BLACK COUNTRY SAFEGUARDING UPDATE (MOU)

INTRODUCTION

The NHS England and NHS Improvement Safeguarding Accountability and Assurance Framework (SAAF) sets out the NHS statutory framework for safeguarding children and adults, to support CCGs in discharging their statutory requirements.

More recently there has also been a requirement for the safeguarding system to respond to the reforms set out in Working Together (2018) which identifies CCG's as a statutory organisation having increased responsibility and accountability in the safeguarding system. Significant work has been undertaken across the Black Country to implement the reforms, however the challenge for health moving forward is still immense given the backdrop of a changing health landscape, limited resources available and the necessity to ensure that the children and adult's safeguarding agendas are very closely linked.

The health safeguarding system needs to evolve to meet the new challenges following the introduction of the NHS Long Term Plan (January 2019), which outlines the establishment of Integrated Care Systems' (ICS's) by 2021 and it is worth acknowledging the changing landscape of place-based system leadership with the introduction of Primary Care Networks (PCNs). Safeguarding must be considered in these new integrated partnerships.

Currently, CCG's are responsible in law for the safeguarding element of services they commission. The requirements of this constitutional requirement are laid down within NHSE 'Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework' and as commissioners of local health services, CCG's also need to assure themselves that organisations from which they commission have effective safeguarding arrangements in place.

The Black Country Chief Nurses and Designated Professionals propose that the most effective way of sustaining these requirements across the system would be to develop a model of safeguarding aligned across the Black Country footprint. Work has already been taking place across the STP footprint on what this may look like, led by local Safeguarding leads and a series of work streams considering operational alignment of this work are already underway. A transformational redesign to safeguarding has been achieved in Lancashire and South Cumbria ICS, and the learning from the CCG's has been shared with us. This has been recognised by NHSE and NHSI colleagues as an area of good practice. A similar approach in the Black Country could incorporate the ability to create a safeguarding structure aligned across the Black Country, whilst still ensuring CCG's fulfil their statutory requirements for safeguarding within the place.

Legislation for all

The Crime and Disorder Act 1998
Female Genital Mutilation Act 2003
Mental Capacity Act 2005
Convention on the Rights of Persons with Disabilities 2006
Mental Health Act 2007
Children and Families Act 2014
Modern Slavery Act 2015
Serious Crime Act 2015
Safeguarding Children, Young People and
Adults at Risk in the NHS: Safeguarding
Accountability and Assurance Framework
2019

Safeguarding legislation specific to children	Safeguarding legislation specific to young people transitioning into adults and children in care	Safeguarding legislation specific to adults
United Nations Convention on the Rights of the Child 1989		
Children Act 1989 and 2004		The Care Act 2014
Promoting the Health of Looked After Children Statutory Guidance 2015		
Children and Social Work Act 2017		Care & Support Statutory Guidance- Section 14 Safeguarding
Working Together to Safeguard Children Statutory Guidance 2018		
Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff 2019	Looked After Children: Knowledge, Skills and Competencies of Health Care Staff 2015	Adult Safeguarding: Roles and Competencies for Health Care Staff 2018

Vision for safeguarding across the Black Country

The Chief Nurses, and executive leadership team within the Black Country CCG's have reviewed and considered the various options and recommend that a combined adult and children safeguarding model is created, which will align the functions of Designated Professionals, and CCG resources. However, although there is a need to continue to be able to work collaboratively, we still need to maintain the local leadership and representation within the CCG's whilst they exist as legal entities, as well as supporting our statutory partners, including each of the Local Authorities. A hub and spoke model, as depicted in Appendix 1, would best facilitate this need, which would be supported by a hosted head of service arrangement to oversee the operational functions, facilitated with a Memorandum of Understanding (MOU) between the CCG's to ensure robust and appropriate governance, as detailed in Appendix 2. This would not affect existing arrangements of accountability and representation at local boards, which would need to remain to provide strategic leadership with our statutory partners to this important agenda.

Existing finance arrangements would also remain unchanged, in order for contributions to leach local Board to continue.

The key opportunities envisaged from the proposed model are outlined below:

- Reduce duplication and unwarranted variation
- Opportunity to develop 'special interest roles' building resilience and portfolio careers.
- Allows for more flexibility and innovation
- System assurance at both STP /Place level
- Clear leadership and co-ordination across the safeguarding system as well as local place
- Support the dissemination of learning to effect system wide change
- Better position to respond to the increased accountability and responsibility for health as a key safeguarding partner
- System leadership, promoting and building resilience

Recommendation

- 1. Support the recommendation that there is a single Head of Safeguarding arrangement that works across the Black Country footprint, overseeing the operational functions of the Safeguarding teams. This will not replace accountability of Chief Nurses.
- 2. To note that as part of this next phase of work a memorandum of understanding (MOU) will need to be implemented to allow the head of service access to Safeguarding functions across the Black Country, as well as supporting collaborative working, and to ensure a robust Governance Framework for statutory duties and responsibilities.

Appendix 1

Proposed BC Safeguarding Model

Walsall Designates
Local accountability
working with LA & police
colleagues to ensure
robust local
safeguarding
arrangements are in
place.

Wolverhampton Designates

Local accountability working with LA & police colleagues to ensure robust local safeguarding arrangements are in place.

Oversight function in Common reporting to local IAC & GB in Common

Head of Safeguarding For Adults & Children LeDer & CDOP Coordination

Administration including NHSE returns/STP assurance

LAC function

MASH function equitably distributed across the BC through provider contracts

Sandwell Designates

Local accountability working with LA & police colleagues to ensure robust local safeguarding arrangements are in place.

West Birmingham (BSoL hosted team)

Local accountability working with LA & police colleagues to ensure robust local safeguarding arrangements are in place.

Dudley Designates
Local accountability
working with LA
colleagues to ensure
robust local safeguarding
arrangements are in
place.

Appendix 2

Memorandum of Understanding (MOU)

BETWEEN

NHS Sandwell and West Birmingham Clinical Commissioning Group (SWB CCG)

AND

NHS Walsall Clinical Commissioning Group
(WSCCG)

NHS Wolverhampton Clinical Commissioning Group
(WVCCG)

NHS Dudley Clinical Commissioning Group
(DYCCG)

This is an agreement between WSCCG, WVCCG, DYCCG and SWB CCG.

This agreement is valid from 1st April 2020 outlined herein and valid until 31st March 2021 and is for the delivery of the single Head of Service for safeguarding across the Black Country and to ensure oversight of Designated Professionals Safeguarding Service.

1. Purpose and Scope

The purpose of this MOU is to facilitate a single head of service for safeguarding, ensuring oversight and collaboration across the Black Country for each of the aforementioned CCG's, to continue to deliver and discharge on safeguarding duties.

In particular, the MOU is intended to;

- Provide a clear reference to service ownership, accountability, roles and responsibilities
- · Provide a clear, concise and measurable description of the service

2. Background

Each year an amount of monies is available from each CCG to provide designated professional services across the Black Country. The monies provide designated professionals services, including the designated doctors and nurses for children, adult safeguarding, Mental Capacity Act (soon to be LPS - Liberty Protection Safeguards) and the Prevent Lead as outlined within the NHS England Safeguarding Assurance Framework 2015 (as amended).

3. Responsibilities under this MOU

The Black Country CCG safeguarding head of service will;

- As agreed by the each CCG, and as invited by the Local Safeguarding Boards/
 Partnerships and including the Community Safety Partnerships, be Members of
 the respective Executive Boards, and sub-committee structures, as appropriate
 and required, in co-ordination with the Executive and designated professionals'
 team, in carrying out their CCG assurance and statutory roles.
- Oversight of the Designated Nurse and Doctor statutory functions for Safeguarding Children and Children Looked After by the Local Authority as outlined within the Working Together to Safeguarding Children 2018 (as amended), and subsequent guidance.
- Oversight of the Safeguarding Adults professional's role in regards to the CCG strategic functions and duties under the Care Act 2014 in relation to Chapter 14 of the Care and Support Statutory Guidance.
- Oversight of the Named GP operational and nurse function related to Named professional's roles by undertaking scopes, information reports and Individual Management Reports from domestic homicide reviews
- Undertake oversight of arrangements for Channel and Prevent case activities for the Black Country
- Permit the head of service for safeguarding to be a member of any of the Safeguarding Assurance Groups established within the Black Country, as appropriate, and will receive papers for information and assurance purposes.
- Share received and approved final safeguarding papers for CCG assurance committees. Schedule of papers is as determined by the Quality Safeguarding Committee.
- Share learning, promote good practice and local initiatives across the Black Country, including Member Practices Safeguarding Leads
- Oversight of arrangements for Black Country Domestic abuse services

4. Exclusion;

- Chief Nurse representation and accountability at local safeguarding boards (existing arrangements will remain until the Black Country CCG single executive team is finalised).
- The West Birmingham Locality, which is delivered as a pan Birmingham arrangement via the Birmingham and Solihull CCG hosted team.
- · Child Death Arrangements/ SUDIC related to the CCGs/ Black Country footprint.
- · Named GP for Safeguarding function.

5. NHS Sandwell and West Birmingham CCG will;

· Host the head of service for safeguarding for the Black Country CCGs.

6. Agreed Costs

Agreed staffing costs for this service will be split across the four CCG's. This will be issued to Sandwell & West Birmingham as safeguarding recurrent funds transfer.

7. Effective date and signature

This MOU shall be in effect upon the signature of the Accountable Officer for NHS Sandwell and West Birmingham and NHS Walsall CCG, NHS Wolverhampton CCG and NHS Dudley CCG authorised officials.

NHS Sandwell and West Birmingham CCG, NHS Walsall CCG, NHS Wolverhampton CCG and NHS Dudley CCG indicate agreement with this MOU by their signatures.

Signature and dates SWB CCG

Signature and dates Walsall CCG

Signature and dates Wolverhampton CCG

Signature and dates Dudley CCG

