MEETING DATE:	14 March 2013	
AGENDA ITEM NUMBER:	Item 8.6	
AUTHOR: **JOB TITLE:** **DEPARTMENT:**	Sarah Glossop Designated Nurse – Safeguarding Children NHS North Lincolnshire Clinical Commissioning Group	NHS North Lincolnshire Clinical Commissioning Group **REPORT TO THE CLINICAL COMMISSIONING GROUP COMMITTEE/GOVERNING BODY**

CLINICAL COMMISSIONING GROUP RESPONSIBILITIES TO ENSURE ROBUST SAFEGUARDING AND LOOKED AFTER CHILDREN ARRANGEMENTS

PURPOSE/ACTION REQUIRED:	Briefing Papers to Receive and Note
CONSULTATION AND/OR INVOLVEMENT PROCESS:	This report and the attached papers draw on the Legislative and Statutory Framework which governs safeguarding and looked after children arrangements across all agencies working in England.
FREEDOM OF INFORMATION:	Public

1. PURPOSE OF THE REPORT:

The purpose of this report is to provide a briefing to North Lincolnshire Clinical Commissioning Group on their responsibilities to ensure robust safeguarding and looked after children arrangements across the North Lincolnshire health economy. The CCG will have an opportunity to explore their Safeguarding Children responsibilities at a Board Workshop on 11th July 2013.

The paper does not provide a report into current Safeguarding Children arrangements. The CCG will receive Annual Reports on Safeguarding Children Arrangements in the North Lincolnshire health economy 2012/2013, and Looked After Children Arrangements for the same period at the meeting on 13th June 2013.

2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:

Continue to improve the quality of services	**x**
Reduce unwarranted variations in services	**x**
Deliver the best outcomes for every patient	**x**
Improve patient experience	
Reduce the inequalities gap in North Lincolnshire	**x**

3. IMPACT ON RISK ASSURANCE FRAMEWORK:	**Yes**		**No**	
4. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:	**Yes**		**No**	**x**
5. LEGAL IMPLICATIONS:	**Yes**	**x**	**No**	

Under section 11 of the Children Act 2004, Primary Care Trusts as commissioners of services had a statutory duty to ensure that those who work on their behalf carry out their duties in such a way as to safeguard and promote the welfare of children.

PCTs as commissioners of services also had statutory duties under the Children Act 1989, Children and Adoption Act 2002 and Children Act 2004 plus other related legislation to comply with requests from Local Authorities to help them provide support and services to children in need. This includes ensuring the services they commission meet the particular needs of children in care.

The Health and Social Care Act 2012 transfers these statutory duties to the successor organisations. This includes Clinical Commissioning Groups.

6. RESOURCE IMPLICATIONS:	**Yes**		**No**	**x**
7. EQUALITY IMPACT ASSESSMENT:	**Yes**		**No**	**x**
8. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:	**Yes**		**No**	**x**

9. RECOMMENDATIONS:

The CCG is asked to: -

- Receive and note these briefing papers

Briefing Paper to NLCCG on arrangements and responsibilities to ensure robust Safeguarding Children Arrangements

Introduction

The purpose of this report is to provide a briefing to NLCCG on responsibilities to ensure robust Safeguarding Children arrangements in the North Lincolnshire health economy.

Legislative and Statutory Framework to Safeguarding Children

Legislation

The underpinning legislation for safeguarding children arrangements in England is contained within the Children Act 1989, the Children and Adoption Act 2002 and the Children Act 2004. The Safeguarding Vulnerable Groups Act 2006 also has a significant impact in terms of the recruitment of staff and the need to establish procedures to meet the requirements of the Act.

Under section 11 of the Children Act 2004, Primary Care Trusts as a commissioners of services, were identified as having a statutory duty to ensure that those who work on their behalf carried out their duties in such a way as to safeguard and promote the welfare of children. The Health and Social Care Act 2012 transfers the statutory duties of PCTs to their successor organisations. This includes Clinical Commissioning Groups

The key features of section 11 are:

- Senior management commitment to the importance of safeguarding and promoting children's welfare;
- A clear statement of the agency's responsibilities towards children for all staff;
- A clear line of accountability within the organisation for work on safeguarding and promoting the welfare of children;
- Service developments that take account of the need to safeguard and promote welfare and are informed, where appropriate, by the views of children and families;
- Staff training on safeguarding and promoting the welfare of children for all staff working with or in contact with children and families;
- Safe recruitment procedures in place;
- Effective inter-agency working to safeguard and promote the welfare of children
- Effective information sharing.

Statutory Framework

The key document outlining the statutory duties to safeguard children is Working Together to Safeguard Children (DCSF, 2010). This sets out how all agencies and professionals should work together to promote children's welfare and protect them from harm. The guidance provides a national framework within which each organisation must agree local arrangements. The document has been subject to review in 2012, and a final version is expected in the week commencing 11th March 2013.

CCG Responsibilities as Accountable Commissioner of Health Services in North Lincolnshire

Working Together to Safeguard Children

Working Together to Safeguard Children 2010, set out the responsibilities of Primary Care Trusts. A consultation draft of the anticipated Working Together document outlines additional details on the core responsibilities of all organisations with section 11 responsibilities. They should have in place the following in order to maintain a culture that reflects the importance of safeguarding and promoting the welfare of children:

- a clear line of accountability and governance within and across organisations for the commissioning and provision of services designed to safeguard and promote the welfare of children;
- a board-level lead to take senior leadership responsibility for the organisation's safeguarding arrangements;
- a culture of listening to and engaging in dialogue with children and taking account of their wishes and feelings both in individual decisions and the establishment or development and improvement of services;
- arrangements to share relevant information;
- a designated professional lead for safeguarding.
- appropriate supervision and support for staff, including ensuring the completion of safeguarding training at an appropriate level.

In respect to Clinical Commissioning Groups (CCGs) as the major commissioners of local health services, the consultation document identifies that CCGs should employ, or have in place a contractual agreement to secure the expertise of, designated professionals, i.e. designated doctors and nurses for safeguarding children and for looked after children (and designated paediatricians for unexpected deaths in childhood). Designated professionals are a vital source of advice to the CCG, the local authority and the LSCB, and advice and support for other health professionals.

NHS Commissioning Board Accountability and Assurance Framework

In September 2012, the NHS Commissioning Board published interim advice on a new accountability and assurance framework for "Arrangements to secure children's and adult safeguarding in the future NHS". This outlines that both CCGs and the NHS CB 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 the NHS CB] will have a statutory duty to be members of Local Safeguarding Children Boards (LSCBs) […]), working in partnership with local authorities to fulfil their safeguarding responsibilities.

It should be noted that in addition to their responsibilities as commissioners of services, the NHS Commissioning Board will also be responsible for developing overall NHS policy on

safeguarding, providing oversight and assurance of CCGs' safeguarding arrangements and supporting CCGs in meeting their responsibilities. This will include working with the Care Quality Commission (CQC), professional regulatory bodies and other national partners.
The final copy of the NHSCB Accountability and assurance framework for safeguarding is due to be published alongside or shortly after Working Together 2013.

Specific Responsibilities of CCGs

The specific responsibilities for PCTs as highlighted in Working Together 2010 are replicated in full in Appendix 1. Until publication of Working Together 2013 and the final assurance and accountability framework, the specific wording of CCG responsibilities is open to some interpretation. However, in summary these are likely to include:

- identification of a board executive lead for safeguarding children who takes responsibility for governance, systems and organisational focus on safeguarding children.
- Chief Executives have responsibility for ensuring that the health contribution to safeguarding and promoting the welfare of children is discharged effectively across the whole local health economy through commissioning arrangements. There is a need to ensure that all their staff are alert to the need to safeguard and promote the welfare of children
- identification of a senior paediatrician and senior nurse to undertake the role of designated professionals for safeguarding children in commissioning services across the health economy.
- ensuring that all providers from whom they commission services – including organisations in the public sector, independent sector, third sector and social enterprises – have comprehensive and effective single and multi-agency policies and procedures to safeguard and promote the welfare of children. These should be in line with, and informed by, LSCB procedures, and easily accessible for staff at all levels within each organisation.
- ensuring that safeguarding and promoting the welfare of children are integral to clinical governance and audit arrangements. Service specifications drawn up should include clear service standards for safeguarding and promoting the welfare of children, consistent with LSCB procedures.
- monitoring of service standards of all providers, to assure themselves that the required safeguarding standards are being met.
- ensuring those delivering GP out-of-hours services in their local area, and staff working within these services know how to access advice from designated (and named professionals) within the health economy and LSCB.
- ensuring the availability of sexual assault referral services (SARS) for children and young people which comply with the standards for paediatric forensic medical services Service Specification for the Clinical Evaluation of Children and Young People who may have been sexually abused (RCPCH, 2009).
- co-operation with the local authority in the establishment and operation of the LSCB and, as partners, sharing responsibility for the effective discharge of its functions in safeguarding and promoting the welfare of children.
- ensuring the availability of appropriate expertise and advice and support to the LSCB, in respect of a range of specialist health functions – for example, primary care, mental health (adult, adolescent and child) and sexual health

- co-ordinating the health component of Serious Case Reviews (through their Designated Professionals).

Appendix. Roles and responsibilities of Primary Care Trusts

(From Working Together to Safeguard Children, 2010)

Health services

General principles for all health services

2.39. The safety and the health of a child are intertwined aspects of their wellbeing. Many 'health' interventions also equip a child to 'stay safe'[1].

2.40. All organisations commissioning or providing healthcare, whether in the NHS or third sector, independent healthcare sector or social enterprises, should ensure there is board level focus on the needs of children and that safeguarding children is an integral part of their governance systems.

2.41. All healthcare staff involved in working with children should attend training in safeguarding and promoting the welfare of children, and have regular updates as part of continuing professional development. See Chapter 4 for details of interagency training.

Primary Care Trust commissioners

2.49 PCTs are responsible for improving the health and wellbeing of their local population, including children and young people. To achieve this, they are under a legal duty to work with the local authority to assess what kind of health services people need.

2.50 PCTs can commission services from a range of different organisations and generally hold the providers of these services to account via contracts. PCTs can ask the regulators to step in if the providers are not meeting the expected standards. PCTs should have a collaborative, multi-agency approach to commissioning and should work with local authorities to commission and provide co-ordinated and, wherever possible, integrated services, in particular through Children's Trust co-operation arrangements.

2.51 PCTs should identify a senior lead for children and young people[2] to ensure that their needs are at the forefront of local planning and service delivery. PCTs should also identify a board executive lead for safeguarding children who takes responsibility for governance, systems and organisational focus on safeguarding children. This might be the same person.

2.52 Designated professionals should work closely with, and be performance managed and supported in their role by, this board executive lead as part of the board lead's portfolio of responsibilities. If this person is not the board level lead for clinical governance and clinical professional leadership, the designated professional will also need to work closely with this lead person (see paragraphs 2.109–2.123).

2.53 There should be a named public health professional who addresses issues related to children in need as well as children in need of protection. The Joint Strategic Needs Assessment should include these needs which in turn should inform the Children and Young People's Plan and the LSCB business plan. When considering commissioning services for the health and wellbeing of children in need in their area, PCTs should

[1] 'Staying safe' is a key outcome of Every Child Matters

[2] NSF Core Standards 3 – Markers of good practice

ensure this includes those who are temporarily resident in the area, such as children held in secure settings.

2.54 PCT Chief Executives have responsibility for ensuring that the health contribution to safeguarding and promoting the welfare of children is discharged effectively across the whole local health economy through the PCTs' commissioning arrangements. PCTs should ensure that all their staff are alert to the need to safeguard and promote the welfare of children. Each PCT is responsible for identifying a senior paediatrician and senior nurse to undertake the role of designated professionals for safeguarding children in commissioning services across the health economy (see paragraphs 2.109–2.123).

2.55 PCTs should ensure that all providers from whom they commission services – including organisations in the public sector, independent sector, third sector and social enterprises – have comprehensive and effective single and multi-agency policies and procedures to safeguard and promote the welfare of children. These should be in line with, and informed by, LSCB procedures, and easily accessible for staff at all levels within each organisation.

2.56 PCTs are expected to ensure that safeguarding and promoting the welfare of children are integral to clinical governance and audit arrangements. Service specifications drawn up by PCT commissioners should include clear service standards for safeguarding and promoting the welfare of children, consistent with LSCB procedures. Section 4A and schedule 11 part 5 of the national contracts provide the means to prescribe the requirements for safeguarding children. By monitoring the service standards of all providers, PCTs will assure themselves that the required safeguarding standards are being met. Where practice-based commissioners undertake commissioning of services, this should be done in partnership with PCTs, who need to ensure their safeguarding duties are fulfilled.

2.57 PCTs should ensure GP practices and staff have robust systems and practices in place to ensure they can fulfil their role in safeguarding and promoting the welfare of children. PCTs will wish to consider how they support GP practices, for instance by assistance with protected time for, and access to, training in child protection.

2.58 PCTs are responsible for planning integrated GP out-of-hours services in their local area, and staff working within these services should know how to access advice from designated and named professionals within the PCT and LSCB. Each GP and member of the Primary Health Care Team should have access to a copy of the LSCB's procedures.

2.59 PCTs are encouraged to bring together commissioning expertise on sexual violence services, to form a local Sexual Assault Referral Services (SARS) care pathway for children and young people. All SARS for children and young people, including services provided through Sexual Assault Referral Centres (SARCs), should comply with the standards for paediatric forensic medical services Service Specification for the Clinical Evaluation of Children and Young People who may have been sexually abused (RCPCH, 2009), the Children's NSF[3] and the You're Welcome quality criteria: Making health services young people friendly[4]. PCTs should ensure that staff know their local services and be clear about the different agencies' roles and

[3] www.dh.gov.uk/en/Healthcare/Children/DH_4089111

[4] www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4121564.pdf

responsibilities, so that they are not hesitant about responding appropriately. A Resource for Developing Sexual Assault Referral Centres5, jointly published by the Department of Health, Home Office and the Association of Chief Police Officers (ACPO) in October 2009, sets out the minimum elements essential for providing high quality SARCs services for adults and children who are victims of sexual assault.

2.60 PCTs must co-operate with the local authority in the establishment and operation of the LSCB and, as partners, must share responsibility for the effective discharge of its functions in safeguarding and promoting the welfare of children. Representation on the Board should be at an appropriate level of seniority. PCTs are also responsible for providing and/or ensuring the availability of appropriate expertise and advice and support to the LSCB, in respect of a range of specialist health functions – for example, primary care, mental health (adult, adolescent and child) and sexual health – and for co-ordinating the health component of Serious Case Reviews (see Chapter 8). They should notify the SHA and the CQC of all Serious Case Reviews. The PCT must also ensure that all health organisations, including those in the third sector, independent healthcare sector and social enterprises with whom they have commissioning arrangements, have links with a specific LSCB and are aware of LSCB policies and procedures. This is particularly important where providers' boundaries/catchment areas (including Ambulance Trusts and NHS Direct services[6]) are different from those of LSCBs. The PCT should also ensure that health agencies work in partnership in accordance with their agreed LSCB plan, including in secure settings such as Young Offenders Institutions, Secure Children's Homes/Training Centres (where relevant) and Youth Offending Teams in the community.

[5] www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/@sta/@perf/documents/digitalasset/dh_108350.pdf

[6] NHS Direct is a national service staffed by nurses and health advisors providing 24 hour health advice and information through a national telephone number (0845 46 47), the NHS Choices website (www.nhs.uk) and a digital TV service

Briefing Paper to North Lincolnshire Clinical Commissioning Group Quality Group on Arrangements and Responsibilities for Looked After Children (LAC)

Jill Turner – Designated Nurse – Looked After Children

Introduction

This paper gives a brief outline on the roles and responsibilities of PCT's/CCG's for children in care, also known as Looked After Children.

It includes local data; provider arrangements and future developments in managing the health of children in care in North Lincolnshire (North Lincs).

At the last OFSTED inspection into Safeguarding and LAC in June 2013, Looked After Children services received "Outstanding".

Statutory and Legislative Framework

The PCT/CCG as a commissioner of services has statutory duties under the Children Act 1989, Children and Adoption Act 2002 and Children Act 2004 plus other related legislation to comply with requests from Local Authorities to help them provide support and services to children in need. This includes ensuring the services they commission meet the particular needs of children in care. This is because children in care have the same health risks and problems as their peers but often to a far greater degree. They enter care with a worse level of health, due in part to the impact of poverty, abuse and neglect.

Statutory Responsibilities of PCT's – Transferring to CCG's

The Statutory Guidance on Promoting the Health and Wellbeing of Looked After Children (DCSF/DH 2009) states that Chief Executives of PCT's need to satisfy themselves that there are arrangements in place to meet the needs of Looked After Children and young people.

The aim is to achieve the same optimal outcomes as any good parent would wish for their child.

It covers, amongst other things:

- strategic working
- commissioning of health services including responsible commissioner arrangements
- out of authority placements
- framework for healthy care
- management and delivery of services
- health assessments and health plans
- assessment for emotional and behavioural difficulties CAMHS (SDQ's)
- health care within children's homes
- confidentiality
- adoption
- leaving care

Some of the main points are ensuring systems are in place to ensure LAC are registered with a GP, have access to a dentist, timely and sensitive access to services, effective coordination that enables a social rather than a medical model of care, monitoring and reviewing data including quality standards, ensuring health assessments are undertaken by

competent professionals, ensuring effective policies and procedures are in place and receiving an annual report.

Local Context

In North Lincs at 31.01.13, 162 children were in care. 64 of these were placed outside North Lincs, mostly with neighbouring authorities. Another 73 children from other Local Authorities were placed in North Lincs.

This is against a national figure of over 65,500 in England, over half of whom became looked after because of abuse or neglect.

Children require an initial health assessment (IHA's) within 20 working days of coming into care. This has to be a medical assessment and locally, Dr Gondwe is the Designated Doctor for LAC, who carries out all IHA's.

Thereafter, review assessments have to be completed every 6 months for the under 5's and annually for the over 5's. In North Lincs, Health Visitors complete the under 5's and the LAC health team the over 5's and the out of area assessments where possible.

Provider Arrangements

The North Lincs LAC health service is available to all children within North Lincs and / or registered with a North Lincs GP. This includes those children in care from other areas. For those children and young people placed out of area, the North Lincs service will coordinate the provision of the statutory health requirements such as GP registration, health assessments, SDQ's and immunisations.

The Designated Doctor is commissioned for 10 PA's per month. The Designated Nurse (0.5 WTE) (which is a new post since November 2012) provides both strategic and governance oversight as well as a clinical role and the Specialist Nurse (1.0 WTE) provides most of the clinical element of the service. They are supported by 0.8 WTE administrative support.

The team works extremely closely with the Local Authority and CAMHS and their work is closely monitored. It reports and meets monthly with the Local Authority and CAMHS and reports to the Health and Wellbeing of LAC group, which itself reports to the Children in Care Strategy group chaired by the Local Authority. By necessity, the work is pressured due to the timescales and a small team.

Future Developments

- implementation of the new service specification
- national tariff / funding streams to be introduced in 2013
- adoption records
- post 16 support
- annual service improvement plan

Conclusion

Children and young people in care are some of the most vulnerable and damaged children in society and need as much, if not more, support than most of their peers. This service aims to assist these children to achieve to the best of their ability and works to ensure they have a level of health that would be expected for any child at their point of leaving care.