



Northern, Eastern and Western Devon Clinical Commissioning Group

Safeguarding Children Annual Report 2016/7

1. Executive summary

- 1.1 Both the national and local safeguarding landscape has been subject to change over the past year. At the end of this fiscal year, it is not yet clear what the national expectations are regarding the future structure and functioning of the Local Safeguarding Children's Boards as we await legislative change in response to the Wood review. Any change in organisation carries with it inherent risks, this report sets out how the CCG's safeguarding team is working to minimise these risks and ensure the welfare of children is at the heart of the commissioning and monitoring process.

2. Purpose of report

- To provide assurance to the CCG's Governing Body that it is fulfilling its statutory responsibilities in relation to Safeguarding Children.
- To analyse any existing or potential areas of risk in relation to its statutory responsibilities.

3. Background

- 3.1 The *Children Acts 1989 and 2004* provide comprehensive legislation to protect and safeguard children and *Section 11* of the Act places a duty on all agencies to: *'make arrangements to ensure that in discharging their functions, they have regard to the need to safeguard and promote the welfare of children'*.
- 3.2 In addition, *Working Together to Safeguard Children 2015 (DOH)* include the need for:
- Senior management commitment and clear lines of accountability
 - A clear statement of the agency's responsibilities
 - Appropriate service development and supported training programmes
 - Safe recruitment
 - Effective inter-agency working and information sharing.
- 3.3 Additional legislation provides statutory actions and responsibilities for safeguarding children and young people:

- Every Child Matters 2003
- National Service Framework for Child Health 2005 Standard 5
- Children & Young Persons Act 2008 (Child death review process)
- Protection of Freedoms Act 2012
- Health & Social Care Act 2012
- Prohibition of Female Circumcision Act 1983
- Female Genital Mutilation Act 2003
- Serious Crime Act 2015

3.4 Legislation is clear that commissioners have a responsibility to ensure they are discharging their safeguarding responsibilities in their own organisation and also in the services it commissions.

3.5 **Safeguarding Structure**

Executive Lead:	Lorna Collingwood Burke
Safeguarding Lead & Designated Nurse:	Sue Baldwin
Designated Doctor:	Deborah Stalker
Associate Designated Nurse:	Catriona Cunningham
Associate Designated Nurse:	Chrissie Bacon
Primary Care Nurse:	Joanna Clarke
Primary Care Nurse:	Gillian Scoble

3.6 All NHS organisations commissioning services for children have a statutory duty to identify an Executive Lead with Board level responsibility for safeguarding and a Designated Doctor and Designated Nurse for safeguarding children. They have a key role in promoting good professional practice and provide advice, expertise and supervision to providers. They provide advice to CCG commissioners to ensure children are safeguarding through contracting of services (see Standards – Part II Child Protection Policy).

3.7 The Associate Designated Nurses supervise and manage the Primary Care Nurses. The Designated Doctor and Associate Nurses report to the Head of Safeguarding Lead who in return reports to the Executive Lead.

3.8 The Designated Doctor is employed under a service level agreement with Taunton & Somerset NHSFT.

3.9 National Context

3.9.1 Alongside the continuing challenge of safeguarding children, new challenges currently being addressed by the safeguarding team working with partner agencies are:

- Modern Slavery
- Managing unaccompanied asylum seekers
- Ensuing compliance with Serious Crime Act with respect to Female Genital Mutilation (FGM)
- Anti-terrorist activity (PREVENT)
- Child Sexual Exploitation
- Cybercrime

3.9.2 The safeguarding team provide leadership and expertise across these areas working with partner agencies to educate practitioners and develop strategies for prevention and management.

3.10 **Wood Review**

3.10.1 Alan Wood was asked by Secretary of State for Education and the Minister for State for Families to lead a review of the role and functions of the Local Safeguarding Children Boards (LSCBs) including the child death review process, Child Death Overview panels (CDOP) and Serious Case Reviews (SCR).

3.10.2 Wood concluded that Local Safeguarding Children's Boards (LSCB) are not sufficiently effective and that the contribution required from partner agencies in terms of time and money, is not sustainable. He proposes changes to the current framework for multiagency working including how the child death review process is managed and how to make better use of Serious Case Reviews in disseminating learning. Whilst overall his proposals are sensible and have been accepted by the Government in principle, the detail of the new procedures is not yet available. It will require new legislation to be passed (has now received royal assent) and updated guidance to be published. This is expected spring 2018 at the earliest.

3.10.3 The proposed changes will theoretically be of benefit to the CCG in terms of streamlining the manpower resource time required by the DSCB/PSCB and their subgroups but this is not yet entirely clear (see below). The report is explicit that safeguarding should be led by three major partners, Police, Clinical Commissioning Groups and the Local Authority.

3.11 **Local context**

3.11.1 **Multiagency partnership** - Members of the Safeguarding Team contribute to the work of both the Devon and Plymouth Safeguarding Children Boards via membership of the various subgroups and additional Task & Finish groups for specific items of activity.

3.11.2 **Local Safeguarding Boards' response to the Wood review** - The CCG footprint covers two Local Safeguarding Children Boards – Plymouth and Devon. Both Boards led by their respective chairs have instigated changes in the Boards structure in an attempt to increase the efficiency and the effectiveness of the Boards' activity.

3.11.3 Plymouth Safeguarding Children Board (PSCB) have restructured their Board and Executive Committee with a reduction in members of the main Board (which has become the Executive) and the formation of a Participation & Engagement Group consisting of agencies and representatives which are now no longer regarded as members of the full Board. The Chair has requested that the Executive Lead attends the Board and that both the Safeguarding Lead/Designated Nurse and the Designated Doctor stand down. However both the designated leads attend PSCB

subgroups and the Safeguarding Lead deputises for the Executive Lead ensuring the CCG is represented.

- 3.11.4 Devon Safeguarding Children Board (DSCB) have undergone a more complex restructuring in the light of the Wood Review. Their rearrangement includes a merger with the functions of the Devon Alliance. Whilst various options and structures have been proposed, not all displayed a clear understanding of the complexities of Health Commissioners or the range of provider organisations. The implementation of the new structure is timetabled for July 2017. The Safeguarding Team have provided copious feedback to the project manager leading the merger. The final version is as yet untested.

3.12 **Training**

- 3.12.1 The need for appropriate training for all staff is explicit in the current legislation and statutory guidance. In addition the guidance in *Safeguarding Children and Young People: Roles and Competencies Intercollegiate Document March 2014* is generally adhered to by health bodies.

- 3.12.2 The Governing Body received update training on 5 January 2017.

- 3.12.3 As at the 31st March 2017 NEW Devon CCG staff were compliant to the below:-

Safeguarding Children Level 1 – 81.56%

Safeguarding Children Level 2 – 84.13%

Safeguarding Children Level 3 – 96.88%

3.13 **Supervision**

- 3.13.1 Effective, high quality supervision is recognised as a necessity for all staff working with children and families (Laming 2009). The responsibility of commissioning bodies to ensure effective supervision for their commissioned services and for their own teams is laid out in *Working Together 2015*.

- 3.13.2 Supervision arrangements are specified in the Standards for Commissioned Services LINK. Named professionals in provider organisations are supervised by members of the safeguarding team. The Designated Doctor is responsible for supervising the Named Doctors and the Designated & Associate Designated Nurses supervise the Named Nurses and Lead Midwives.

- 3.13.3 Named professionals receive individual supervision and attend group supervision through the Named Doctors or Nurses for a held quarterly. A joint Medical & Nursing educational meeting which includes supervision is held twice yearly. *Ad hoc* supervision is available from the designated team.

Named Nurses meetings: 09/05/16, 12/09/16, 06/12/16 and 13/02/17

Named Doctor Meetings: 17/06/16, 07/09/16, 02/12/16 and 08/02/17

Joint meetings: 13/04/16, 12/10/16.

3.13.4 Designated and Associated Designated Professionals receive supervision through the Designated Professionals Network (Peninsula) attended by a representative from NHSE quarterly (13/6/16, 19/9/16, 12/12/16, 14/3/17).

3.14 **Developing strengthened supervision arrangements**

3.14.1 A task & finish group was convened from the Health Subgroup representing the three peninsula SCBs. The purpose of the group was to explore the particular challenges faced by health organisations in applying standard models of supervision especially with reference to those used in partner organisations. One intended outcome is to standardise recording of supervision within provider organisations to better demonstrate to regulators and commissioners that this process is taking place, is monitored and quality assured. The output is due this summer.

3.15 **Recruitment**

3.15.1 The Protection of Freedoms Act 2012 merged the Independent Safeguarding Authority with the Criminal Records Bureau (CRB) to form a single, new, non-departmental public body called the Disclosure and Barring Service (DBS). All potential CCG employees undergo a check through this agency.

3.15.2 The CCG has a detailed process for management of allegations against staff involving safeguarding children (see Safeguarding Children Policy). There are been no allegations raised this year. Allegations management is included in safeguarding training for CCG employees.

3.16 **Governance**

3.16.1 The governance of safeguarding practice within the CCG is outlined in the document *protecting vulnerable people in the NHS - a quality assurance framework NHSE 2015*. The CCG complies with the recommendations of this framework but it is notable that Alan Wood in his review¹commented that this framework was not fit for purpose.

3.16.2 The Safeguarding Team is available to provide advice and support on safeguarding issues through the commissioning process including working jointly with contract managers to ensure appropriate policies are in place within provider organisations.

3.16.3 Members of the Safeguarding Team attend Provider Safeguarding Committee meetings to promote professional advice and support as well as provide safeguarding assurances back to the CCG via the Nursing Directorate; Patient Safety and Quality Team; this supports the CCG Quality Assurance monitoring process.

3.16.4 Operational aspects of safeguarding and statutory compliance are monitored through the Safeguarding Steering Group who meeting quarterly, this meeting is chaired by the Executive Lead.

¹ Alan Wood Review of the role and functions of Local Safeguarding Boards March 2016

- 3.16.5 There is also a formal reporting programme to the Quality Committee and to the Governing body with exception reports to the Governing body when required.
- 3.16.6 Risks are included in the Nursing Directorate risk register as well as the Organisational risk register where appropriate; these risks are monitored by the Steering Group.
- 3.17 **The future**
- 3.171 The financial situation of the CCG as throughout the NHS is of concern. Economies may be made by streamlining roles and responsibilities over the wider Devon patch. The Safeguarding Professionals are included in these discussions and are keen to support change motivated by continuing improvements in safeguarding children and sustainable development.
- 3.17.2 The future structure and function of the LSCBs is still to be formally defined. Safeguarding roles can be difficult to appoint to. Consideration must be given to succession planning for the Designated Professionals. A culture of “home – grown” talent spotting must be promoted to develop readiness in Named Professionals for Designated roles.

4. Recommendations

- 4.1 The Governing Body are asked to receive the report as evidence to support assurance that the CCG is meeting its statutory responsibilities in relation to safeguarding children.

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Date of Report: 26 June 2017