

PROTOCOL IN SUPPORT OF THE RELATIONSHIP BETWEEN THE HILLINGDON HEALTH AND WELLBEING BOARD, THE HILLINGDON LOCAL SAFEGUARDING CHILDREN BOARD (LSCB) AND THE SAFEGUARDING ADULTS PARTNERSHIP BOARD (SAPB)

The Hillingdon Health and Wellbeing Board, at its meeting on 6th February 2014, agreed that a protocol should be drafted setting out the proposed relationship that should exist between itself and the children and adult safeguarding boards operating in the Borough. This paper sets out a proposed framework and protocol within which we will secure effective joint-working between the three Boards.

This protocol sets out the distinct roles and responsibilities of the Boards, the inter-relationships between them in terms of safeguarding and wellbeing and the means by which we will secure effective co-ordination and coherence between the Boards.

The Purpose of Health and Wellbeing Boards

Health and Wellbeing Boards were established by the Health and Social Care Act 2012. They provide strategic leadership across health and social care services in areas. They are a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities.

Each top tier and unitary authority must have its own Health and Wellbeing Board. Board members are expected to collaborate to understand their local community's needs, agree priorities and encourage commissioners to work in a more joined up way. As a result, patients and the public should experience more joined-up services from the NHS and local councils in the future.

What do they do?

- § Health and Wellbeing Boards have strategic influence over commissioning decisions across health, public health and social care through the development of a Health and Wellbeing strategy.
- § Boards strengthen democratic legitimacy by involving democratically elected representatives and patient representatives in commissioning decisions alongside commissioners across health and social care. The Boards also provide a forum for challenge, discussion, and the involvement of local people.
- § Boards bring together clinical commissioning groups and councils to develop a shared understanding of the health and wellbeing needs of the community. They undertake the Joint Strategic Needs Assessment (JSNA) and develop a joint strategy for how these needs can be best addressed. This includes recommendations for joint commissioning and integrating services across health and care.
- § Through undertaking the JSNA, the Board drives local commissioning of health care, social care and public health and creates a more effective and responsive local health and care system. Services that impact on health and wellbeing, such as housing and education provision are also considered within the JSNA

The Purpose of Safeguarding Boards

Hillingdon Local Safeguarding Children Board (LSCB)

The key objectives of the LSCB are set out in 'Working Together to Safeguard Children' (March 2013), Section 13 of the Children Act 2004 requires each local authority to establish a LSCB for their area, and specifies the organisations and individuals that should be represented on LSCBs.

The statutory objectives and functions of the LSCB (section 14 Children Act 2004) are:

- To co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area;
- To ensure the effectiveness of what is done by each such person or body for those purposes

Safeguarding and promoting the welfare of children is defined as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care, and
- Taking action to enable all children to have the best outcomes

Full functions of LSCBs are laid out in regulation 5 of the Local Safeguarding Children Board regulations 2006. Minimum requirements are to;

- Assess the effectiveness of the help being provided to children and families, including early help
- Assess whether LSCB partners are fulfilling their statutory obligations set out in Working Together chapter 2
- Quality assure practice, including through joint audits of case files involving practitioners and identifying lessons to be learnt
- Monitor and evaluate the effectiveness of training, including multi agency training, to safeguard and promote the welfare of children.

LSCBs do not commission or deliver front line services. They do not have the power to direct other organisations, but do have a role in making clear where improvement is needed. Each Board partners retains their own line of accountability for safeguarding.

Every LSCB has to have an independent chair who can hold all agencies to account. The chair must produce an annual report on the effectiveness of child safeguarding in the local area. This report should be submitted to the Chief Executive, Leader of the Council, local police and crime commissioner, and the Chairman of the Health and Wellbeing Board

Safeguarding Adults Partnership Board (SAPB)

Safeguarding Adult Boards are not currently statutory bodies but this is likely to change with the passage of the forthcoming Care Bill. Currently Boards operate within the framework promoted by 'No Secrets' which was published by the Department for Health and the Home Office in March 2000 and by 'Safeguarding Adults' which was published by the then Association of Directors of Social Services in October 2005.

The focus of the work of Safeguarding Adults Boards is 'vulnerable' adults. The forms of abuse which the Board aims to prevent and address are: physical abuse, sexual abuse, psychological abuse, financial or material abuse, neglect or acts of omission, discriminatory abuse.

The role of the SAPB is to ensure effective safeguarding arrangements are in place in both the commissioning and provision of services to vulnerable adults by individual agencies and to ensure the effective interagency working in this respect.

Both the LSCB and the SAPB have identified agreed objectives and priorities for its work which include clear policy, procedural and practice arrangements, mechanisms to secure coordination of activities between agencies, the provision of training and workforce development in support of safeguarding and quality assurance and performance management arrangements to test the effectiveness of safeguarding and the impact of the Board.

The need for effective communication and engagement between the Boards.

Safeguarding is everyone's business. As such, all key strategic plans whether they be formulated by individual agencies or by partnership forums should include safeguarding as a cross-cutting theme to ensure that existing strategies and service delivery as well as emerging plans for change and improvement include effective safeguarding arrangements that ensure that all people in Hillingdon are safe and their wellbeing is protected.

The Joint Health and Wellbeing Strategy is a key commissioning strategy for the delivery of services to children and adults across the Borough and so it is critical that in drawing up, delivering and evaluating the strategy there is effective interchange between the Hillingdon Health and Wellbeing Board and the two safeguarding boards.

Specifically there needs to be formal interfaces between the Health and Wellbeing Board and the safeguarding board at key points including:

- The needs analyses that drive the formulation of the annual Health and Wellbeing Strategy and the Safeguarding Boards' Business Plans. This needs to be reciprocal in nature ensuring both that safeguarding boards' needs analyses are fed into the JSNA and that the outcomes of the JSNA are fed back into safeguarding boards' planning;
- Ensuring each Board is regularly updated on progress made in the implementation of the Health and Wellbeing Strategy and the individual Board Business Plans in a context of mutual scrutiny and challenge;
- Annually reporting evaluations of performance of Plans again to provide the opportunity for reciprocal scrutiny and challenge and to enable Boards to feed any improvement and development needs into the planning process for future years' strategies and plans.

In the revision of 'Working Together' there are a number of statements driving towards a formalised relationship between the Health and Wellbeing Board and the Local Safeguarding Children Board particularly in relation to the JSNA and the presentation of the LSCBs Annual Report. It is likely that this will be replicated for Adult Safeguarding Boards if they are set on a statutory footing.

The opportunities presented by a formal working relationship between the Hillingdon Health and Wellbeing Board and the LSCB and SAPB can, therefore be summarised as follows:

- Securing an integrated approach to the JSNA, ensuring comprehensive safeguarding data analysis in the JSNA, in line with the draft Working Together guidance
- Aligning the work of the LSCB and SAPB business plan with the HWB Strategy and related priority setting.
- Ensuring safeguarding is “everyone’s business”, reflected in the public health agenda and related determinant of health plans and strategies.
- Evaluating the impact of the HWB Strategy on safeguarding outcomes, and of safeguarding on wider determinants of health outcomes
- Identifying coordinated approach to performance management, transformational change and commissioning
- Cross Board scrutiny and challenge and “holding to account”: the Health and Wellbeing Board for embedding safeguarding, and the Safeguarding Boards for overall performance and contribution to the HWB Strategy.

Arrangements to secure co-ordination between the Boards.

In order to secure the opportunities set out above it is proposed that the following arrangements would be put in place to ensure effective co-ordination and coherence in the work of the three Boards.

1. Between September and November each year the Independent Chairs of the two Safeguarding Boards would submit to the Hillingdon Health and Wellbeing Board their Annual Reports outlining performance against Business Plan objectives in the previous financial year. This would be supplemented by a position statement on the Boards’ performance in the current financial year, and the effectiveness of safeguarding arrangements in the borough. This would provide the opportunity for the Health and Wellbeing Board to scrutinise and challenge the performance of the Boards, to draw across data and key to be included in the JSNA and to reflect on key issues that may need to be incorporated in the refresh of the Hillingdon Health and Wellbeing Strategy.
2. Between October and February the Hillingdon Health and Wellbeing Board to present to the safeguarding boards the review of the Health and Wellbeing Strategy, the refreshed JSNA and the proposed priorities and objectives for the refreshed Health and Wellbeing Strategy to enable the safeguarding boards to scrutinise and challenge performance of the Hillingdon Health and Wellbeing Board and to ensure that their refreshed Business Plans appropriately reflect relevant priorities set in the refreshed Health and Wellbeing Strategy
3. In April/May the Boards will share their refreshed Plans for the coming financial year to ensure co-ordination and coherence.

Conclusion

The role of the LSCB and SAPB in relation to the Health and Wellbeing Board would be one of equal partners underpinned by this protocol.

The role of Hillingdon Council Scrutiny Committees, to scrutinise performance of safeguarding boards and to be consulted on for policy changes and related service design and commissioning intentions, will remain unchanged, as will the governance committee of partner agencies to oversee and monitor respective agency contribution and performance to prevent and protect.