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NHS
North East and North Cumbria

REPORT CLASSIFICATION	✓	CATEGORY OF PAPER	✓
Official	✓	Proposes specific action	
Official: Sensitive Commercial		Provides assurance	✓
Official: Sensitive Personal		For information only	

BOARD MEETING 27 September 2022	
Report Title:	**Safeguarding and Learning from Life and Death Reviews of People with Learning Disabilities and Autistic People Position Paper**

Purpose of report

To provide the Board with the current status of the North East and North Cumbria Integrated Care Board (the ICB) safeguarding function and the priorities for completion of the strategy due in December 2022 and to receive the Learning from Lives and Deaths of People with Learning Disabilities and Autistic People annual report for 2021/22.

Key points

The ICB has undertaken a review of the current position of safeguarding against the national framework and has rag-rated itself as amber. A report on the self -assessment is attached at appendix 1.

The aim is to achieve a green rating by October 2022 and have an approved safeguarding strategy in place for December 2022.

The statutory responsibility for effective safeguarding and Learning from Lives and Deaths of People with Learning Disability and Autistic People (LeDer) transferred from CCGs to the ICB on 1 July 2022.

The LeDer annual review is attached at appendix 2 and is an amalgamation of the former individual North East and North Cumbria CCG annual reports and identifies the ICB approach as well as the key learning to be shared across the ICB.

Risks and issues

Ensuring a robust safeguarding function is essential for the ICB. The place-based structures remain insitu during the period of transition and gives assurance that processes remain in place. The size of the ICB does mean that oversight needs to be transparent and governance processes robust to ensure statutory accountability.

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Assurances
Assurance in place for both processes as existing structures have not altered during the transition period.

Recommendation/Action Required
The Board is asked to: • Receive the report for assurance, noting the transitional arrangements in place remain robust and continue to meet our statutory responsibilities for safeguarding adults and children • Receive the LeDer annual report 2021/22 for assurance.

Sponsor/approving director	David Purdue, Executive Chief Nurse
Report author	Louise Mason Lodge, Director of Nursing and Strategic Safeguarding lead Judith Thompson, Network Manager and Assurance lead

Link to ICB corporate aims (please tick all that apply)	
CA1: Improve outcomes in population health and healthcare	✓
CA2: tackle inequalities in outcomes, experience and access	✓
CA3: Enhance productivity and value for money	✓
CA4: Help the NHS support broader social and economic development	✓

Relevant legal/statutory issues
The Childrens Act 2004, amended by the Children and Social Work Act 2017 The Care Act 2014

Any potential/actual conflicts of interest associated with the paper? (please tick)	**Yes**		**No**		**N/A**	✓
If yes, please specify						
Equality analysis completed (please tick)	**Yes**		**No**		**N/A**	✓
If there is an expected impact on patient outcomes and/or experience, has a quality impact assessment been undertaken? (please tick)	**Yes**		**No**		**N/A**	✓

Key implications	
Are additional resources required?	None identified
Has there been/does there need to be appropriate clinical involvement?	Full clinical engagement in both reviews

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Has there been/does there need to be any patient and public involvement?	Service User involvement in the LeDer review and policy
Has there been/does there need to be partner and/or other stakeholder engagement?	Local authorities, police services, local voluntary groups

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Appendix 1

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Safeguarding Self- Assessment

1. Introduction and Background

Safeguarding is firmly embedded within the core duties of all organisations and all staff across the health system. However, there is a distinction between providers' responsibilities to provide safe and high-quality care, and commissioners' responsibilities to assure themselves of the safety and effectiveness of the services they have commissioned.

The context of safeguarding continues to change in line with societal risks both locally and nationally, large scale inquiries and legislative reforms.

Fundamentally, it remains the responsibility of every NHS-funded organisation and each individual healthcare professional working in the NHS, to ensure that the principles and duties of safeguarding children and adults are holistically, consistently and conscientiously applied; the well-being of those children and adults is at the heart of what we do.

Every NHS funded organisation needs to ensure that sufficient capacity is in place for them to fulfil their statutory duties. They should regularly review their arrangements to assure themselves that they are working effectively. Organisations need to co-operate and work together within new demographic footprints to seek common solutions to the changing context of safeguarding and developing structural landscape needed to deliver the NHS Long Term Plan.

2. Main Issue

The North East and North Cumbria Integrated Care System (the ICS) has the statutory responsibility in health to be assured those processes and procedures for safeguarding are robust and keep people safe. The existing safeguarding services remain at place whilst the North East and North Cumbria Integrated Care Board's (the ICB) strategy for safeguarding is developed. The final structure is required in the first week of December 2022.

As part of the initial process a self-assessment and heat map was submitted for review by NHS England (NHSE) on the 9 September 2022.

3. Current Position

The ICB's current rag rating is amber, noting the Multi-Agency Safeguarding Hub (Mash) rag rating is green.

The assessment has been completed by the ICB directors of nursing responsible for safeguarding in the four ICB areas.

Within the ICS there are 13 community safety partnerships, 10 adult safeguarding boards, 11 childrens' safeguarding boards, 13 multi-agency safeguarding hubs and one violence reduction unit.

Name	Rag Rating	Mitigation plans, update, next steps, work shops, partnership structures etc
System Leadership and accountability for action on health inequalities		An ICS SRO in place and Health inequalities workstream is in situ across the ICS. ICB Quality and Safety Governance now incorporates an ICB wide Safeguarding Committee as reflected in the ICB Quality and Safety Committees ToR.. The influence of safeguarding needs to be firmly established and work is ongoing to support greater connectivity at a strategic level and across the ICS. One of the NENC 22/23 planning priorities is to develop an approach to population health management, prevent ill-health and address inequalities as tackling inequalities in outcomes, experience and access is one of ICB key aims
Structures and matrix working agreed with key roles		An ICS safeguarding transitional plan is in place for 22/23. The ICB Executive Chief Nurse and an ICB DoN have defined strategic leadership roles for oversight of the safeguarding elements of the ICB Operational Model and the development of ICB Safeguarding strategy. The ICB DoNs continue to provide leadership and oversight in the established partnership arrangements at place and in the discharge of the ICB safeguarding statutory duties.
Interim CN or substantive CN with accountability		The ICB Executive Chief Nurse is in post and formally approved as ICB Executive Safeguarding Lead. The ICB Directors of Nursing continue to provide leadership and oversight at place supported by Designated Professional teams
Priorities and work plan agreed		Transition Plan in place, with ongoing review and refresh. Q3/4 plan to finalise the operating model and ICB strategy
Partnership Arrangements and understanding		Robust place based partnership arrangements in place in all LA/CCG areas.
Supervision of Mash teams and data arrangements in place		Safeguarding supervision is undertaken by relevant employing organisations in accordance with Safeguarding policy & procedures. Annual self assessment (Health) is undertaken to understand/check compliance, and information is utilised/ informs Safeguarding Partnerships dashboards reporting (* this is at place across the ICS footprint). This is for all MASH's (Children) . Data /information sharing agreements are in place via Safeguarding Partnerships but there are also MASH IG agreements and individual Primary care (GP) arrangements in some places.

Q2 Questions

Name	Rag Rating	Mitigation plans, update, next steps, work shops, partnership structures etc
Which safeguarding programmes are profiled within the ICB to ICP joint forward plan		ICB Operating Model clearly outlines the accountabilities, functions and decision making at system/ICB and place for safeguarding Joint Management Executive Group – task and finish group made up of NHS and Local Authority Leaders set up to help with the development of the ICS and ICB. The four 'sub-ICPs' will develop a strategic view of shared challenges and opportunities from each of their HWBBs, which will then feed into Integrated Care Strategy development
How is the SAAF being used within the ICB with escalation to regional quality groups via the Regional Safeguarding Leads		Routes of escalation for safeguarding are outlined as an example in the ICB Operating Framework. For serious/high profile cases routes of escalation are in place to ICB DoNs at place, to the ICB Chief Nurse, communications and NHSE. Formal reporting routes are in place via QRGs. Designated Professionals membership of provider safeguarding committees as well as Safeguarding Boards Partnership Groups and then to the System Quality Group. The ICB Quality Committee will receive a Safeguarding Exception Report, exceptions would be included in the ICB Integrated Delivery Report

The table above outlines the two areas for further work. There are actions in place to address these, with a final ICB safeguarding strategy due for completion at the end of November.

4. Recommendations

The Board is asked to receive the report for assurance, noting the transitional arrangements in place remain robust and continue to meet our statutory responsibilities for safeguarding adults and children.

Report author: **Louise Mason-Lodge, Director of Nursing and Strategic Safeguarding Lead**

Sponsoring Director: **David Purdue, Executive Chief Nurse**

Date: **16 September 2022**

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Appendix 2

Learning from Lives and Deaths of People with Learning Disabilities and Autistic People Position Paper

1. Background

The North East and North Cumbria were the first region in England to implement the Learning from Lives and Deaths of People with Learning Disabilities and Autistic People (LeDer) policy in 2016. Much has improved as a result of the learning from the LeDeR reviews however the national annual report published earlier this year continues to report that men with learning disability die, on average 22 years sooner than men without learning disability and women with learning disability, die on average 26 years soon that women without learning disability of preventable and avoidable causes. This huge inequality cannot continue to happen.

The ICB structure presents the opportunity to transform not only how LeDeR is delivered across NENC but also to tackle the health inequalities clearly continuing to be faced by people with learning disability and autistic people.

2. Learning from the Lives and Deaths of People with Learning Disability and Autistic People – LeDeR policy

LeDeR is a national service improvement programme aimed at improving local services for people with learning disability and autistic people reducing premature mortality.

The on-going contribution of people with learning disability and autistic people must inform all aspects of the programme and be central to development and delivery.

LeDeR reviews need to be conducted by multi-agency reviewing teams, including experts with lived experience, and carried out in a timely way with appropriate supervision and administrative support.

The review will take a holistic view of a person's life as well as their death. Key principles of transparency, independence, cooperation, and communication will be upheld working alongside other review or investigation processes. The programme overall strives to ensure reviews lead to reflective learning and improved health and social care delivery is made.

Every person age four and over with learning disability and every adult age 18 and over with a diagnosis held on a clinical system of autism are entitled to a LeDeR review. A person doesn't necessarily need to be on local GP QOF learning disability register to be entitled to a LeDeR review.

The ICS is expected to measure the impact of its work to demonstrate improvement.
The ICS is expected to complete all reviews within 6 months of the death being notified on the LeDeR platform except where other statutory processes are taking place, or the bereaved family have asked for a delay.

The ICS must establish local governance panels to sign off reviews and in addition agree SMART objectives and improvement activity that feeds into local and ICS wide strategic plans. LeDeR quality assurance must be part of ICS governance and not sat separately.

Governance panels/groups must consist of people who have responsibility for improving services and must take action to improve services. The panels/groups must also include experts with lived experience.

NHS England region teams will hold the ICS to account to ensure robust review and assurance processes are in place and will monitor quarterly against actions for all reviews completed.

3. North East and North Cumbria LeDeR system

The ICS will fulfil its LeDeR responsibilities ensuring the core values and principles as set out in the policy, as well as those developed by the North East North Cumbria Stop People Dying Too Soon Confirm and Challenge Group are central to delivery.

There is considerable under reporting of deaths from black and minority ethnic communities therefore the ICS will need appoint a named individual who will be responsible for ensuring the challenges faced by people from these communities are well understood, considered and addressed as part of the LeDeR programme.

NENC have a history of meaningful engagement and coproduction with people with lived experience and established the Stop People with Learning Disability Dying Too Soon Confirm and Challenge Group.

Feedback from the Group about being part of the future Governance arrangements is as follows:

- '*We felt very respected being at the heart of the plans'*
- *'We love the jobs in the area teams for Experts'*
- *'We feel like it brings people together to all work together'*
- *'It focuses on making changes to make things better'*

LeDeR is the responsibility of the ICB Executive Chief Nurse. Regional oversight arrangements will include NHSE/I sampling to assure quality of reviews. Local governance arrangements will feed into local quality surveillance groups and for local authorities, health and wellbeing boards, to ensure that the people who can affect the necessary improvements understand the issues that need to be addressed.

ICSs are responsible for ensuring that:

- LeDeR reviews are completed for their local area
- Actions are implemented to improve the quality of all mainstream services for people with a learning disability to reduce health inequalities and premature mortality
- Local actions are taken to address the issues identified in reviews
- Recurrent themes and significant issues are identified and addressed at a more systematic level.

4. Governance

The ICS LeDeR Governance Board is established and chaired by the ICB Executive Chief Nurse. Terms of reference are developed setting out membership, responsibility, and accountability. The previous LeDeR Steering Group will be disbanded although some of its members will transfer to the Governance Board.

The ICB directors of nursing will be responsible for LeDeR for each area within the ICB (North Cumbria, North, Central and Tees Valley) and will continue to carry out their duties as local area contacts.

The LeDeR Governance Board will be directly accountable to the ICB Executive Committee and will report six-monthly to the Executive Committee. The ICB Executive Committee will be responsible for producing an annual report that is published on the website.

People with lived experience will be represented at the LeDeR Governance Board by members of the Stop People with Learning Disability Dying Too Soon Confirm and Challenge Group. The Learning Disability Network will continue to provide strategic leadership and co-ordination for the LeDeR programme at a system level.

LeDeR will be a standing item at the ICB Quality Assurance Group to ensure shared learning, oversight of improvement activity and performance management.

LeDeR panels will be established in each ICB area, chaired by the directors of nursing/local area contacts. Panels will receive completed reviews including reviewers sharing areas of learning, good practice, and areas of concern. Reviewers will no longer be responsible for making recommendations. The ICB area LeDeR panels will sign off reviews and make any recommendations. An agreed percentage amount will be forwarded to the ICS Governance Board for oversight and assurance.

The ICB Governance Board and ICB area LeDeR panels will be established and functioning by December 2022.

A copy of the NENC LeDer governance arrangements, implementation and three year strategy plan, September 2021 is attached at Appendix 3.

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5. Learning into Action

The fundamental purpose of LeDeR is to learn from the lives and deaths of people with learning disability and autistic people. Learning from reviews needs to be widely understood at place level (all 13), ICB area and ICB/S levels.

The ICS learning into action should be led and overseen by the ICB Executive Director of Nursing and co-ordinated by the ICS LeDeR Governance Board through the Learning Disability Network.

Each place, ICB area panel and ICS Governance Board will have its own learning into action plan comprising of a description of the improvement action needed, who will carry it out, how and when it will be done and monitoring/assurance arrangements that demonstrate successful completion. Co-ordination, oversight and reporting of the learning into action plans will be carried out by the Learning Disability Network.

A summary of all learning into action will be published within the NENC annual report.

Learning into Action plans will be established at place, ICB area and ICS levels by January 2023.

Name of Author: **Judith Thompson, Network and Assurance Lead, Learning Disability Clinical Network, NHS England**

Sponsoring Director: **David Purdue, Executive Chief Nurse**

Date: **9 September 2022**