

**Safeguarding Children and Looked After  
Children Policy  
for  
Commissioning of Services & CCG  
Employees, 2018**

## DOCUMENT CONTROL SHEET

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**Implementation Plan:**

<b>Development and Consultation</b>	Herts Valleys CCG	
<b>Dissemination</b>	As above	
<b>Training</b>	Refer to Safeguarding Training Strategy for Herts Valleys CCG	
<b>Monitoring</b>		
<b>Review</b>	November 2020 (sooner if legislative change)	
<b>Equality, Diversity and Privacy</b>	01/ 06/2015 - Equality Impact Assessment 01/ 06/2015 - Privacy Impact Assessment	
<b>Associated Documents</b>	<ul style="list-style-type: none"> <li>▪ Multi-agency policies and procedures –Hertfordshire Safeguarding Children Partnership</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> <li>▪</li> <li>▪</li> </ul>
<b>References</b>	See Appendix One	<ul style="list-style-type: none"> <li>▪</li> <li>▪</li> <li>▪</li> </ul>

**Document Status:**

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## 1.0 Introduction

It is the responsibility of every NHS funded organisation and health care professional to ensure that children and young people in vulnerable circumstances are safe and receive the highest possible standard of care. This policy sets out how, as a commissioning organisation, NHS Herts Valleys CCG fulfils its statutory duties and responsibilities effectively both within its organisation and across the local health economy.

CCGs and NHS England have statutory responsibilities for ensuring safe systems of care that safeguard children at risk of abuse and neglect. CCGs must ensure they have in place robust structures, systems, standards and an assurance framework which enables compliance with legal and local governance arrangements.

Herts Valleys CCG works in partnership with other commissioners and providers of health and social care services, and statutory and voluntary organisations to improve outcomes, for children and young people, for adults at risk ensuring patients and their families get timely appropriate care that ensures they are kept safe from harm.

The CCG should ensure there is a culture of listening to and engaging in dialogue with vulnerable groups and families (Think Family), taking account of their wishes and feelings both in individual decisions and the establishment or development and improvement of services

ENHCCG leads this service on behalf of HVCCG and all employees receive relevant safeguarding children training to support recognition of abuse/neglect. Policies are in place to support and guide staff make safe decisions about children/ young people, where safeguarding is an issue. The Designated Team are available to staff for consultation and have oversight of safeguarding within Provider Organisations.

## 2.0 Legislation and Guidance

Section 11 of the Children Act 2004 places a duty on key persons and bodies (including the NHS) to make arrangements to ensure that in discharging their functions they have a regard to the need to safeguard and promote the welfare of children

The CCG adheres to the guidance and standards set out in *Working Together to Safeguard Children(WT, 2018)* the Care Quality Commission Essential Standards of Quality and Safety (March 2010) and *Safeguarding vulnerable people in the NHS: Accountability and Assurance Framework 2015*.

A glossary of associated supporting documents can be found at Appendix 1.

## 3.0 East & North Hertfordshire CCG Strategic Vision

To ensure that children and young people who live in Hertfordshire are free to thrive in safe environments at home, in care and healthcare settings and in educational establishments.

This includes keeping them safe from neglect, abuse and exploitation because we know that healthy, secure children are more likely to grow up to be healthy, happy and productive adults.

#### **4.0 Policy Purpose**

This policy sets out East & North Hertfordshire CCG arrangements for safeguarding and promoting the welfare of children and young people at risk. It should be read in conjunction with the local multi-agency procedures.

#### **5.0 Application and Scope**

This policy applies to all employees and workers of the CCG, including staff seconded into the organisation, volunteers, students, honorary appointees, trainees, contractors and temporary workers (including and those working on bank or agency contract). This list is not exhaustive.

#### **6.0 Definitions**

The Children Act (1989, 2004) states “the welfare of the child is paramount”. All those in contact with children, young people or their families have a “duty to protect from harm” and promote the welfare of the child or young person by ensuring the care provided is safe and effective. In this policy, as in the Children Act (1989, 2004) a **child** is anyone who has not yet reached his or her 18th birthday. ‘Children’ therefore means children and young people throughout.

Looked After Children (LAC) are children and young people (0 to 18 years and young people up to 25 years are known as Care Leavers) who have been accommodated by the local authority under a voluntary section 20 order or have been removed from their own families under a Care Order (Sec 31 of Children Act). CCGs have a duty under the Children Act 1989 (and amended legislation) to work with the Local Authority to provide services to ensure the needs of this vulnerable group of children are met. Local Authorities are required to ensure each Looked After Child has their health needs fully assessed, resulting in an individual health plan for the child. This plan should be regularly reviewed. There is also a requirement for medical advisors to support the assessment of children for whom the plan is adoption and to be part of the adoption panel. CCGs are required under section 27 of the Children Act 1989 to comply with requests from the Local Authority to ensure this happens in accordance with the statutory guidance on Promoting the Health and Well-being of Looked After Children (DSCF/DH 2009 revised 2015) and The Adoption and Children Act 2002 – Adoption Statutory Guidance (DfE 2013)

The Children and Social Care Act enacted in 2017 require Local Authorities to publish a local offer for Care Leavers. CCG’s are required to consider requirements for Care Leavers health needs including information on local health services and transition to adult services.

#### **Mental Capacity Act 2005**

This Act applies to anyone over the age of 16 years. It is to empower young people to make decisions by themselves and to protect those who are unable to make some

decisions. The Act is supported by a Code of practice to which health professionals should adhere. It is important that health professionals are supported to differentiate between MCA and safeguarding issues. Commissioners are required to ensure all commissioned services comply with the Act.

## **7.0 Principles**

Safeguarding is a continuum of responses that seeks to prevent or respond to abuse and neglect. It is an umbrella term for both 'promoting welfare' and 'protecting from harm'.

In developing this policy the CCG recognises that safeguarding children is a shared responsibility requiring effective collaborative working between agencies and professionals in order to ensure those vulnerable groups in society are to be protected from harm. In order to achieve this there must be constructive relationships at all levels, promoted and supported by:

- A commitment of senior managers and board members to seek continuous improvement with regards to safeguarding both within the work of the CCG and within those services commissioned;
- Service developments that take account of the need to safeguard all service users, and is informed, where appropriate, by the views of service users;
- Staff training and continuing professional development so that staff have an understanding of their roles and responsibilities in regards to safeguarding children, Looked After Children and Care Leavers.
- Safe working practices including recruitment, vetting procedures and managing allegations;
- Effective interagency working, including effective information sharing.
- Supervision practice that is supportive, challenging and restorative.

## **8.0 Responsible Bodies**

### **NHS England**

NHS England is responsible for ensuring that the health commissioning system as a whole is working effectively to safeguard and promote the welfare of children and adults. It is accountable for the services it directly commissions. Since April 1st 2016 NHS England co-commission General Practice Services with CCG's.

NHS England leads and defines improvement in safeguarding practice and outcomes. The CCGs work co-operatively and constructively with NHS England to fulfil its safeguarding statutory duties

### **Public Health England**

Since October 2015 commissioning responsibility for health visiting transferred to the local authority Public Health access specialist safeguarding advice from the CCG Designated Team.

## **NHS Herts Valleys CCG**

The ultimate accountability for safeguarding sits with the Chief Accountable Officer of the CCG. The CCG must establish and maintain robust governance arrangements with capacity and capability to deliver safeguarding responsibilities.

The CCG must ensure safeguarding requirements are effectively included at all stages of the commissioning process in order that service users are protected from abuse and neglect.

It is important for commissioners to ensure that the relevant care pathways include appropriate physical and mental health support for survivors of abuse particularly in relation to female genital mutilation, sexual exploitation, trafficking, on line abuse and county lines.

The CCGs are required to:

- Establish clear lines of accountability for safeguarding, reflected in governance arrangements
- Co-operate with the local authority in the operation of the Local Safeguarding arrangements.
- Ensure that all providers with whom there are commissioning arrangements have in place comprehensive and effective policies and procedures to safeguard children in line with those of the Multiagency Partnership.
- Ensure that staff directly or indirectly employed by the CCGs are aware of their roles and responsibilities for safeguarding and know who to contact and how to act on concerns in accordance with local policies and procedures.
- Ensure that appropriate systems and processes are in place to fulfil specific duties of cooperation and partnership with the ability to demonstrate that the CCGs meet the best practice in respect of safeguarding children at risk, Looked After Children and Care Leavers
- Ensure that safeguarding is at the forefront of service planning and a regular agenda item of the Governing Board business.

The CCG will seek assurance from providers using a broad range of quality monitoring mechanisms drawing from quantitative and qualitative data including: Safeguarding Assurance Framework, site visits; individual development work with providers, performance and contract meetings and attendance at provider Safeguarding Committees.

### **9.0 Roles and Responsibilities**

#### **Director of Nursing and Quality**

The Director of Nursing and Quality is the executive lead for Safeguarding.

#### **Designated Professionals**

NHS East & North Hertfordshire CCG hosts the Designated Team on behalf of NHS Herts Valleys CCG. The team includes three senior paediatricians and senior nurse to undertake the roles of Designated Professionals for safeguarding children, (Section

11 Children Act 2004) and Looked After Children. As part of the co –commissioning arrangements the Named GP's and Primary Care Nurse Specialist will be managed on an operational basis by the Designated Nurse. They take a strategic and professional lead on all aspects of the health service contribution to safeguarding children and adults across the health economy in Hertfordshire

### **Named Professionals**

Designated Professionals provide support to Health Providers and Independent Contractor Safeguarding leads, Named Doctors, Nurses, Midwives and other Health Professionals who take a professional lead within their organisation on safeguarding matters.

Named professionals have a key role in promoting good professional practice within their organisation, providing advice and expertise for fellow professionals, and ensuring effective safeguarding training is in place. They should work closely with their own organisation's executive safeguarding lead, designated professionals and the Safeguarding Partnership.

The CCG ensures, through commissioning, that paediatricians with expertise in examining, identifying and assessing children and young people, who may have experienced abuse or neglect, are available to undertake medical examinations under child protection procedures. Resources and rotas must be such that children are seen in a timely manner.

### **All NHS Herts Valleys Staff**

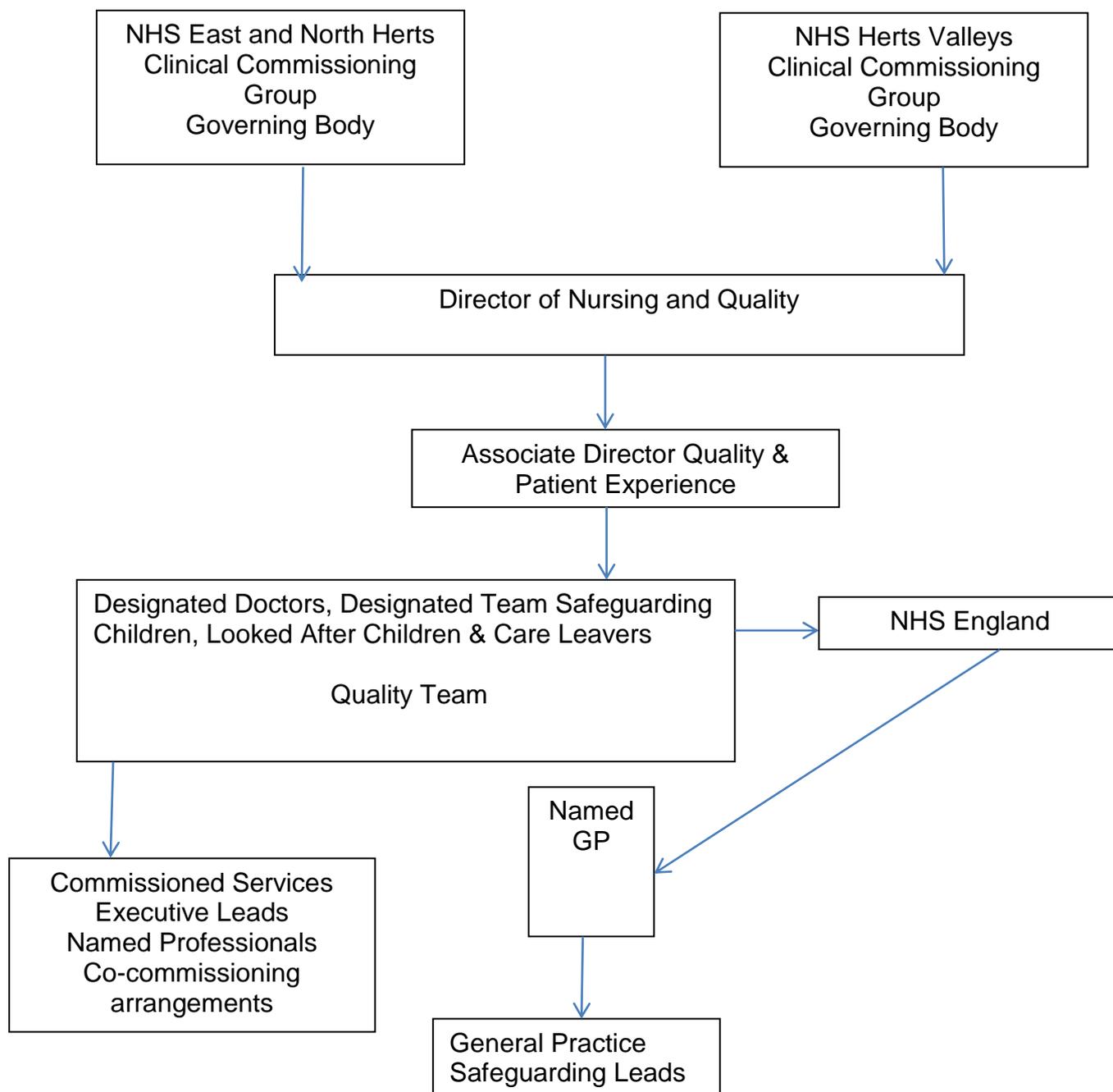
All CCG staff have a duty to protect children and adults and if concerned that abuse may be taking place should discuss with their line manager or another senior manager who can seek the support of the Designated Safeguarding Team.

Staff must be aware of the Hertfordshire Safeguarding Children Partnership procedures/policies for safeguarding children and know how to act on concerns either at work or elsewhere.

The recognition of suspected or actual abuse is the responsibility of all staff. Ignoring abuse is not an option and becomes a failure of an individual's duty of care.

Staff can access information on safeguarding children through the HVCCG website <https://hertsvalleysccg.nhs.uk/intranet/safeguarding/safeguarding>

## 10.0 Hertfordshire CCGs Accountability Framework



## 11.0 Serious Case Reviews (SCRs)

All serious incidents involving children at risk must be reported to the CCG designated professionals.

The CCG has a statutory duty to work in partnership with Agencies/Organisations and /or any other Safeguarding Children Partner in conducting Serious Case Reviews and other case reviews in accordance with Working Together to Safeguard Children 2018 and the National Child Safeguarding Practice Review Panel

Designated professionals co-ordinate and evaluate the health services inputs into the SCR and provide professional scrutiny and challenge. The CCG must ensure that the review and all actions following the review are carried out according to the timescale set out by the WT 2018/ Child Safeguarding Practice Review Panel.

The Director of Nursing and Quality ensures recommendations where there are commissioning implications are reported back through relevant CCG governance channels to inform future commissioning activity.

Examples of good practice and lessons to be learnt should be disseminated across all levels of the organisation.

The CCG in conjunction with NHS England should ensure that safeguarding professionals have sufficient capacity and the necessary support to complete both individual management reviews and health overview reports

## 12.0 Confidentiality and Information Sharing

The CCG and all commissioned services require their staff to be cognisant of how to share information and their requirement to adhere to the Information Sharing Guidance, 2018.

Practitioners/professionals must be knowledgeable on when to share information across a continuum of need, ranging from a child/young person immediately at risk of significant harm to those requiring early help and use the 7 golden rules to support sharing of information.

Personal information is subject to the principles of the Freedom of Information Act 2000, the Human Rights Act 1998 and the common law duty of confidentiality. Guidance has been updated to include the General Data Protection Regulation (GDPR) embedded by the Data Protection Act 2018. The GDPR and Data Protection Act 2018 do not prevent, or limit, the sharing of information for the purposes of keeping children and young people safe.

### ***Legislation and guidance are not barriers to sharing information.***

Practitioners/Professionals must be open and honest at the outset about why, what

and with whom information will, or could be shared, and seek their agreement, unless unsafe or inappropriate to do so.

All providers are required to ensure staff are up to date with information governance training.

It is important to remember that the safety of the child at risk is paramount when considering whether to share information. Reasons for decisions to share, or not to share must be recorded.

### **13.0 Assurance**

ENHCCG and Herts Valleys CCG provide assurance to NHSE around safeguarding and looked after children arrangements, through completion of the Safeguarding Assurance Tool (SAT). The SAT is an electronic platform used to demonstrate compliance against standards agreed by NHSE. Evidence is submitted and updated regularly alongside Peer Review held with other CCG's Designated professionals to maintain challenge and improve outcomes for children and young people.

## **Appendix 1**

The following guidance, documents, reports and legislation also govern how services should be provided, managed and monitored:

- 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.
- Children and Social Work act 2017
- Working Together to Safeguard Children (DoE 2013 updated 2015, 2018)  
<http://www.workingtogetheronline.co.uk/index.html>
- When to suspect child maltreatment NICE 2009.
- Looked After Children NICE 2010 updated 2015
- Child Abuse and Neglect. NICE October 2017
- Information Sharing Guidance (HM Government 2018).
- Intercollegiate Safeguarding Children and Young People: Roles and competencies for healthcare staff (2014)
- The Functions of Clinical Commissioning Groups (DH, 2012)
- Care Quality Commission Essential Standards for Quality and Safety
- Protecting Children and Young People: the responsibilities of all doctors. (GMC, 2012)
- Human Rights Act 1998
- Mental Health Act 1983
- Equality Act 2010
- Prevent Duty Guidance 2015 HM Government
- Safeguarding Vulnerable People in the NHS Accountability and Assurance Framework (NHS Commissioning Board, updated 2015)
- Statutory Guidance on Promoting the Health and Well-being of Looked After Children (DSCF/DH 2009 revised 2015)
- The Adoption and Children Act 2002 – Adoption Statutory Guidance (DfE 2013)

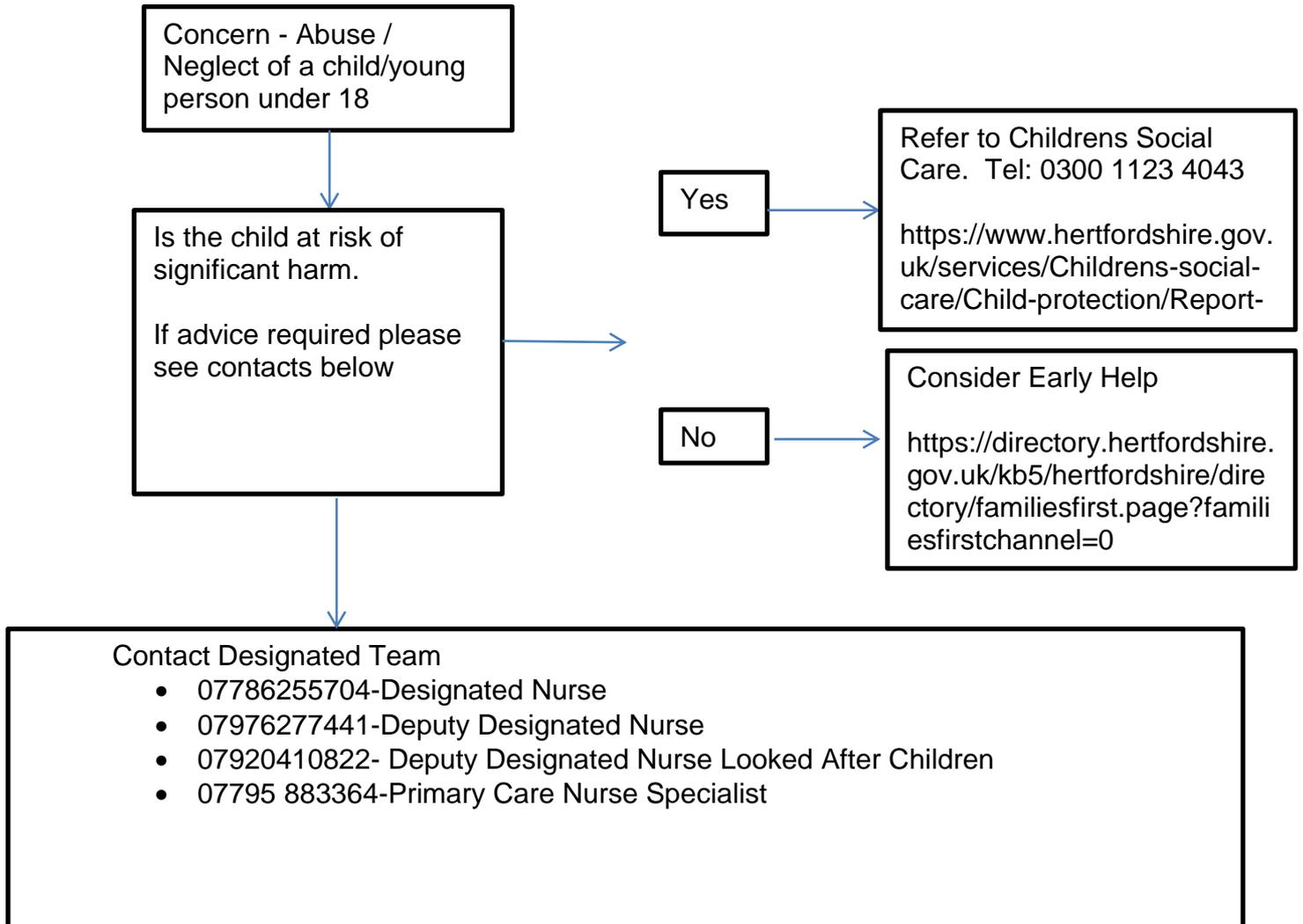
**Appendix 2**  
**Equality Impact Assessment Stage 1 Screening**

1. Policy		EIA Completion Details			
Title: Policy for Safeguarding and Looked After Children through the Commissioning of Services and for CCG employees 2018.  <input checked="" type="checkbox"/> Proposed <input type="checkbox"/> Existing  Date of Completion: November 2018 Review Date: November 2020		Names & Titles of staff involved in completing the EIA: Mary Emson Designated Nurse			
2. Details of the Policy. Who is likely to be affected by this policy?					
<input checked="" type="checkbox"/> Staff		<input checked="" type="checkbox"/> Patients		<input checked="" type="checkbox"/> Public	
3. Impact on Groups with Protected Characteristics					
	Probable impact on group?			High, Medium or Low	Please explain your answer
	Positive	Adverse	None		
Age	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Being married or in a civil partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Disability (inc. learning difficulties, physical disability, sensory impairment)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Having just had a baby or being pregnant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Race, (inc. ethnicity, nationality, language)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Religion or belief	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Sex (inc. being a transsexual person)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Sexual Orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
No impact on any of the groups above.					
4. Which equality legislative Act applies to the policy?					
<input checked="" type="checkbox"/> Human Rights Act 1998 <input type="checkbox"/> Equality Act 2010 <input type="checkbox"/> Health & Safety Regulations			<input type="checkbox"/> Mental Health Act 1983 <input type="checkbox"/> Mental Capacity Act 2005		
5. How could the identified adverse effects be minimised or eradicated?					
6. How is the effect of the policy on different Impact Groups going to be monitored?					

**Appendix 3**  
**Privacy Impact Assessment Stage 1 Screening**

1. Policy	PIA Completion Details		
Title: Policy for Safeguarding and Looked After Children through the Commissioning of Services and for CCG employees 2018 <input checked="" type="checkbox"/> Proposed <input type="checkbox"/> Existing  Date of Completion: November 2018 Review Date: November 2020	Names & Titles of staff involved in completing the PIA: Mary Emson Designated Nurse		
2. Details of the Policy. Who is likely to be affected by this policy?			
<input checked="" type="checkbox"/> Staff <input checked="" type="checkbox"/> Patients <input checked="" type="checkbox"/> Public			
	Yes	No	Please explain your answers
<b>Technology</b> Does the policy apply new or additional information technologies that have the potential for privacy intrusion? <i>(Example: use of smartcards)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Identity</b> By adhering to the policy content does it involve the use or re-use of existing identifiers, intrusive identification or authentication? <i>(Example: digital signatures, presentation of identity documents, biometrics etc.)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
By adhering to the policy content is there a risk of denying anonymity and de-identification or converting previously anonymous or de-identified data into identifiable formats?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Multiple Organisations</b> Does the policy affect multiple organisations? <i>(Example: joint working initiatives with other government departments or private sector organisations)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Data</b> By adhering to the policy is there likelihood that the data handling processes are changed? <i>(Example: this would include a more intensive processing of data than that which was originally expected)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If Yes to any of the above have the risks been assessed, can they be evidenced, has the policy content and its implications been understood and approved by the department?	This policy will impact positively on the safeguarding children agenda and partner agencies. It has been endorsed by the Hertfordshire Safeguarding Children Board Policy and Procedure sub-group		

**Appendix 4: Flow chart for CCG staff.**



**Any child/young person at immediate risk of harm advise to call 999**

## **Appendix 5: Questions for CCG Staff to consider - Information Sharing where safeguarding is a concern.**

Is there a clear and legitimate purpose for sharing information?

- Yes – see next question
- No – do not share

Do you have consent to share?

- Yes – you can share but should consider how
- No – see next question

Does the information enable an individual to be identified?

- Yes – see next question
- No – you can share but should consider how

Have you identified a lawful reason to share information without consent?

- Yes – you can share but should consider how
- No – do not share

### **How**

- Identify how much information to share
- Distinguish fact from opinion
- Ensure that you are giving the right information to the right individual
- Ensure where possible that you are sharing the information securely
- Where possible, be transparent with the individual, informing them that that the information has been shared, as long as doing so does not create or increase the risk of harm to the individual.

All information sharing decisions and reasons must be recorded in line with your organisation or local procedures. If at any stage you are unsure about how or when to share information, you should seek advice on this. You should also ensure that the outcome of the discussion is recorded.

## **Legislation and Guidance are not barriers to Information Sharing**

If you consider a child/young person to be at risk of/or is suffering abuse /neglect. Information must be shared with the relevant professionals.

