



*Ipswich & East Clinical Commissioning Group
West Suffolk Clinical Commissioning Group*

Clinical Commissioning Group

Safeguarding Children Policy

**Ipswich & East Suffolk Clinical
Commissioning Group and
West Suffolk Clinical Commissioning
Group – Joint Policy**

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1. Our Vision

Keeping children safe whilst they are receiving services commissioned through the CCGs will be at the heart of all planning and decision making. A key component of this will be working together with partners to achieve this and make sure that all health staff across the geographical boundaries of the CCGs understands their role in the safeguarding of children and young people health and promotion of their welfare.

West and Ipswich and East CCGs will ensure that safeguarding children is integral to commissioning, primary care services, contracts with providers and clinical governance. We will strive for good practice in everything we do, learn from safeguarding incidents, both those which become serious case reviews and those which do not and ensure that changes are put in place quickly across the local health system. We will also ensure that all health professionals working with children and young people understand their role in safeguarding children and how to report concerns and act to safeguard children. We have a strong track record in safeguarding children and will make sure this is maintained during the transition of commissioning to GPs.

We will work with NHS organisations, Local Authorities and Suffolk Police to keep children safe. We will strive for best practice in what we do, learn from incidents and ensure that changes are put in place to improve services.

Our Vision is to deliver a highly specialist, quality focused, safeguarding children's service on behalf of CCGs that places the child/ children or young person not only at the centre of care, but at the centre of planning, contracting, delivery and performance monitoring of services to children and adults carers. Due to their expert knowledge, the Designated Professionals will be best placed to advise, support and hold to account providers of healthcare services for the delivery of high quality care that achieves the best possible outcomes for children on behalf of CCGs.

Our aims

1. Systematically improve and develop safeguarding and looked after children (LAC) practices through the application of consistent standards, learning from experience, audit findings, reviews, research and policy guidance
2. Ensure that staff working in safeguarding children and LAC services demonstrate the value and competencies required for the job
3. Work with different partners/organisations to promote the safeguarding children and LAC services
4. Encourage consulting children, young people and their families/carers to ensure that their views are considered as part of service redesign or changes



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5. Ensure that children are not disadvantaged through diversity, learning, communication, or emotional and mental health problems

Our people

We have a highly competent and skilled Medical and Nursing team with the necessary experience and knowledge to deliver in a very complex, high profile and priority area of health policy and practice. We have extensive experience of working across different types of NHS Organisations, local authorities and partner agencies to help them understand the complexities of health responsibilities in Safeguarding children and the statutory nature of the responsibilities associated with its effective delivery. This is a specialist area which has an excellent reputation both in health services and partner agencies.

Designated professionals are experienced in working with children, young people and their families, and have specific experience in this work where there are safeguarding concerns. They will meet their continuing professional development requirements and are subject to annual appraisal

The Intercollegiate Document published as part of 'Working Together', specifies the standards required of Designated professionals and includes model Job Descriptions.

2. Legal framework

This policy represents the safeguarding responsibilities for Ipswich and East Suffolk and West Suffolk Clinical Commissioning Groups (CCGs) to ensure effective discharge of their duty to improve the health of the whole population which includes safeguarding and promoting the welfare of children and young people.

CCGs and the Commissioning Management Team that supports the functions of the CCGs are expected to ensure that clear arrangements are in place with health providers which safeguard and promote the welfare of children and young people.

There is extensive guidance, national regulations, reports and legislation that govern how services should be provided, managed and monitored including:

The Children Act 1989 and 2004.

HM Government 2007. Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004. Updated March 2007. London: Department for Education and Skills.

Working Together to Safeguard Children (HM Govt 2013).

Suffolk Local Safeguarding Children Board Safeguarding Children Policies and Supplementary Procedures. www.suffolkscb.org.uk



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Letter – David Nicholson letter July 2009 Safeguarding Children Declarations.

When to suspect child maltreatment NICE 2009.

Information Sharing Guidance (DCSF 2008).

Data Protection Act 1998.

Human Rights Act 1998.

Intercollegiate Safeguarding Children and Young People: Roles and competencies for healthcare staff (2010).

The Functions of Clinical Commissioning Groups (DH 2012).

CQC standards.

Safeguarding Vulnerable People in the Reformed NHS: Accountability and Assurance Framework – (NHS CB 2013)

Safeguarding and Promoting the Welfare of Children and Child Protection Aide Memoire for Clinical Commissioning Groups (NHSL, Nov 2012).

2. Context

The Mandate from the Government to the NHS Commissioning Board (NHS CB) for April 2013 to March 2015 (published in November 2012) says:

“We expect to see the NHS, working together with schools and children's social services, supporting and safeguarding vulnerable, looked-after and adopted children, through a more joined-up approach to addressing their needs.”

The role of CCGs is about more than just managing contracts and employing expert practitioners. It is about working with others to ensure that critical services are in place to respond to children and adults who are at risk or who have been harmed, and it is about delivering improved outcomes and life chances for the most vulnerable.’ (NHS CB 2013)

Effective safeguarding arrangements in every local area should be underpinned by two key principles:

Safeguarding is everyone’s responsibility: for services to be effective each professional and organisation should play their full part.

A child-centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children. **(Working Together to Safeguard Children, HM Govt 2013)**



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This means that there is a responsibility within the health economy to ensure that:

All health professionals working directly with children and young people have a clear responsibility to ensure that safeguarding and promoting children and young people's welfare is a central and integral part of the care they offer.

Health professionals, who come into in-direct contact with children, through working with parents or carers also need to be fully informed about their responsibilities to safeguard and promote the welfare of children and young people.

Commissioning of health services for both children and adults takes into account the safeguarding and promotion of welfare of children and young people.

Corporate Responsibility:

The Children Act (2004) section 10 places a statutory duty on CCGs and NHS England to cooperate with local authorities in making arrangements to improve the wellbeing of all children in the authority's area, which includes protection from harm and neglect.

The Children Act (2004) section 11 places a statutory responsibility to safeguard children upon all NHS organisations including CCGs, NHS England, NHS Trusts and Foundation Trusts.

The Children Act (2004) section 13 requires NHS England, CCGs, NHS Trusts and Foundation Trusts to cooperate and engage fully with partner agencies as competent members of their Local Safeguarding Children's Board (LSCB).

The Children Act (1989) section 17 requires NHS England, CCGs, NHS Trusts and Foundation Trusts to cooperate with the Local Authority in helping children in need of support.

The Children Act (1989) section 47 requires NHS England, CCGs, NHS Trusts and Foundation Trusts to cooperate with Local Authorities in their enquiries regarding children at risk of significant harm.

3. Purpose of Safeguarding Children Policy

Clinical Commissioning Groups (CCGs) are under a duty to make arrangements to ensure that, in discharging their functions, they have regard to the need to safeguard and promote the welfare of children.

CCGs are charged with ensuring that they commission good quality services on behalf of their population. Although CCGs are not directly responsible for commissioning Primary Medical Care, they have a duty to support improvements in the quality of Primary Medical Care.

This Safeguarding Children Policy provides support to CCGs and their Commissioning Support Services and strengthens local safeguarding assurance



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arrangements for services commissioned for the local children and families. The Safeguarding Children Policy also sets out a framework to underpin monitoring of safeguarding arrangements across the health economy.

4. Ipswich and East Suffolk and West Suffolk CCGs' Safeguarding responsibilities in a Reformed NHS Commissioning System

The DH (2012) stated that CCGs would be required to meet safeguarding duties, including:

- having regard to the need to safeguard and promote the welfare of children;
- following the requirements around employing members of staff;
- being a member of the Local Safeguarding Children Board(s).
- Accountability for safeguarding will sit with each CCG and will be delegated by the Chief Officer to the Director of Patient Safety & Quality.

The CCGs must ensure that the contracts clearly specify safeguarding expectations and responsibilities for **all** health providers of services they commission as set out in this policy.

A Safeguarding Children Outcomes' Framework has been developed to identify the key standards required to ensure that safeguarding arrangements fit into the quality agenda and that there is a culture for improving the outcomes for children.

4.2 The CCGs will gain assurance regarding the quality of safeguarding arrangements across the Collaborative through:

4.2.1 Leadership

The Director for Quality, Patient Safety and Nursing is the Executive Lead for Safeguarding Children and represents the CCGs on the Suffolk LSCB.

The Safeguarding Team consists of the Chief Nurse, Designated Doctors, Nurses and Named GPs. This team will lead on providing analytical reports for the CCGs regarding the effectiveness of safeguarding arrangements, support and challenge commissioners and providers to improve the outcomes for children across the health economy.

4.2.2 Key Roles

Designated Nurses and Doctors for Safeguarding Children

To ensure that the CCGs provide appropriate support and advice to designated professionals Area Teams have established local Safeguarding Forums. An

active Forum exists for the Anglia Area Team which is regularly attended by the Designated professionals. The role of these forums includes

- Provision of supervision and support to designated professionals including those who have a responsibility for looked after children
- Provision of specialist advice and expertise to CCGs and Local Area Teams
- Driving improvement in safeguarding practice
- Underpinning system accountability through peer review based assurance
- Ensuring succession planning and commissioning of appropriate education and development for designated professionals

Summary of the Safeguarding Children Designated Functions

<p>1. Provision of statutory Designated Doctor and Nurses</p> <ul style="list-style-type: none">• Provision of all statutory duties• Expert advice and support at both organisational and individual level on Safeguarding children (this incorporates Domestic Abuse)• Specialist advisors on complex abuse including Fabricated & Induced Illness• Provision of Statutory Supervision and Peer review• Management of Allegations against staff• Experience in conducting and advising serious case reviews• Operational Compliance via Quality and Performance Monitoring• Education and Training at statutory Levels 1-5 <p>2. Strategic and Collaborative Provision</p> <ul style="list-style-type: none">• Advice to the CCG Executive through the Chief Nursing Officer• Participation in partnership working• Representation on the Local Safeguarding Children Board• Membership of Serious Case Review Panels• Multiagency Safeguarding Training (development , monitoring and provision)• Expertise advisors on Safeguarding children elements of all contracts <p>3. Clinical Evaluation of Children & Young People who may have been sexually abused</p> <ul style="list-style-type: none">• The setting of standards (based on the Royal College of Paediatrics and Child Health (RCPCH) Child Protection Standing Committee)• Monitoring by audit and peer review• The monitoring of the day to day provision of the CSA services .• Supervision and peer review for the Paediatricians <p>4. Provision of a Designated Doctor to lead the Child Death Review Process</p> <ul style="list-style-type: none">• Provision of statutory duties, advice on rapid response and analysis of deaths together with the PH lead• Expert advice to Paediatricians, CCG and LSCB's

- Membership of child death overview panels

5. Strategic overview of healthcare for Looked After Children

- Provision of strategic advice and guidance to healthcare commissioners and providers on the delivery of healthcare to Looked after Children, .
- Monitor and evaluate compliance of statutory requirements .
- Contribute to the revision of the LAC service
- Membership of the

6. The Voice of the Child

- Ensure the voice of the child informs health service design and delivery

Lead GPs

Both Ipswich and East Suffolk and West Suffolk CCGs have an identified Lead GP's for safeguarding – their role includes safeguarding adults as well as children.

The Lead GPs advise and represent the CCGs at safeguarding meetings. They support the GP community but have no direct influence or control of primary care. Their role includes participation in the development of GP safeguarding education, working closely with CCG development team.

4.2.3 Commissioning Arrangements

Ensure commissioning arrangements work in co-operation with Local Authority, NHS England and link to the priorities of the Suffolk Local Safeguarding Children Board (LSCB)

Ensure there is a senior commissioning lead for children and young people to ensure their needs are at the forefront of local planning and service delivery.

Ensure that clinical governance arrangements are in place to assure the quality of services commissioned by the CCGs.

Commission secondary health care for looked after children, including those placed outside of the borough

4.2.4 Contract monitoring

Ensure through contracts with commissioned services that health services and healthcare workers contribute to multi-agency safeguarding working.

Include the requirement for sharing information with CCGs and LSCBs regarding Safeguarding arrangements and Outcome Frameworks in all commissioning arrangements, contracts and/or service level agreements.



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Ensure that Designated Professionals have been consulted on all relevant contracts and service level agreements.

4.2.5 Partnership working

Work with Local Authorities to commission co-ordinated and, where possible, integrated safeguarding services.

Statutory membership of the LSCBs is required of NHS England, CCGs, and local NHS Trusts/Foundations Trusts whose hospitals and other facilities are based within the local authority area. Attendance at meetings can be shared between Trusts.

Ensure that appropriate contributions are made to LSCB budget from the CCGs and that all providers have engaged with the LSCB to negotiate their individual responsibilities/contributions.

Ensure that all commissioned health providers are linked to the local LSCB and deliver appropriately senior representation as required.

Work with Public Health and the Health and Wellbeing Boards to contribute to the Joint Strategic Needs Assessment and use this to inform commissioning.

Work in collaboration with the NHS Commissioning Board to ensure that safeguarding children arrangements are in place across the health economy. Co-operate with the local authorities in fulfilling duties towards looked after children, including health assessment and planning.

4.2.6 Safe Recruitment

The CCGs and any contracted support services must comply with safe recruitment practice including efficient use of the Disclosure and Barring system with a system in place to repeat the process on a 3 yearly cycle.

4.2.7 Responsibilities of Employees

All employees of the CCGs, partner practices and contracted support services must be mindful of their responsibility to safeguard children. Therefore, all staff must be up to date with the appropriate level of safeguarding children training as set out in the Intercollegiate Document (2010).

4.2.8 Primary Medical Care

GP practices must have a lead for safeguarding who must work closely with the CCG Lead GP and Designated Professionals to address quality issues in relation to safeguarding children.

GP practices must maintain an up to date list of staff training in relation to safeguarding.

GPs must ensure that they contribute effectively to children in need of support or protection, including provision of reports for child protection conferences.

5. Assurance

Currently the effectiveness of the safeguarding system is assured and regulated in a number of ways and include –

- Via the Local Safeguarding Children Board
- Via external inspection – Ofsted and CQC
- Locally developed Peer Review processes
- Action planning and monitoring processes following Serious Case reviews
- The safeguarding children dashboard (see appendix 1)
- Section 11 audits

5.1 Dashboard and reporting

Work is progressing to include the information required from providers by commissioners in KPI's. A performance management tool has been developed by designated professionals (appendix 1). This will be used across the 3 CCG's to obtain key performance data from all health providers from April 2014.

As outlined in the revised Working Together' clinical commissioning groups (CCGs) will be the major commissioners of local health services and will be responsible for safeguarding quality assurance through contractual arrangements with all provider organisations. The dashboard will be used as a tool to provide commissioners with assurance that providers are compliant with their safeguarding responsibilities

5.2 Key Performance Indicators

Standards/Key Performance Indicators	Method of monitoring	Monitoring information prepared by	Minimum frequency of monitoring	Monitoring reported to
A wide variety of standards and indicators set by the LSCB to confirm that in discharging its functions, WSCCG, GY&WCCG & IECCG has regard for the need to safeguard and promote the welfare of children	Section 11 audit (Section 11 of the Children Act 2004)	Designated Professionals	Annually	CCG Boards LSCB NHS England Chief Nursing Officers
As set by the NHS Chief Executive in July 2009 (the 'Nicholson letter')	Public declaration of safeguarding children	Designated Professionals	Annually	CCG Boards Chief Nursing Officers



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	arrangements posted on all CCG websites			
Safeguarding Children Annual Reports	Safeguarding Children Annual Report Looked After Children Annual Report	Designated Professionals	Annually	CCG Boards LSCB NHS England Chief Nursing Officers
As set out in the CCGs Safeguarding Children Dashboard	Performance management dashboard to inform Board reports	Designated Professionals	Quarterly with monthly performance updates	CCG Boards Chief Nursing Officers

6. Responsibilities of NHS Trusts, Foundation Trusts and Private Healthcare Providers

All provider health organisations are required to have effective arrangements in place to safeguard vulnerable children and to assure themselves, regulators and their commissioners that these are working.

It is not sufficient to have structures in place but to create an organisational culture that acknowledges the responsibilities of staff to identify risk factors for children and take appropriate action to reduce the level of harm. Key examples of health work to support the safeguarding of children include:

Monitoring and reporting missed appointments

Routine enquiry regarding domestic abuse in adult settings

Assessment of impact of adult health problems on children in the household i.e. needs of young carers

Specific arrangements include:

A Board executive lead for safeguarding children who takes responsibility for governance, systems and organisational focus on safeguarding children

Named Doctor and Nurse (Named Midwife for maternity services) who have a key role in promoting good professional practice within their organisation, and provide advice, expertise and training strategy within the organisation

Safe recruitment including compliance with the Disclosure and Barring system; job descriptions which reflect requirements for staff to have due regard for safeguarding and welfare of children.



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The Chief Nursing Officer is the Named Senior Officer (NSO) who will lead on allegations against staff working with children. The NSO must ensure any allegations involving children in work or personal life are reported to Local Authority Designated Officer and Designated Nurse/Doctor.

Have a training strategy and plan in place informed by a training needs analysis with regard to safeguarding, safe recruitment and specific areas of need such as domestic abuse and evidence of the effectiveness of the training. The training programme must comply with the levels in the intercollegiate document (2010).

Arrangements for the provision of safeguarding children supervision for staff to promote good practice. The level of supervision provided should be in accordance with the degree and nature of contact that staff have with children, young people, vulnerable adults and families.

Named professionals must access appropriate safeguarding supervision from a Designated Safeguarding Professional.

Inform Designated Nurses of any serious incidents involving children and confirm that the incident has been reported in accordance with the NHS England and CCG requirements.

Comply with the LSCB and Designated Professional's requests for information or reports in relation to serious case reviews or other multi agency reviews as set out in Working Together to Safeguard Children (HM Govt 2013).

Work with the Designated Professionals and LSCB in developing and implementing an audit programme to provide evidence of improved outcomes for children.

Ensure staff understand their responsibilities in identifying and respond to risk factors in abuse or neglect; recognise children, young people or their parents/carers in need of support; be able to Communicate effectively with children and young people and stay focused on the child's safety and welfare; share information appropriately; work in partnership with other agencies to assess, plan and respond to children in need of support or protection as set out in Working Together to Safeguard Children (2013).

Adhere to National, and local LSCB policies and procedures including the requirement for having a process for following up referrals to children's social care; a process for the identification of children/young people who are at risk from domestic abuse and for recognised/acting on concerns; a process for following up children who miss appointments; contributing and participating in local safeguarding processes; process for ensuring that adult or adolescent patients are routinely asked about dependents, such as children or caring responsibilities; system in place for flagging safeguarding children concerns; system in place for identifying children subject to a Child Protection Plan.



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Ensure that staff are aware of the need to escalate concerns via the Named and Designated professionals where there are differences of opinion between professionals both within health and the multi-agency network.

Evidence of compliance will be included in the Annual Report to the CCGs Outcome 7, Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities - Regulations 2009), completion of Sect 11 of Children Act (1989, 2004) audit and completion of Safeguarding Children and LAC Dashboard.

7. Dissemination and Implementation

This Safeguarding Commissioning Policy is to be circulated to all staff and commissioners in Ipswich and East Suffolk and West Suffolk CCG and the CCG Management Teams. It will also inform the contracting process with commissioned services. The policy will be included in the documents library on the intranet.

8. Approval and Ratification Process

The Safeguarding Children Policy to be approved by the individual CCG Quality and patient Safety Committees and ratified by the Clinical Commissioning Governing Bodies.

Appendix 1: Safeguarding Children and Looked After Children Dashboard Returns

		<i>Title</i>	<i>WTE</i>
1.	Name and title of each named professional and proportion of whole time equivalent allocated specifically to named professional role.		
2.	Number of incidents reported to LADO and Designated Professionals involving allegations against staff working with children (either in workplace or personal life) within the last 3 months		
3.	Percentage of staff with outstanding CRB's / DBS checks		
4.1	Percentage of staff trained according to staff groups by levels as required by * intercollegiate document 2010	Level 1	
		Level 2	
		Level 3	
		Level 4	
		Level 5	
		Level 6	
4.2	Percentage of staff trained the Intercollegiate role framework - 'Looked after Children: knowledge skills and competencies of health staff 2012	Level 1	
		Level 2	
		Level 3	
		Level 4	
		Level 5	
		<i>Role</i>	<i>Vacancies wte</i>
5.	Vacancy rate amongst key staff – (Paediatricians, Health Visitors, School Nurses, Safeguarding Professionals, midwives, paediatric nurses, ED consultants, GP's)		
6.1	The organisation has a plan / mandate for delivering safeguarding children supervision to all staff working with children and families.		
6.2	Percentage of safeguarding children supervisors trained to deliver a reflective model of supervision by a credible training		

	programme.	
6.3	Number of staff requiring safeguarding supervision.	
6.4	Of those requiring supervision percentage that have received supervision in appropriate timescales as defined in organisations safeguarding supervision policy .	
6.5	Number of Paediatric Peer Review sessions held	
6.6	Percentage of paediatricians attending peer review sessions	
7.1	Number of child protection referrals to Children's Social Care in last 3 months	
7.2	Number of CAF referrals to Children's Social Care in last 3 months	
7.3	The organisations audits the quality and appropriateness of referrals made to Children's Social Care.	
8.1	Total number of children admitted who have an allocated social worker (CPP, CIN, LAC)	
8.2	Total number of children attending Emergency Department/MIU with allocated social worker (CPP, CIN, LAC)	
8.3	Number of children admitted who are Looked After Children	
8.4	Number of children attending Emergency Department/MIU who are Looked After Children	
8.5	Number of children attending Emergency Department/MIU for bullying and assault, self-harm and overdose in last 3 months	
8.6	Number of children 16 years and under admitted to adult wards	
8.7	Number of LAC referred into emotional wellbeing / mental health services from acute units/community services health	
8.8	Number of LAC offered an emotional wellbeing/ mental health service as a result of referral	
9.1	Number of CP paediatric assessments (Acute & Planned) in last 3 months	
9.2	Number of CP strategy meetings attended by a staff member.	
10.1	Number of births subject to CP plan against total number of births	
10.2	Number of infants placed in care from birth	
11.1	Number of children under 16 seen in sexual health services in last 3 months	
11.2	Number of patients under 16 seen in SARC in last 3 months	
12.1	Number of pregnant young women aged 18 years or under	

12.2	Number of LAC/Care Leavers who become parents aged under 18 years of age	
13.1	Total Number of SIs involving children in last 3 months	
13.2	Number of SIs involving safeguarding children in last 3 months	
13.3	Number of SIs involving safeguarding children completed within timescales	
13.4	Number of SI's referred to the LSCB for SCR/Partnership Review/Learning	
13.5	Number of child deaths within the organisation/community	
13.6	Number of child deaths managed under the SUDIC protocol	
14.	Percentage of children and young people that access the services provided felt safe.	
15.1	Number of completed Initial Health assessments – only SCH - Serco/SEPT	
15.2	Number of completed Review Health Assessments – Community Health services - under 5's	
	- HV Universal services	
	- Over 5's – specialist LAC services - Care Leavers – specialist LAC services	