Safeguarding Vulnerable People in the Reformed NHS - Accountability and Assurance Framework

Practice Areas Affected:
Safeguarding children, young people and vulnerable adults.

Status:
Non-statutory advice.

Useful Links:
To view ‘Safeguarding Vulnerable People in the Reformed NHS - Accountability and Assurance Framework’ see the link below:

Background

This document 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. (See Policy Briefing #76 Safeguarding Children and Adults in the Future NHS (November 2012)).

It describes how the new NHS system will work from April 2013.

Summary

Changes to the structure of the NHS

The NHS has undergone a major programme of reform, following the passage of the Health and Social Care Act 2012.

From 1 April 2013, Clinical Commissioning Groups (CCGs), led by GPs and other clinicians, take over from Primary Care Trusts (PCTs) the responsibility for commissioning most local healthcare services. NHS England (formerly the NHS Commissioning Board) will support CCGs and hold them to account and will itself be responsible for commissioning some healthcare services. Local authorities will become responsible for most local public health functions, supported by Public Health England.
The NHS Commissioning Board worked with the Department of Health and health, local authority and other partners to develop the Accountability and Assurance Framework to clarify roles and responsibilities for safeguarding children, young people and adults within the reformed NHS.

In relation to children and young people, the Framework is intended to be read alongside the revised Working Together to Safeguard Children 2013 (www.workingtogetheronline.co.uk).

The advice focuses primarily on the new NHS commissioning system. It provides additional information, in particular, to emerging Clinical Commissioning Groups (CCGs) which will need to demonstrate as part of authorisation, that they have appropriate systems in place for discharging their responsibilities in respect of safeguarding. The advice also sets out how NHS England is expected to deliver its own safeguarding responsibilities, both as a commissioner and in its wider oversight, assurance and policy role.

The Guidance refers throughout to the NHS Commissioning Board – this is now renamed NHS England.

What do these changes mean for safeguarding?

Both CCGs and NHS England will be statutorily responsible for ensuring that the organisations from which they commission services provide a safe system that safeguards children and vulnerable adults. This includes specific responsibilities for looked after children and for supporting the Child Death Overview process. Local authorities will have the same responsibilities in relation to the public health services that they commission, including public health services for children aged 5-19.

Both CCGs and NHS England have a statutory duty to be members of Local Safeguarding Children Boards (LSCBs) and Safeguarding Adults Boards (SABs) (which will be put on a statutory footing by the Care and Support Bill, when enacted), working in partnership with local authorities to fulfil their safeguarding responsibilities.

In addition to the distinct responsibilities that NHS England has as a commissioner of primary care and other services, it will also be responsible for ensuring that the health commissioning system as a whole is working effectively to safeguard and improve the outcomes for children and adults at risk and their families. It provides oversight and assurance of CCGs’ safeguarding arrangements and supporting CCGs in meeting their responsibilities. This includes working with the Care Quality Commission (CQC), professional regulatory bodies and other national partners.

NHS England and CCGs are to work closely together, and, in turn, work closely with local authorities, LSCBs and SABs, to ensure there are effective NHS safeguarding arrangements across each local health community, whilst at the same time ensuring absolute clarity about the underlying statutory responsibilities that each commissioner has for the services that they commission, together with a clear leadership and oversight role for NHS England.

In relation to children and young people, Sections 11 and 13 of the Children Act 2004 have been amended so that NHS England and CCGs will have identical duties to those of PCTs, ie to have regard to the need to safeguard and promote the welfare of children and to be members of LSCBs. The draft Care and Support Bill sets out comparable requirements with respect to safeguarding vulnerable adults, including membership of Safeguarding Adults Boards.
NHS England

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);
- acts as the policy lead for NHS safeguarding, including leading and 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 joint work with CQC and Monitor on a joint information sharing protocol and Memorandum of Understanding for areas of concern
- leads a system where there is a culture that supports staff in raising concerns regarding safeguarding issues.

Within the Chief Nursing Officer’s corporate team, the Director of Nursing (Commissioning and Health Improvement) will have a Clinical Lead for Safeguarding. This post holder will lead on behalf of the Chief Nursing Officer:

- The implementation of the safeguarding assurance framework across NHS England and CCGs
- Provision of leadership support to safeguarding professionals – including working with Health Education England (HEE) on education and training of both the general and the specialist workforce
- Work across health and social care to improve standards of practice, especially in commissioning.

Clinical Commissioning Groups

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.

CCGs will have needed to demonstrate, as part of their authorisation process, that they have appropriate systems in place for discharging their responsibilities in respect of safeguarding, including

- plans to train staff in recognising and reporting safeguarding issues
- a clear line of accountability for safeguarding, properly reflected in the CCG governance arrangements
- appropriate arrangements to co-operate with local authorities in the operation of LSCBs, SABs and Health and Wellbeing Boards
- ensuring effective arrangements for information-sharing
• securing the expertise of designated doctors and nurses for safeguarding children and for looked after children and a designated paediatrician for unexpected deaths in childhood
• having a safeguarding adults lead and a lead for the Mental Capacity Act, supported by the relevant policies and training.

A CCG’s 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 in vulnerable situations and effective interagency working with local authorities, the police and third sector organisations. 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.

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 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’.

It is expected that many designated professionals will be employed by CCG’s. Where the designated professionals (most likely the designated doctor) are employed within a provider organisation, the CCG will need to have a service level agreement with the provider organisation that sets out the practitioner’s responsibilities and the support they should expect in fulfilling their designated role. In some areas there will be more than one CCG per local authority and LSCB/SAB area, and CCGs may want to consider developing ‘lead/hosting’ arrangements for their designated professional team.

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.

**Directly commissioned services**

As a commissioner of important local health services, NHS England will need to agree with local LSCB/SAB Chairs and Directors of Children’s Services and Adult Social Services how best to engage with local assurance and accountability processes. This is likely to include working closely with local designated professionals.

NHS England, via its area teams, is responsible for the co-coordinating and funding of safeguarding training for GPs and potentially other primary care professionals. This could be done in partnership with the Local Education and Training Board (LETB).
Within each area team, the Director of Nursing has the lead responsibility for safeguarding for both children and adults, and acts as the main conduit of advice and support to area team colleagues and the wider system. This includes the responsibility for commissioning any reviews or enquiries of independent contractor services. In this role they will be supported by a Deputy Director with a lead for patient safety and via the local ‘Safeguarding Forums’, which will enable them to access wider expertise and advice.

**Named GPs**

Area team Nurse Directors and Medical Directors will work with primary care commissioners and local CCG clinical leaders to develop effective arrangements for the employment and development of named GPs (and other primary care expertise) within the local area.

NHS England proposes to work with the Royal College of General Practitioners and others to define the standards of practice for the named GP role. It is anticipated that named GPs will work closely with primary care commissioners in the local area team. Named GPs will be accountable to the local designated professional.

**Health service providers**

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.

Health providers are required to demonstrate that they have safeguarding leadership and commitment at all levels of their organisation and that they are fully engaged and in support of local accountability and assurance structures, in particular via the LSCBs, SABs and their commissioners. Most importantly, they must ensure a culture exists where safeguarding is everybody’s business and poor practice is identified and tackled.

All health providers are required to have effective arrangements in place to safeguard vulnerable children and adults and to assure themselves, regulators and their commissioners that these are working. These arrangements include safe recruitment, effective training of all staff, effective supervision arrangements, working in partnership with other agencies and identification of a named doctor and a named nurse (and a named midwife if the organisation provides maternity services) for safeguarding children; in the case of NHS Direct, ambulance trusts and independent providers, this should be a named professional. They should also identify a named lead for adult safeguarding.

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

Named professionals have a key role in promoting good professional practice within their organisation, supporting the local safeguarding system and processes, providing advice and expertise for fellow professionals, and ensuring safeguarding training is in place. They should work closely with their organisation’s safeguarding lead, designated professionals and the LSCB.

**Public Health England**

PHE’s specific safeguarding duties in relation to the front line delivery of services to individuals and families will relate to its delivery of health protection services. The Health Protection Agency has a
named doctor and nurse for safeguarding and this function will transfer to PHE. Front line services for the health protection function will be delivered through fifteen teams based in PHE centres. PHE will work with local arrangements for safeguarding, liaising with the NHS CB to access local expertise and advice.

Local authorities will be held to account for the public health duties that are transferred to them, through local management structures and LSCBs/SABs in the usual way. However, they too will be able to access specialist support and advice via the CCG safeguarding team or the area Safeguarding Forum.

Health Education England (HEE)

Health Education England (HEE), working 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, Accountability and Assurance

The effectiveness of the safeguarding system will be assured and regulated by a number of bodies and mechanisms. For NHS bodies these include:

- Internal assurance processes and Board accountability
- The local safeguarding boards (LSCBs and SABs)
- External regulation and inspection – CQC and Monitor
- Locally developed peer review and assurance processes
- Effective commissioning, procurement and contract monitoring.

Local Safeguarding Children Boards (LSCBs)

Working Together to Safeguard Children (2013) reinforces the central role of LSCBs, strengthening their independence and their role in holding other bodies to account. All NHS and NHS funded organisations are expected to participate fully with their LSCB(s), including providing practical support and resources or resources in kind where appropriate. NHS commissioners should use contractual mechanisms to reinforce and monitor these requirements.

Statutory membership of LSCBs is set out in Working Together to Safeguard Children. Board partners which must be included in the LSCB include the NHS CB, CCGs, and NHS Trusts and NHS Foundation Trusts whose hospitals, establishments and facilities are situated in the local authority area. Where there are a number of CCGs or NHS Trusts in the local authority area, they may decide to share attendance at meetings of the LSCB. The LSCB will be able to involve the NHS CB in ensuring full local NHS engagement.

The LSCB should either include on its Board, or be able to draw on in its ongoing work, appropriate expertise and advice from all the relevant sectors, such as maternity, emergency care and mental health. This includes a designated doctor and nurse, who take a strategic, professional lead on all
aspects of the health service contribution to safeguarding and can ensure clinical frontline expertise for the Board where required.

**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. The SAB will be able to determine its own strategic plan, with the local community, to protect adults in vulnerable situations from abuse and neglect. The Board will publish its safeguarding plan and report annually on progress to ensure that agencies’ activities are effectively coordinated.

**Health and Wellbeing Boards (HWBs)**

Health and Wellbeing Boards 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. They 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 JSNA will support the commissioning of services so that effective coordinated help can be provided to those at risk and their families.

The exact relationship between LSCBs/SABs and health and wellbeing boards is for local determination. However, it is important that the boards are complementary. The LSCB/SAB should not be subordinate to or subsumed within local structures that might compromise its separate identity and voice. There will needs to be a clear distinction between the roles and responsibilities of the LSCB/SAB and the health and wellbeing board, to ensure the maximum effectiveness of both.

NHS commissioners and providers will want to understand these arrangements and ensure that they are fully engaged and working effectively to support them.

**Contact Us**

Kensington House, 50-52 Albany Road, Earlsdon, Coventry, CV5 6JU

info@trixonline.co.uk

www.trixonline.co.uk

T: 024 7667 8053

Copyright: The content of this Policy Briefing can be accessed, printed and downloaded in an unaltered form, on a temporary basis, for personal study or reference purposes. However any content printed or downloaded may not be sold, licensed, transferred, copied or reproduced in whole or in part in any manner or in or on any media to any person without the prior written consent of Tri-X-Childcare Ltd.