups

CCGs need to assure themselves that the organisations from which they commission services have the following safeguarding arrangements in place:

- Safeguarding training for staff in order to recognise and report safeguarding issues
- A clear line of accountability for safeguarding, properly reflected in the CCG governance arrangements
- Arrangements to co-operate with local authorities in the operation of LSCBs, SABs and Health and Wellbeing Boards
- Effective arrangements for information-sharing
- The expertise of designated doctors and nurses for safeguarding children and for looked after children and a designated paediatrician for unexpected deaths in childhood
- A safeguarding adults lead and a lead for the Mental Capacity Act, supported by the relevant policies and training.
Leadership, Accountability and Assurance for NHS Organisations

- Internal assurance processes and Board accountability

- Local Safeguarding Children Boards (LSCBs)

- Safeguarding Adults Boards (SABs)
  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.

- Health and Wellbeing Boards (HWBs)
  HWBs have overall strategic responsibility for assessing local health and wellbeing needs in the Joint Strategic Needs Assessment and agreeing Joint Health and Wellbeing Strategies for each local authority area.

- External regulation and inspection– CQC and Monitor

- Locally developed peer review and assurance processes

- Effective commissioning, procurement and contract monitoring.
Professional Education and Training

- **Health Education England (HEE)**, in conjunction with its Local Education and Training Boards (LETBs), has responsibility for all professional 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.
LEADERSHIP AND VISION
The 6Cs - Strengthening Safeguarding Practice

Compassion

Commitment

Competence

Courage

Communication

Working Together to Safeguard Children is our business
Our **values** and **behaviours** are at the heart of the vision and all we do.

**Communication**

Good communication involves better listening and shared decision making - ‘no decision about me without me’.

**Courage**

Courage enables us to do the right thing for the people we care for, be bold when we have good ideas, and to speak up when things are wrong.

**Commitment**

Commitment will make our vision for the person receiving care, our professions and our teams happen. We commit to take action to achieve this.
Our **values** and **behaviours** are at the heart of the vision and all we do.

**Care**

Delivering high quality care is what we do. People receiving care expect it to be right for them consistently throughout every stage of their life.

**Compassion**

Compassion is how care is given, through relationships based on empathy, kindness, respect and dignity.

**Competence**

Competence means we have the knowledge and skills to do the job and the capability to deliver the highest standards of care based on research and evidence.
CULTURALLY COMPETENT HEALTH CARE PRACTITIONERS

Practitioners who are trained to provide sensitive and appropriate Services across barriers of language, up-bringing, ethnicity and culture

Service Delivery that is:

- Culturally Competent
- Culturally competent practitioners
- Demographic Profile of the ethnic minority groups
- Needs Assessment
Putting Children and Young People’s Health Needs First

- Practitioners should be able to speak out on behalf of children and young people
- Practice should involve children, young people and their families
Universal Services

- Continue to raise community awareness around, and support for, children who are privately fostered
- Raise professional and community awareness of e-safety on-line
- Raise awareness of safe parenting practice in the community
- Good Universal services from Health Visiting and School Nursing. Monitor commissioning of Healthy Child Programme
- Robust safeguarding arrangements in Primary Care
- Safeguarding Commission standards to be included in all provider contracts
- Review Threshold Criteria
Putting Children’s and Young People’s Health Needs First

• Identify the health needs of the population

• Maintain an effective public health function

• Work to improve the health of the community

• Lead local planning

• Secure the provision of a full range of services

• Develop and improve local services

• Lead the integration of health and social care
Putting Children’s and Young People’s Health Needs First

Practitioners should be able to speak out on behalf of Children and their Families

- Intervening early with help and support for families
- Ante natal care
- Children with poor mental health
- Children with long-term conditions
- Children with complex health needs
- Children with disabilities
- Looked after children
- Further develop the health sector’s contribution to identify and supporting troubled families
Working Together to Safeguard Children 2013

- Statutory Multi-agency Guidance with focus on legal requirements

- Slimline document in keeping with Munro principles and Govt belief in localism (from 700 to 97 pages)

- Removal of non statutory guidance

- Encouragement of sector led professional guidance and local innovation

- New definition of safeguarding to include ‘taking action to enable all children to have the best outcomes’.
Key Sections

- 5 Chapters:
  1. Assessing Need and Providing Help
  2. Organisational Responsibilities
  3. Local Safeguarding Children Boards
  4. Learning and Improvement Framework
  5. Child Death Review

- Partnership Working

- Assessments

- LSCB’s

- Serious Case Reviews (Chapter 4)
Assessment: Key Timescales

- Social Worker to make decision on type of response within one working day
- Assessments completed within 45 days (in line with previous 10 +35)
- CP Conference within 15 days of last strategy meeting
- Core group meeting within 10 days of ICPC
- Review case conference, 3 months, then 6 monthly
- Transfer in CPC to be held within 15 days
Assessment

- Importance of **Early Help**
- LSCB role in evaluating effectiveness
- LSCB responsibility for thresholds guidance
- Initial and core assessment to be replaced by ongoing assessment of need
- Flexible approach but timescales for key elements
Partnership Working

- Identifies safeguarding requirements for partner agencies
- Role of designated professions emphasised
- Staff competencies
- Mandatory induction training
- Allegations procedures, requirement for all agencies to report to LADO within 1 day
Health Organisations

- Duty to retain expertise locally of named and designated health professionals
- Expanded role of CCGs in QA and managing contracts with providers
- Role of GPs
- Effective mechanisms for LSCBs and HWBs to raise concerns locally
- Role of NHS England in leading improvement and ensuring arrangements for LSCB to feedback on local NHS leadership
Partnership Working

- Greater detail on responsibilities of the police, eg consider effects of DV
- Police officers trained in child abuse investigation
- Clarification of responsibilities of housing
- Probation
- YOTs must now have designated safeguarding lead
- New sections for faith groups and voluntary and private sectors
LSCBs

- Focus on independence
- Given greater responsibility for scrutiny and challenge
- Oversight of early help arrangements
- Thresholds
- Arrangements for managing professional disagreement
- Local framework for learning and development
LSCBs

- Change in governance to promote independence

- Independent Chairs of LSCBs, to be appointed and held to account by the local authority Chief Executive rather than the Director of Children’s Services

- Explicit requirement for members to share financial responsibility and transparency of budget and expenditure

- Greater detail in annual report

- Business Manager and dedicated support

- Lay Members (but number not specified)
Serious Case Reviews

- LSCBs free to use any model that is broadly in line with stated principles implied with the systems methodology

- Emphasis on learning and impact

- National panel of independent experts on SCRs to oversee process and challenge Chairs

- SCRs must be published in full

- Wider framework of learning and development using case reviews
Key Changes WTG 2013

- Core statutory guidance and reduced prescription
- Reflects new and developing landscape
- More flexible approach to assessment and heightened role of professional judgement and local practice
- Change in governance to reflect increased independence of LSCBs
- Transparency of Serious Case reviews based on key Munro principles
The Health Economy Changes

- Clinically Led
- Quality and Safety
- Childs Experience & Professional Practice
- Patient and Public Voice
- Equality and Reducing Inequalities
- A stronger role for local authorities in shaping services, with new responsibility for local population health improvement
- New Health and Wellbeing Boards
- Most NHS care commissioned by clinical commissioning groups