

Governing Body

Title of Paper	Lancashire and South Cumbria ICS Safeguarding Arrangements 2019 – 2021	
Date of Meeting		Agenda Item
Lead Author	Lancashire and South Cumbria Designated Professionals	
Purpose of the Report	This paper updates the Governing Body and requests endorsement of the ICS Safeguarding programme and will inform of the vision for safeguarding going forward within the ICS. The paper outlines some clear options for how the safeguarding structure, governance and assurance would work. This modelling has taken into account the new legislative requirements for safeguarding and the changing health landscape.	X
Executive Summary	<p>There is a requirement for the safeguarding children and adult system to respond to reforms whilst keeping safeguarding firmly embedded in the transformation agenda within the Health Service and new challenges following the introduction of the NHS Long Term Plan (January 2019).</p> <p>In addition new legislation has removed the statutory authority of local safeguarding children boards and has introduced new local safeguarding partnership arrangements for safeguarding and promoting the welfare of children.</p> <p>CCG's, local authorities and the local constabulary now have equal and joint accountability for children safeguarding responsibilities (Working Together 2018). Adult responsibilities remain unchanged in line with the Care Act 2014.</p> <p>Lancashire and South Cumbria safeguarding ICS designated professionals network has been identified nationally as an area to support the development of a transformational model of safeguarding support within an Integrated Care System. It has been agreed that an ICS blue print will be developed that will report back to the National Safeguarding Steering Group.</p> <p>A working group of designated professionals has been</p>	

	<p>formed to develop the proposal for the change model within this paper and a subsequent implementation plan. There is a clear commitment that has emerged to a combined adult and children system wide approach to safeguarding support across the ICS.</p> <p>The benefits of such an approach:</p> <ol style="list-style-type: none"> 1. Will allow for greater consistency in the delivery of statutory functions, promote resilience, and enable the development of a sustainable and flexible safeguarding model. 2. The development of a transformational model is an opportunity to consider new ways of delivering the functions of the designated role across the ICS to maximise system expertise and improved outcomes. 3. Collaborative ways of working and avoiding duplication, streamlining systems and processes and utilising the expert resource more effectively across Lancashire and South Cumbria will bring significant benefit. 4. A more effective and efficient way of working that will facilitate an approach that promotes greater resilience for the safeguarding networks. 5. CCGs will be able to continue to meet statutory requirements and the governance structures recommended will allow for the ICPs to be supported, directed and assured by the designated role and function
<p>Recommendations</p>	<ol style="list-style-type: none"> 1. The Governing Body is asked to support a programme of work which will support movement to the preferred model (Option 3) as set out in this high level options appraisal (Appendix 1) for delivering safeguarding arrangements across the ICS in accordance with the new requirements of Working Together 2018, Care Act 2014 and the NHS Long Term Plan. This programme will commence on the 01/04/19 2. The Governing Body is asked to support the recommendation that there is a secondment of a Designated Professional (from the existing Lancs & Sc CCG safeguarding resource) to work across the ICS to support the development and implementation of the transformational model. There will be collaborative Designated Professional cover for this resource implication.

	<p>3. Governing Body members are asked to note that as part of this next phase of work within the programme there will be the development of a Memorandum of Understanding and a Governance Framework for 8 CCGs, NHSE and the ICS which will set out the details of the delivery model. These documents will provide assurance that CCGs will continue to meet their statutory duties and responsibilities for adults, children and looked after children. These arrangements will be subject of future papers to CCG Governing bodies in 2019 for formal decision making.</p>
Equality Impact & Risk Assessment Completed?	A full Equality and Impact Risk Assessment cannot be completed until we have determined the final model, however a risks and benefits appraisal has been undertaken for each suggested model.
Patient and Public Engagement Completed?	To be completed
Financial Implications?	To be included
Risk Identified?	To be completed
If Yes : Risk	

Links to CCG Strategic Objectives		
SO1	Improve Quality through more efficient, safer services which deliver a better patient experience	<input checked="" type="checkbox"/>
SO2	Commission care so that it is integrated and ensures an appropriate balance between in-hospital and out of hospital provision	<input checked="" type="checkbox"/>
SO3	Be an integral part of a financially sustainable health economy	<input checked="" type="checkbox"/>
SO4	Ensure patients are at the centre of the planning and management of their own care and their voices are heard	<input checked="" type="checkbox"/>
SO5	Be seen as a well-run clinical commissioning group and the system leader	<input checked="" type="checkbox"/>

Governance and reporting (list committees, groups or other bodies that have discussed this paper)		
Meeting	Date	Outcome
Cumbria arrangements for safeguarding reforms	25.09.18	Collaboration with Local Authority Police and Health (DoN Chief Nurse & Designated Nurses CCG)
Pan-Lancashire arrangements for	20/11/2018	Discussions with Local

safeguarding reforms		Authorities (Lancashire, Blackpool and Blackburn with Darwen) Police and Health (Designated leads and NHSE)
ICS Designated Nurses and legal support	29/11/2018	Agreed to proceed with ICS approach
Development Market Position statement for Lancashire	14/12/2018	Agreed to proceed
Director of Nursing and Chief Nurses Meeting	11/12/2018	Agreed in principal
Pan Lancashire arrangements for safeguarding reforms	19/12/2018	Collaboration with Local Authorities (Lancashire, Blackpool and Blackburn with Darwen) Police and Health (Designated leads and NHSE)
Pan Lancashire arrangements for safeguarding reforms	16.1.19	Collaboration with Local Authorities (Lancashire, Blackpool and Blackburn with Darwen) Police and Health (Designated leads and NHSE)
Cumbria arrangements for safeguarding reforms	17.1.19	Collaboration with Local Authority Police and Health (Designated Nurses CCG)
Lancashire & South Cumbria ICS Board	06.02.19	Redirection to CCG Governing Bodies and further clarification requested.
Were any conflicts of interest identified at previous meetings (mark X in the correct box below)		
Yes		No
		x
If conflicts of interest were identified what were these:		

Implications			
Quality/patient experience implications?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
(Potential) conflicts of interest?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Equality Impact Assessment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Privacy Impact Assessment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Are there any associated risks?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are the risks on the CCG's risk register?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
If yes, please include risk description and reference number			

1.0 Introduction

- 1.1 There is a requirement for the safeguarding children system to respond to the reforms set out in Working Together (2018) which identifies CCG's as a key organisation having increased responsibility and accountability in the future safeguarding system. In addition to this the NHS reforms to an Integrated Care System (ICS) approach of commissioning and delivery of services, has led to the need to review the present CCG safeguarding arrangements and the position of the designated role and function
- 1.2 Lancashire and South Cumbria safeguarding network has been identified as an area to support the development of a transformational model of safeguarding across the ICS and for NHS England. This will include governance arrangements for the revised safeguarding partners across Lancashire and South Cumbria.
- 1.3 The challenge for health is significant as the children's reforms need to be implemented within the timescales set out in the revised Working Together Guidance, 2018. Significant work is ongoing in respect to the new safeguarding arrangements and a separate paper is available that outlines this work and recommendations in detail. These reforms are however required alongside a back drop of a changing health landscape, limited resources available and the necessity to ensure the children and adult's safeguarding agendas are very closely linked.
- 1.4 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 the work of Ruth May, CNO which sets out four areas of nursing influence (professional pride, one voice, workforce, long term planning).
- 1.5 Lancashire and South Cumbria Chief Nurses and Designated Professionals determined that the most effective way of achieving these requirements was to develop a transformational model of safeguarding across the ICS. This approach has been recognised nationally and regionally by NHSE and NHSI and they have provided the resource of the Deputy Head of Safeguarding for NHSE for a day and a half per week to support this development. The Lancashire and Cumbria ICS safeguarding network has also been invited to be a key note speaker at the 6th NHSE Annual Safeguarding Conference on the 9th April 2019.
- 1.6 It is intended that this paper will inform the Governing Body of the designated leads vision for safeguarding going forward. The paper outlines some clear

options for how the safeguarding structure, governance and assurance would work. This modelling has taken into account the new legislative requirements for safeguarding and the changing health landscape. These options include approaches that support the ICS and membership of Integrated Care Partnerships (ICPs) and the CCGs in fulfilling their statutory duties and responsibilities in respect to safeguarding.

2.0 Background

- 2.1 A paper was presented to the ICS Board in July 2018, which outlined the need to support and develop safeguarding partnership arrangements across Lancashire and South Cumbria. Working Together, 2018 mandates all areas to publish new multi-agency safeguarding arrangements by June 2019. The paper also set out the need to review the CCG safeguarding role and functions to meet the emerging ICS and NHS reforms and gave a mandate to commence this work and development of a future safeguarding model for the ICS.
- 2.2 The changes to legislation and statutory guidance provided an opportunity to review some aspects of the current safeguarding arrangements, which are less effective. It is recognised that there is strength in having a collaborative approach. The development of a transformational model of safeguarding leadership, assurance and delivery is integral to future safeguarding arrangements and also for the health service changes within the ICS
- 2.3 A leadership group of the Designated Professionals endorsed by the CCGs and NHSE has been formed to develop the proposal and implementation plan. A clear vision has been identified which includes a combined adult and children system wide approach to safeguarding across the ICS. This will include equal priority being given to Looked after Children. The benefits of such an approach will provide greater consistency in the delivery of statutory functions, promote resilience and enable the development of a sustainable and flexible safeguarding model, providing a blue print for other ICSs.
- 2.4 There were four clear outcomes required from the leadership group:
 - The health safeguarding system needs to evolve to meet the new challenges of the NHS Long Term Plan
 - To develop a model for the health safeguarding arrangements across the Lancashire and Cumbria footprint going forward taking into consideration the new commissioning framework; ICP's; resources; accountability and assurance; legal requirements; leadership and the prioritisation of safeguarding across adults, children and looked after children
 - The model needs to incorporate governance arrangements to fulfil accountability requirements for the developing children's safeguarding partnerships across Lancashire and South Cumbria footprint (this footprint is inclusive of eight CCG's, four Local Authorities and two Constabularies)

- The model will have the flexibility to meet the needs of the emerging Child Death Review (CDR) processes across Lancashire and South Cumbria

3.0 New Local Safeguarding Arrangements Requirements

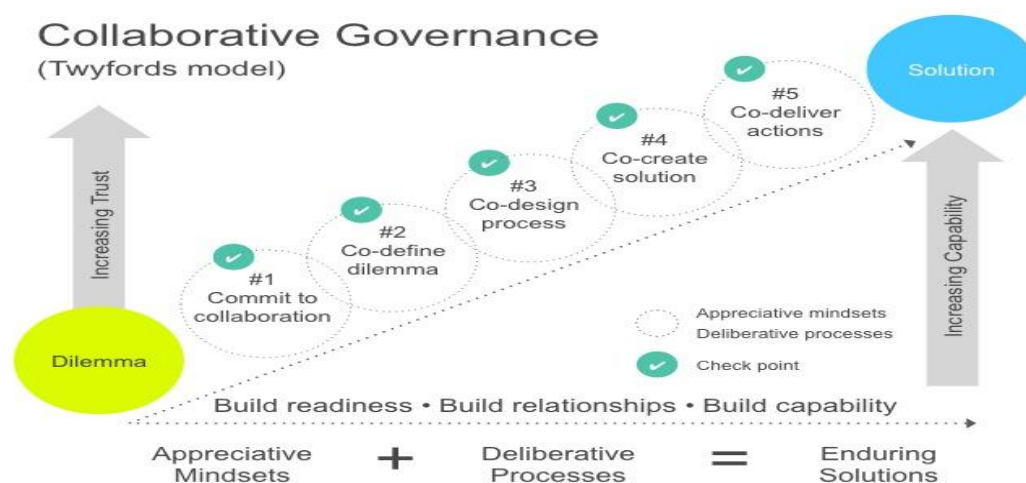
In Lancashire an agreement has been reached in principle for a single Blackpool, Blackburn with Darwen and Lancashire Partnership, closely linked to the Adults Board. The partnership will be underpinned by three geographical groups to allow for a degree of localism (East, Central and Coastal). A paper is being prepared by the Director of Childrens Services for Lancashire that will be shared in due course and will need to be agreed through the respective governance arrangements for the three statutory partners.

In Cumbria a similar model has been endorsed by the Partners and progression through appropriate Governance structures is underway..

Papers requesting endorsement by the CCGs to these new safeguarding arrangements are presently progressing through Governing Bodies of all eight CCGs across Lancashire

4.0 Re-modelling of the designated roles and functions to meet requirements.

4.1 The approach adopted in developing the model is outlined below:



4.2 The Designated Professionals have determined that the key functions of the designated role can be best discharged across the ICS to facilitate a whole

system approach. These functions have been mapped against delivery across the ICS and ICP landscape.

- 4.3 Such a model would incorporate the ability to create a safeguarding structure aligned to the ICS commissioning framework, whilst ensuring CCG's fulfil their statutory requirements for safeguarding within the ICPs.
- 4.4 A combined ICS adult and children model will align the functions of Designated Professionals, CCG resources and the new safeguarding arrangements. The existing informal collaborative network of Designated Professionals will be formalised to facilitate greater flexibility to meet demands, challenges and risks, notwithstanding the challenge of working across the geographical boundaries of Lancashire and South Cumbria. It will also provide the opportunity to scope out the safeguarding resource required in each ICP area and to determine how this might be arranged going forward.
- 4.5 There is a need to continue to be able to work collaboratively but still maintain the local leadership and representation within the CCGs whilst ever they exist as legal entities. A hub and spoke model would best meet this need at this time which would be supported by a MOU between the CCGs to ensure robust and appropriate representation within safeguarding agendas.
- 4.6 A local offer of designated professional role and function would be available to all CCGs and the ICS through collaborative working within the present resource. The resource available from each CCG to the collaborative would need defining but the resource that allows the designated functions to be carried out would be necessary as a minimum

5.0 A transformational model of safeguarding leadership, assurance and delivery across the ICS

- 5.1 The key opportunities envisaged from the proposed model are outlined below:
 - Reduce duplication and unwarranted variation and acknowledge warranted variation commensurate with Leading Change Adding Value (2014)
 - Support contextual safeguarding with partners and building relationships using collaborative governance
 - Support 'Think Family'
 - Greater clarity around roles and expectations
 - Allows for more flexibility and innovation
 - System assurance at both ICS /ICP level
 - Clear leadership and co-ordination across the safeguarding system
 - 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
 - Governance structure that supports the new safeguarding arrangements
 - Development of a Safeguarding Health Executive Group

- Development of a collaborative safeguarding health forum for each ICP
- System wide portfolio model for safeguarding leadership
- System leadership, promoting and building resilience

6.0 Leadership and Influence

6.1 The essential components outlined below will be achieved in the proposed ICS model:

- Key safeguarding partnership principles
- Partnerships to underpin the executive development
- A clear accountability and governance framework supported by Executive Leadership from the Director of Nursing NHSE across Lancashire and South Cumbria
- Memorandum of understanding between the CCG's / Designated leads and the Director of Nursing NHSE
- Appropriate influence across the entire commissioning cycle

7.0 Recommendations

1. The Governing Body is asked to support a programme of work which will support movement to the preferred model (Option 3) as set out in this high level options appraisal (Appendix 1) for delivering safeguarding arrangements across the ICS in accordance with the new requirements of Working Together 2018, Care Act 2014 and the NHS Long Term Plan. This programme will commence on the 01/04/19
2. The Governing Body is asked to support the recommendation that there is a secondment of a Designated Professional (from the existing Lancs & Sc CCG safeguarding resource) to work across the ICS to support the development and implementation of the transformational model. There will be collaborative Designated Professional cover for this resource implication.
3. Governing Body members are asked to note that as part of this next phase of work within the programme there will be the development of a Memorandum of Understanding and a Governance Framework for 8 CCGs, NHSE and the ICS which will set out the details of the delivery model. These documents will provide assurance that CCGs will continue to meet their statutory duties and responsibilities for adults, children and looked after children. These arrangements will be subject of future papers to CCG Governing bodies in 2019 for formal decision making.

Appendix 1

Option 1	Benefits	Risks
<p>Safeguarding resources remain within CCG's (ICP's) but formalise a virtual Pan Lancashire and Cumbria network with in-reach into the ICS (Portfolios)</p>	<p>The informal partnership approach currently in place across the pan-Lancashire footprint will be formalised through an MOU</p> <p>The portfolio arrangement would promote efficiency, resilience and lean working</p> <p>Perceived benefit to partners and providers as the current system remains unchanged</p>	<p>The MOU needs to be robust and agreed</p> <p>No tangible resource and leadership would move to the ICS and loss of opportunity to influence the current intractable safeguarding risks</p> <p>Established structures will remain with the inability to influence the changing NHS landscape and strategic safeguarding partnership meetings</p> <p>Inequitable resource and skill mix will remain across Lancashire and South Cumbria CCGs. Unwarranted variation will continue due to inequity in resource</p> <p>Less potential for clear leadership and co-ordination across the safeguarding system strategic leadership</p> <p>Is not aligned with present children's commissioning framework</p> <p>Lack of clarity/ inconsistent roles and responsibilities</p> <p>Less flexibility in responding to changes required within the refreshed Accountability and Assurance Framework and NHS England Long Term Plan</p>

Option 2	Benefits	Risks
<p>The whole current CCG resource is transferred to the ICS with portfolio responsibility and the operational safeguarding framework continues to be delivered at ICP level</p>	<p>This is a lift and shift model which could be easily mobilised</p> <p>System leadership / Portfolio development / will promote and build resilience</p> <p>System wide portfolio model for safeguarding leadership</p> <p>Some CCGs currently commission enhanced safeguarding resource from providers this could be re-designed to cover the ICP footprints</p> <p>Supports effective system wide change and appropriate influence across entire commissioning cycle</p> <p>Governance structure to support new safeguarding arrangements underpinned by MOU</p>	<p>The MOU needs to be robust and agreed</p> <p>Inequitable resource and skill mix will remain across Lancashire and South Cumbria CCGs.</p> <p>Unwarranted variation will continue due to inequity in resource</p> <p>Agreement may not be reached re mobilisation of resources from CCGs</p> <p>Transition arrangements for safeguarding will need to be considered during the transformation of the health agenda</p> <p>Safeguarding leadership removed visibly from Local footprints / would need to have strong ICP Health Safeguarding Forums and strong in-reach support</p> <p>Potential for local need not to be fully recognised and prioritised particularly in the non-unitary LA areas</p>

Option 3	Benefits	Risks
<p>Designated and Deputy resource will be incorporated into one single team hosted by one CCG to deliver the designated functions across the health system in response to population need</p> <p>Structure the team with a Designated Lead role for Adults, Children and Looked After Children (secondment from the existing CCG safeguarding resource) who would take a Safeguarding leadership role within the ICS structure and directly report into NHS England</p> <p>Designated Professionals will be aligned to ICP footprints and locality safeguarding partnership groups; including portfolio responsibilities for the ICS footprint</p>	<p>MOU will allow for leadership and representation within all of the CCGs whilst their legal entity remains. Accountability of the CCGS will be supported whilst allowing for resource to work collaboratively and efficiently</p> <p>System wide strategic overview will be achieved</p> <p>Direct leadership and accountability will be provided under a clear governance structure to the ICS/ICP/NHSE/CCG</p> <p>Dedicated health safeguarding expertise into the ICS and the ability to oversee transition arrangements in line with the NHS long term plan</p> <p>Aligns with the safeguarding partnership model and also provides strategic leadership into the emerging model and CDOP developments</p> <p>There are benefits for multi-agency partners to have a collective health voice</p> <p>System wide portfolio model for safeguarding leadership and increase collaboration to deliver on functions</p>	<p>Clear governance structure would need to be in place as CCG's retain safeguarding accountability supported by MOU</p> <p>MOU would need to be robust and agreed</p> <p>Clear plans in place for transition in order that current resource is not destabilised</p> <p>Transfer of safeguarding resources to a host CCG will need to be agreed by all</p>

	<p>Better able to disseminate learning to effective system wide change and influence the current intractable risks</p> <p>Consistency in approach and reduces unwarranted variation, allowing warranted variation, doing things once to drive efficiency</p> <p>Flexibility of resource and allows redesign to reflect future transformation</p> <p>Supports effective system wide change and appropriate influence across entire commissioning cycle whilst raising profile to embed safeguarding</p> <p>Can establish a virtual model in shadow form to support transition</p>	
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