

**SAFEGUARDING CHILDREN AT RISK
AND
LOOKED AFTER CHILDREN

POLICY

2016**

DOCUMENT CONTROL SHEET

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Version	Date	Reviewer(s)	Revision Description
V1	8 th June 2015	Heather Moulder,	Initial draft of policy document
V2	10 th June	Cath Slater	Minor changes confirmed MASH information sharing
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Implementation Plan:

Development and Consultation	East & North Hertfordshire CCGs
Dissemination	As above
Training	Refer to Safeguarding Training Strategy for East & North Hertfordshire CCG
Monitoring	
Review	June 2018 (sooner if legislative change)
Equality and Diversity	01/ 06/2015 - Equality Impact Assessment 01/ 06/2015 - Privacy Impact Assessment
Associated Documents	<ul style="list-style-type: none"> ▪ HSCB Multi-agency policies and procedures
References	See Appendix One

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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 East & North Hertfordshire 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.

East & North Hertfordshire CCG works in partnership with other commissioners and providers of health and social care services, and statutory and voluntary organisations to improve outcomes for adults at risk, children and young people 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

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)* (updated 2015), 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 within 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 for the Hertfordshire Safeguarding Children Board (HSCB)

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 occasionally up to 25 years) who have been accommodated by the local authority under a voluntary sector 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)

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 joint 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 and children looked after.
- Safe working practices including recruitment, vetting procedures and managing allegations;
- Effective interagency working, including effective information sharing.

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

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. PHE can access specialist safeguarding advice from the CCG Designated Team

NHS East & North Hertfordshire

The ultimate accountability for safeguarding sits with the Chief 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 and Child Sexual Exploitation.

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 Children Board.
- 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 HSCB.
- 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 HSCB 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 and Looked After Children.
- 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

The two Hertfordshire CCGs working in partnership have secured three senior paediatricians and one 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 team. 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 HSCB.

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.

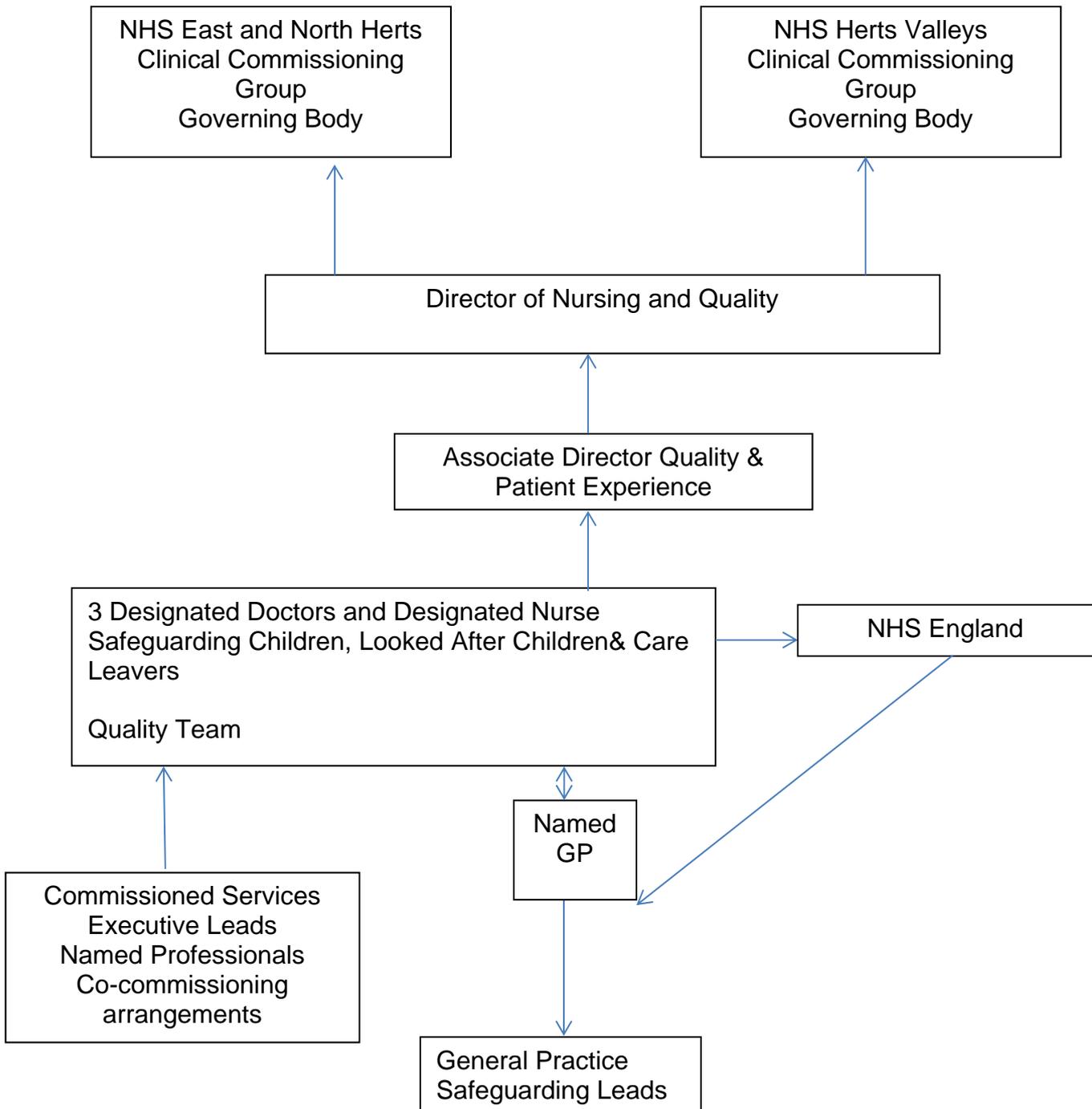
All NHS East & North Hertfordshire Staff

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 Safeguarding Team.

Staff must be aware of the Hertfordshire Safeguarding Boards processes 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.

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 HSCB and/or any other Safeguarding Children Board in conducting Serious Case Reviews and other case reviews in accordance with Chapter 4 (Learning and Improvement Framework) Working Together to Safeguard Children 2015

Designated professionals coordinate 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 SCR panel.

The Director of Nursing and Quality ensures for those recommendations where there are commissioning implications these 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 are required for their staff to be cognisant of the HSCB and Multi Agency Safeguarding Hub (MASH) information sharing policies. Confidential information about a child should never be used casually in conversation or shared with any person other than on a 'need to know basis'.

Personal information is subject to the principles of the Freedom of Information Act 2000, the Data Protection Act 1998, the Human Rights Act 1998 and the common law doctrine of confidentiality.

However the Data Protection Act 1998 is not a barrier to sharing information. 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

There are some circumstances when staff may be expected to share information, for example, when abuse is alleged or suspected. Ensure that

any information sharing is necessary, proportionate, relevant, accurate timely and secure

Organisations hold information that in the normal course of events is regarded as confidential. 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.

The Caldicott principles around Information Sharing were revised in 2013 resulting in an additional principle -The duty to share information can be as important as the duty to protect patient confidentiality”.

“for the purposes of direct care, relevant personal confidential data should be shared among the registered and regulated health and social care professionals who have a legitimate relationship with the individual.”

It is recognised that there are certain situations when sharing of personal information is not just preferable, but vital. An example given of this is within public health medicine in order to identify people at risk during an outbreak of an infectious disease, or to carry out health improvement and research exercises

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.
- Working together to Safeguard Children (DoE 2013 updated 2015)
<http://www.workingtogetheronline.co.uk/index.html>
- Letter – David Nicholson letter July 2009 Safeguarding Children Declarations.
- When to suspect child maltreatment NICE 2009.
- Information Sharing Guidance (DCSF 2008).
Information Governance review DfE April 2013
- Data Protection Act 1998.
- 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: Caring for Looked After Children and Safeguarding Children Through the Commissioning of Services <input checked="" type="checkbox"/> Proposed <input type="checkbox"/> Existing Date of Completion: June 2015 Review Date: June 2018		Names & Titles of staff involved in completing the EIA: Heather Moulder Independent Consultant Beverly Mukandi (Deputy Designated Nurse Safeguarding Children) Beaulah Madziwa-Chizimba (LAC Specialist Nurse) 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		
<p>Title: Caring for Looked After Children and Safeguarding Children Through the Commissioning of Services</p> <p><input checked="" type="checkbox"/> Proposed <input type="checkbox"/> Existing</p> <p>Date of Completion: March 2015 Review Date: March 2018</p>	<p>Names & Titles of staff involved in completing the PIA: Heather Moulder Independent Consultant Beverly Mukandi (Deputy Designated Nurse Safeguarding Children) Beullah Madziwa-Chizimba (LAC Specialist Nurse) Mary Emson Designated Nurse</p>		
2. Details of the Policy. Who is likely to be affected by this policy?			
<p><input checked="" type="checkbox"/> Staff <input checked="" type="checkbox"/> Patients <input checked="" type="checkbox"/> Public</p>			
	Yes	No	Please explain your answers
<p>Technology Does the policy apply new or additional information technologies that have the potential for privacy intrusion? <i>(Example: use of smartcards)</i></p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<p>Identity 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></p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<p>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?</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<p>Multiple Organisations Does the policy affect multiple organisations? <i>(Example: joint working initiatives with other government departments or private sector organisations)</i></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>Data 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></p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<p>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?</p>	<p>This policy will impact positively on the safeguarding children agenda and partner agencies. It has been endorsed by the Hertfordshire Safeguarding Children Board</p>		

