NHS
North Hampshire
Clinical Commissioning Group

SAFEGUARDING CHILDREN POLICY

CLIN-008 Version 4.10

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Combined Policy for the Hampshire 5 CCGs

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Policy statement:	North Hampshire Clinical Commissioning Group has a statutory duty to safeguard and promote the welfare of children and young people. This safeguarding children policy outlines corporate and individual responsibilities in accordance with legislation, guidance and standards
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Amend No	Issued	Page(s)	Subject	Action Date
1	September 2016	11 -14 – section 4.6	Additional information included within the Policy to highlight additional forms of child abuse and child protection concerns. This includes FGM, Radicalisation and Missing, Exploited and Trafficked (MET) children.	September 16
2	May 2017	13	New Definition for Child Sexual Exploitation (CSE)	May 2017
3				
4				

Review Log:

Include details of when the document was last reviewed:

Version Number	Review Date	Name of Reviewer	Ratification Process	Notes
3	August 2015	Designated Nurses	• Clinical Quality Working Group • Integrated Governance Committee • Governing Body: September 2015	Full review
4	13 September 2016	Designated Nurses	• Quality Committee	Addendums

SAFEGUARDING CHILDREN POLICY

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SAFEGUARDING CHILDREN POLICY

1. EXECUTIVE SUMMARY

This policy represents the statutory safeguarding and looked after children responsibilities for North Hampshire Clinical Commissioining Group (CCG) to ensure effective discharge of their duty to improve the health of the whole children's population which includes safeguarding and promoting the welfare of children and young people. The term "safeguarding children" from this point forward refers to all children including looked after children(LAC).

It provides guidance to the CCG, staff and their Commissioning Support Services (CSU) and strengthens local safeguarding assurance arrangenents 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.

The CCG is expected to ensure that clear arrangements are in place with health providers which safeguard and promote the welfare of children and young people.

1.1 Statutory Responsibility

1.1.1 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 authorities area, which includes protection from harm and neglect.

1.1.2 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.

1.1.3 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).

1.1.4 The Children Act (1989) Section 17 requires NHS England, CCGs, NHS Trusts and Foundation Trusts to co-operate with the Local Authority in helping children in need of support.

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

1.1.6 The NHS England safeguarding Vulnerable People in the NHS- Accountability and Assurance Framework 2015, pulls together the statutory responsibilities of the NHS and identifies the arrangements required by NHS to ensure vulnerable people are safeguarded

1.1.7 Promoting the health and wellbeing of looked after children (2015) statutory guidance lays out the responsibilities for local authorities, clinical commissioning groups and NHS England highlighting what they must have regard to in relation to looked after children.

2. INTRODUCTION & PURPOSE

2.1 North Hampshire Clinical Commissioning Group (CCG) has a statutory duty to safeguard and promote the welfare of children and young people. This safeguarding children policy outlines corporate and individual responsibilities in accordance with legislation, guidance and standards.

2.2 Section 11 of the Children Act 2004 places a duty on key persons and bodies to make arrangements to ensure that in discharging their functions, they have regard to the need to safeguard and promote the welfare of children. Section 11 identifies a range of agencies to which this duty applies, including NHS bodies.

2.3 North Hampshire CCG is committed to the principle that safeguarding is everyone's responsibility and promoting the safety and welfare of children and young people, pre-birth to 18 years of age. This includes all CCG commissioned services across the health economy in Hampshire and is in accordance with their duty under S11 of the Children Act 2004.

2.4 It is essential that staff at all levels of the organisation have access to appropriate advice and support to enable them to identify and respond to concerns about children's safety and wellbeing whether through direct contact with children and their families or through the contracting process.

2.5 Safeguarding children is a multi-agency activity and is dependent upon partnership working with other statutory and non-statutory agencies. It is essential therefore that this policy is referred to in conjunction with:

- Hampshire, Isle of Wight, Portsmouth and Southampton Local Safeguarding Children Boards 'Child protection Procedures' (http://www.4lscb.org.uk/)
- The Vulnerable Adults Safeguarding Policy
- The NHS Continuing Health Care and Funded Nursing Care Team Operational Policy.

This document should be read in conjunction with:

- Working Together to Safeguard Children, Department for Education, 2015
- Statutory guidance on making arrangements to safeguard and promote the welfare of children under Section 11 of the Children Act 2004.
- Safeguarding children that go missing
- Safeguarding children and young people: roles and competences for health care staff; Intercollegiate document 2014
- Promoting the Health and Well-being of Looked after Children 2015
- Hampshire Joint Working Protocol for Safeguarding Children 2011
- NHS England Safeguarding Vulnerable People in the NHS-Accountability and Assurance Framework 2015.
- Looked after children: Knowledge, skills and competences for health care staff (2015)

3. SCOPE

3.1 This policy applies to all staff working within the CCG, whether directly employed or contracted. It applies to clinical and non-clinical staff whether they work with children, or with adults and regardless of whether they have direct contact with children and families.

3.2 The key principles are also applicable to all services commissioned by the CCG.

3.3 All managers must ensure their staffs are aware of, able to access this policy, and ensure its implementation in their line of responsibility and accountability.

3.4 The CCG is committed to all processes that safeguard children and young people and promote their welfare and aims to commission safeguarding

services that will ensure equal access to all children and young people, regardless of:

- Race, religion, first language or ethnicity
- Gender or sexuality
- Age
- Health status or disability
- Political or immigration status

3.5 A wide range of health professionals have a critical role to play in safeguarding and promoting the welfare of children and are in a strong position to identify welfare needs or safeguarding concerns regarding individual children, and where appropriate provide support.

4. DEFINITIONS

4.1 The legal definition of **'children'**, applies to those under 18 years of age. Children' applies to children and young people throughout this policy. This is significant as young people aged 16 and 17 years with safeguarding needs may be accessing 'adult' services.

4.2 Whilst **'unborn children'** are not included in the legal definition of children, intervention to ensure their future well-being is encompassed within safeguarding children practice. When safeguarding concerns arise in relation to young people aged 18 years and over, the North Hampshire CCG Safeguarding Adults policy should be consulted.

4.3 **Safeguarding children** and promoting the welfare of children is defined for the purpose of this policy as:

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

4.4 **Child protection** is an important part of safeguarding but refers specifically to the actions undertaken to protect children who are at risk of or suffering from significant harm.

4.5 Definition of categories of abuse are taken from statutory guidance

- **Physical abuse** may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms or deliberately induces illness in a child.

- **Emotional abuse** is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. This may involve the following:

    - Conveying to a child that they are worthless or unloved, inadequate or valued only insofar as they meet the needs of another person.
    - Not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.
    - Age or developmentally inappropriate expectations being imposed on children.
    - Interactions that are beyond the child's capability as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.
    - Seeing or hearing the ill treatment of another.
    - Serious bullying (including cyber bullying), causing children to feel frequently frightened or in danger, or the exploitation or corruption of children.

  Some level of emotional abuse is involved in all types of maltreatment of a child though it may occur alone.

- **Sexual abuse** involves forcing or enticing a child or young person to take part in sexual activities not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

    - The activities may include physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.
    - They may also involve non-contact activities such as involving children in looking at, or in the production of sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet).

- Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

- **Neglect** is the persistent failure to meet a child's basic physical and / or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

  - Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
  - Protect a child from physical and emotional harm or danger;
  - Ensure adequate supervision (including the use of inadequate care-givers); or
  - Ensure access to appropriate medical care or treatment,
  - It may also include neglect of or unresponsiveness to a child's basic emotional needs.

4.6 Some other forms of child abuse and child protection concerns with definitions include**:**

- **Female Genital Mutilation (FGM)** is illegal in England and Wales under the FGM Act 2003. It is a form of child abuse and violence against women. FGM comprises all procedures involving partial or total removal of the external female genitalia for non-medical reasons.

  FGM is usually carried out on young girls between infancy and the age of 15, most commonly before puberty starts. The procedure is traditionally carried out by a woman with no medical training. Anaesthetics and antiseptic treatments are not generally used, and the practice is usually carried out using knives, scissors, and scalpels, pieces of glass or razor blades. Girls may have to be forcibly restrained.

There are four main types of FGM:

- **Type 1 – clitoridectomy –** removing part or all of the clitoris.
- **Type 2 – excision –** removing part or all of the clitoris and the inner labia (lips that surround the vagina), with or without removal of the labia majora (larger outer lips).

- **Type 3 – infibulation –** narrowing of the vaginal opening by creating a seal, formed by cutting and repositioning the labia.
- **Other harmful procedures** to the female genitals, which include pricking, piercing, cutting, scraping and burning the area.

Section 5B of the 2003 Act introduces a mandatory reporting duty which requires regulated health professionals in England and Wales to report 'known' cases of FGM in under 18s which they identify in the course of their professional work to the police.

'Known' cases are those where either a girl informs the person that an act of FGM – however described – has been carried out on her, or where the person observes physical signs on a girl appearing to show that an act of FGM has been carried out and the person has no reason to believe that the act was, or was part of, a surgical operation

- **Missing, Exploited and Trafficked Children (MET)**

Definition of Missing or Being Absent:
To ensure that the appropriate action to promote a child's safety is taken when police receive a concern about a child having gone "missing" the police apply the following categories.

A **'missing'** person is defined as:

"Anyone whose whereabouts cannot be established and where the circumstances are out of character or the context suggests the person may be subject of crime or at risk of harm to themselves or another."

Those meeting this definition will actively be searched for, with a level of risk being assigned to each case.

An **'absent'** person is defined as a:

"Person not at a place where they are expected or required to be"
People categorised as such should not be perceived to be at any apparent risk. Cases classified as 'absent' will be monitored by the police and escalated to the missing person category if risk increases

What is Child Sexual Exploitation (CSE)?

Child sexual exploitation is a form of child sexual abuse. Sexual abuse may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet).

The definition of CSE is as follows:

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology (Department of Education , 2017).

Definition of Trafficked:

Human trafficking is defined as a process that is a combination of three basic components:

- Movement (including within the UK)
- Control, through harm/threat of harm or fraud
- For the purpose of exploitation

- **Children at risk of radicalisation (PREVENT)**

Radicalisation is defined as the process by which people come to support terrorism and extremism and, in some cases, to then participate in terrorist activity.

Extremism is vocal or active opposition to fundamental British values including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs.

Healthcare professionals may meet and treat children who are vulnerable to radicalisation. The key challenge for the health sector is to ensure that, where there are signs that someone has been or is being drawn into terrorism, healthcare workers can interpret those signs correctly, are aware of the support that is available and are confident in referring the child for further support (HM Government, 2011).

5. LEGAL FRAMEWORK

5.1 Safeguarding children is a shared responsibility and success depends upon effective joint working between agencies and professionals that have different roles and expertise. There must be constructive relationships at all levels, promoted and supported by:

- The commitment of senior managers and board members to safeguard children;
- Clear lines of accountability within the organisation for safeguarding children;
- Service developments that take account of the need to safeguard all service users and where appropriate, the views of service users;
- Staff training and professional development to enable staff to develop an understanding of their roles and responsibilities in relation to safeguarding children and those of other professionals and organisations;
- Safe working practices including recruitment and vetting procedures;
- Clear protocols and guidelines that support frontline staff in their safeguarding role;
- Effective interagency working including information sharing;
- Robust safeguarding supervision and support for frontline practitioners.

6. CCG SPECIFIC ROLES & RESPONSIBILITIES

6.1 The CCG Governing Body (GB)

The CCG “Accountable Officer” has the responsibility for ensuring that the health contribution to safeguarding, LAC and promoting the welfare of children is discharged effectively across the local health economy through the CCGs’ commissioning arrangements.

Within the CCG this role is supported through the Safeguarding lead Director and the designated professionals.

The CCG GB will seek assurance of the information it regularly receives relating to:

- Safeguarding performance of commissioned services
- Serious Case Reviews from Hampshire Safeguarding Children Board
- Local and National safeguarding issues
- Reports and papers regarding any specific issues requiring GB approval or decision
- Reports and issues from the Quality Committee that requires GB approval.

6.2 Chief Officer

- Is responsible for ensuring the CCG's contribution to safeguarding, LAC and promoting the welfare of children;
- Will ensure robust governance arrangements for safeguarding are in place;
- Will ensure safeguarding roles and responsibilities for all staff (directly employed or contracted) are clearly stated and included in staff induction training and at regular intervals appropriate to the role of the member of staff (as outlined in '*Working together to Safeguard Children'* HM Government 2013);
- Will ensure all contracted services have a safeguarding children policy in place;
- Will ensure safeguarding roles and responsibilities are explicit in all job descriptions and through CCG statement on the website;
- Will ensure that safeguarding children is integral to clinical governance and audit arrangements;
- Will ensure there are clear service standards in relation to safeguarding children in place and are monitored to provide assurance that safeguarding standards are met;
- Will ensure the CCG co-operates with the Local Authority in the operation of the Local Safeguarding Children Board (LSCB);
- Will ensure the CCG and all organisations with which there are contracting arrangements have safe recruitment processes in place.

6.3 Executive Directors for Quality and Safeguarding

- Will ensure management and accountability structures support safe and effective services in accordance with statutory, national and local guidance for safeguarding children.

6.4 GP executive leads for safeguarding children roles and responsibilities

As highlighted above the "Accountable Officer" is responsible for ensuring the safeguard of children in the CCG's area. This responsibility has been delegated to the Executive Nurse who is the safeguarding board lead for the CCG. This position is strengthened by the existence of a GP safeguarding lead on for the CCG governing body. The role and responsibilities include:

- To ensure the CCGs fulfil its statutory safeguarding and LAC duties and that safeguarding children remains a priority for the CCG
- Represents CCG membership GP practices on safeguarding children's issues
- Advises on safeguarding children's policies, procedures and training for primary care settings
- Ensures there is effective dissemination of safeguarding children guidance and policies to primary care
- Receives regular updates via the Hampshire Safeguarding Children's Team on cases within the CCG's boundaries
- Provides leadership for safeguarding children, particularly in primary care.
- Ensures that appropriate assurance is received from providers of services commissioned by the CCG
- Work closely with the Executive Nurse and the Hampshire Safeguarding Children's Team

6.5 Designated Professionals

- Provide advice to ensure the range of commissioned health services take account of the need to safeguard and promote the welfare of children;
- Provide advice on the monitoring of the safeguarding aspects of CCG contracts;
- Provide advice, support and clinical supervision to the named professionals in each provider organisation;
- Provide skilled advice to the LSCB on health issues;
- Play an important role in promoting, influencing and developing relevant training, on both a single and inter-agency basis, to ensure the training needs of health staff are addressed;
- Provide skilled professional involvement in child safeguarding processes in line with LSCB procedures; and
- Review and evaluate the practice and learning from all involved health professionals and providers commissioned by the Primary Care Trust as part of serious case reviews

6.6 Designated Professionals for Looked after Children

The CCGs must have arrangements in place for a Designated Doctor and Nurse for Looked after Children who will take a strategic lead in the health aspects of children in care, including:

- Advising commissioners regarding the needs of this population;
- Monitoring the quality of the health assessments, medical, nursing and CAMHS services available to the children and young people;
- Work with Local Authorities to improve the outcomes for this group.

6.7 Designated Paediatrician for Unexpected Child Deaths

- The CCGs are required to have a Designated Paediatrician for Unexpected Child Deaths. The role of the paediatrician is to:
- Ensure that relevant professionals (i.e. coroner, police and local authority social care) are informed of the death;
- Coordinate the team of professionals (involved before and/or after the death) which is convened when a child dies unexpectedly (accessing professionals from specialist agencies as necessary to support the core team);
- Convene multi-agency discussions after the initial and final initial post mortem results are available.

6.8 Named GP for Safeguarding Children

The named GPs for safeguarding children have a crucial role in ensuring that there are arrangements in place that supports the following:

- Good professional practice
- Access to expert safeguarding advice to colleagues:
- Robust training plans in place.
- Is responsible for gaining assurance of standards within GP practices on behalf of the CCGs.
- Is responsible for working closely with the Hampshire Safeguarding Children's Board (HSCB), through its sub groups to ensure GP practices engage and collaborate with the HSCB.
- Is responsible for undertaking work to support serious case reviews for primary care on behalf of the CCG.

6.9 Independent Contractors

Any independent contractors who deliver services directly to children, young people and their families should ensure that they:

- Access safeguarding children training in accordance with national and local guidance and competency frameworks.
- Act in accordance with the Local Safeguarding Children's Board Policies and Procedures.

6.10 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.

6.11 Responsibilities of Employees

- All employees of the CCGs, partner practices and contracted support services e.g. Clinical Support Unit (CSU), 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 Royal College of Paediatrics and Child Health (RCPCH) Intercollegiate Document (2010): Safeguarding Children and Young People: Roles and competencies for healthcare staff.
- Designated and named professionals are available for advice and support. If concerned arise about standards of services or children being put at risk, employees should be aware of the escalation process and polices (see section 5.12, 13 and Appendix A).

6.12 Management of Allegations against Staff

If it is alleged that an employee of the CCG may have caused harm to a child, it must be responded to and thoroughly addressed. There may be a concern that the member of staff may:

- Have behaved in a way that has harmed or may have harmed a child;

- Possibly committed a criminal offence against or related to a child;
- Behaved towards a child or children in a way that indicates he or she is unsuitable to work with children;
- Any allegation should be reported immediately to a Senior Manager within the organisation. The Designated professionals will work with senior managers and provide guidance regarding the safeguarding context of the allegation.
- It is in everyone's interest to resolve the cases as quickly as possible consistent with a fair and thorough investigation. Where it appears that a criminal offence may have been committed, the police should be contacted immediately by the appropriate Senior Manager;
- The Local Authority Designated Officer (LADO) must be informed within one working day of all allegations that come to an employer's attention or that are made to the police regarding an employee of the CCG that may have caused harm to a child. It is the responsibility of the Chief Officer, HR Director and the Designated Professionals to ensure the LADO is notified.

6.13 **Whistleblowing**

Safeguarding children is complex and can frequently be under review. It is important to remember that safeguarding is everyone's responsibility, and a culture exists where staff are able to raise concerns and whistle blow without fear, that there is an understanding of the need for staff support to achieve effective outcomes for vulnerable children.

6.14 **Individual CCG Staff Members**

Therefore staff must:

- Be alert to the potential indicators of abuse or neglect of children and know how to act on those concerns in line with local and national guidance;
- Take part in training so that they maintain their skills and are familiar with arrangements aimed at safeguarding children;
- Understand the principles of confidentiality and information sharing in line with local and national guidance;
- Seek advice and guidance from the Named/Designated professionals if unsure about how to act upon a concern about a child or parent/carer;
- Should escalate issues to relevant Operational and Senior Managers when professional disagreements arise in relation to the management of a safeguarding concern;

- Must keep accurate, contemporaneous records in accordance with professional and organisational policy.

6.15 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, including CRB checks for eligible staff and enhanced level checks where appropriate. Safeguarding children responsibility to be included within all staff job descriptions.

6.16 Learning and Development

Staff at all levels of the organisation should undertake relevant safeguarding training in accordance with the RCPCH Safeguarding Children and Young People: Roles and Competencies for Health Care Staff (2014). Explicit guidance is set out in the training strategy for safeguarding children.

6.17 Supervision

Supervision supports, assures and develops the knowledge, skills and values of an individual worker and provides accountability for decision-making. High quality supervision is the cornerstone of effective working with all children and young people.

- There are five main functions of Safeguarding supervision (See Appendix C). Difficulties and failure in any area could compromise effective Safeguarding of children.
- Each provider commissioned by the CCG is responsible for ensuring a robust safeguarding supervision model is in place.

The designated professionals provide supervision for named professionals. As part of this supervision process evidence submitted through the dashboard or Section 11 can be triangulated. A Supervision contract will be agreed between the Designated and Named professional.

6.18 Primary Medical Care

- The Hampshire 5 CCG's will work in close collaboration with the NHS England Wessex team to ensure clear accountability arrangements are in place to deliver the safeguarding and looked after children agenda across Primary Medical Care.
- To ensure that named GP's and designated professionals are able to work effectively, service level agreements and memorandums of understanding will be in place to provide clarity on the respective roles of the CCG's and Wessex area team

6.19 **GP Practices**

- GP practices must have a lead for safeguarding who must work closely with the CCG Named 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.
- West Hampshire CCG will hold a list of all GPs trained by Designated Professionals.

7. COMMISSIONING ARRANGEMENTS

- Ensure commissioning arrangements work in co-operation with Local Authority, NHS England and link to the priorities of the Local Safeguarding Children Board (LSCB);
- Each CCG should assure,through a shared model of commissioning led by the Associate Director for maternity and children's commissioning that the needs of children and young people 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 county.

8. 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.
- Ensure that Designated professionals have been consulted on all relevant contracts and service level agreements.

9. PARTNERSHIP WORKING

The Hampshire CCGs will ensure and fulfil the following:

- Will work collaboratively with West Hampshire CCG as the host CCG for safeguarding children and looked after children.
- Work with Local Authorities to commission co-ordinate and, where possible, integrate safeguarding services.
- Statutory membership of the LSCBs is required of NHS CB, CCGs, and local NHS Trusts/Foundation Trusts whose hospitals and other facilities are based within the Local Authority area.
- Will be members of the HSCB health sub group and work effectively with the other CCGs and providers to improve outcomes for children.
- 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 of local services to meet the needs of the child population.
- 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.
- Work in collaboration with partner agencies to ensure the effective commissioning of services to support the development and effectiveness of the multi-agency safegarding hubs.

10. SERIOUS CASE REVIEWS

The CCG has a statutory duty to work in partnership with the Local Safeguarding Children Board, and/or any other Safeguarding Children Board.

Regulation 5 of the Local Safeguarding Children Boards Regulations 2006 sets out the functions of LSCBs. This includes the requirement for LSCBs to undertake reviews of serious cases in specified circumstances. Regulation 5(1)(e) and (2) set out an LSCB's function in relation to serious case reviews, namely:

5 (1) (e) undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned. (2) For the purposes of paragraph (1) (e) a serious case is one where: (a) abuse or neglect of a child is known or suspected; and (b) either — (i) the child has died; or (ii) the child has been seriously harmed and there is cause for concern as to the way in which the authority, their Board partners or other relevant (Working Together 2015)

When the circumstances of a particular incident, including those in which a child may have died, raise serious concerns about inter-agency working to protect children from harm, the Local Safeguarding Children Board (LSCB) should undertake a Serious Case Review. The prime purpose of a Serious Case Review (SCR) is for agencies and individuals to learn lessons to improve the way in which they work both individually and collectively to safeguard and promote the welfare of children. The lessons learned should be disseminated effectively, and the recommendations should be implemented in a timely manner so that the changes required result, wherever possible, in children being protected from suffering or being likely to suffer harm in the future.

SCRs are not inquiries into how a child died or was seriously harmed, or into who is culpable. These are matters for coroners and criminal courts, respectively, to determine as appropriate. Nor are SCRs parts of any disciplinary inquiry or process relating to individual practitioners. Where information emerges in the course of a SCR indicating that disciplinary action would be appropriate, such action should be undertaken separately from the SCR process and in line with the relevant organisation's disciplinary procedures. SCRs may be conducted at the same time, but should be separate from disciplinary action. In some cases (for example, alleged institutional abuse) it may be necessary to initiate disciplinary action as a matter of urgency to safeguard and promote the welfare of other children (HSCB Joint Working protocol)

The process of a Serious Case Review (SCR) may require each agency to undertake an Individual Management Review (IMR) of their involvement with the child and if appropriate their family, or a report if the involvement with the child and family has been limited. The Individual Management Review should include

information about any recommendations and improvement actions that the agency should undertake.

The Designated Safeguarding Professionals will inform relevant agencies including the Care Quality Commission (CQC) and LAT when a Serious Case Review is commissioned.

All IMRs commissioned across the health economy will be submitted to the commissioners of service. It is expected that each provider organisation will have a robust sign off process by their board level lead and that reports received will have been subject to this scrutiny process. Designated professionals will have a role in quality assuring on behalf of the CCG.

The CCG will ensure that Designated and Named professionals are given sufficient time and necessary support to contribute to the SCR process.

The Designated safeguarding health professionals, on behalf of the commissioners, should review and evaluate the practice of all involved health professionals, and providers commissioned by the CCG area. Designated safeguarding health professionals also have an important role in providing guidance on how to balance confidentiality and disclosure issues to ensure an objective, just and thorough approach to identifying lessons in the IMR.

The CCG must ensure that the review, and all actions following the review, are carried out according to the timescale set out by the LSCB Serious Case Review Panel scoping and terms of reference.

Both Safeguarding Children's Board (HSCB & SSCB) QA&E and health groups will monitor the progress of identified recommendations and supporting action plans relevant to their board.

11. ANNUAL AND QUARTERLY REPORTING

11.1 Quarterly Reporting

Systems for collecting quarterly and annual evidence are in development in conjunction with commissioners and providers across Community, Acute and Mental Health Services. This will ensure that there is a both quantitative and qualitative data available which demonstrate how providers are moving towards

an outcomes based focus (Safeguarding Children Quality Assurance Framework 2013).

This is being developed in conjunction with the Quality Assurance frameworks for the LSCBs to demonstrate how outcomes have been improved for children through provider safeguarding activity.

11.2 **Annual Reporting**

The CCGs and all NHS Trusts or Foundation Trusts are required to publish an annual of safeguarding children. These reports can incorporate Section 11 assurance.

12. DISSEMINATION AND IMPLEMENTATION

Safeguarding Commissioning Policy is to be circulated to all staff and commissioners in Hampshire and their Commissioning Support Service. It will also inform the contracting process with commissioned services. The policy will be included in the documents library on the intranet.

13. APPROVAL AND RATIFICATION PROCESS

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

14. EQUALITY ANALYSIS

An impact assessment has been undertaken as part of the development of this policy (Appendix A).

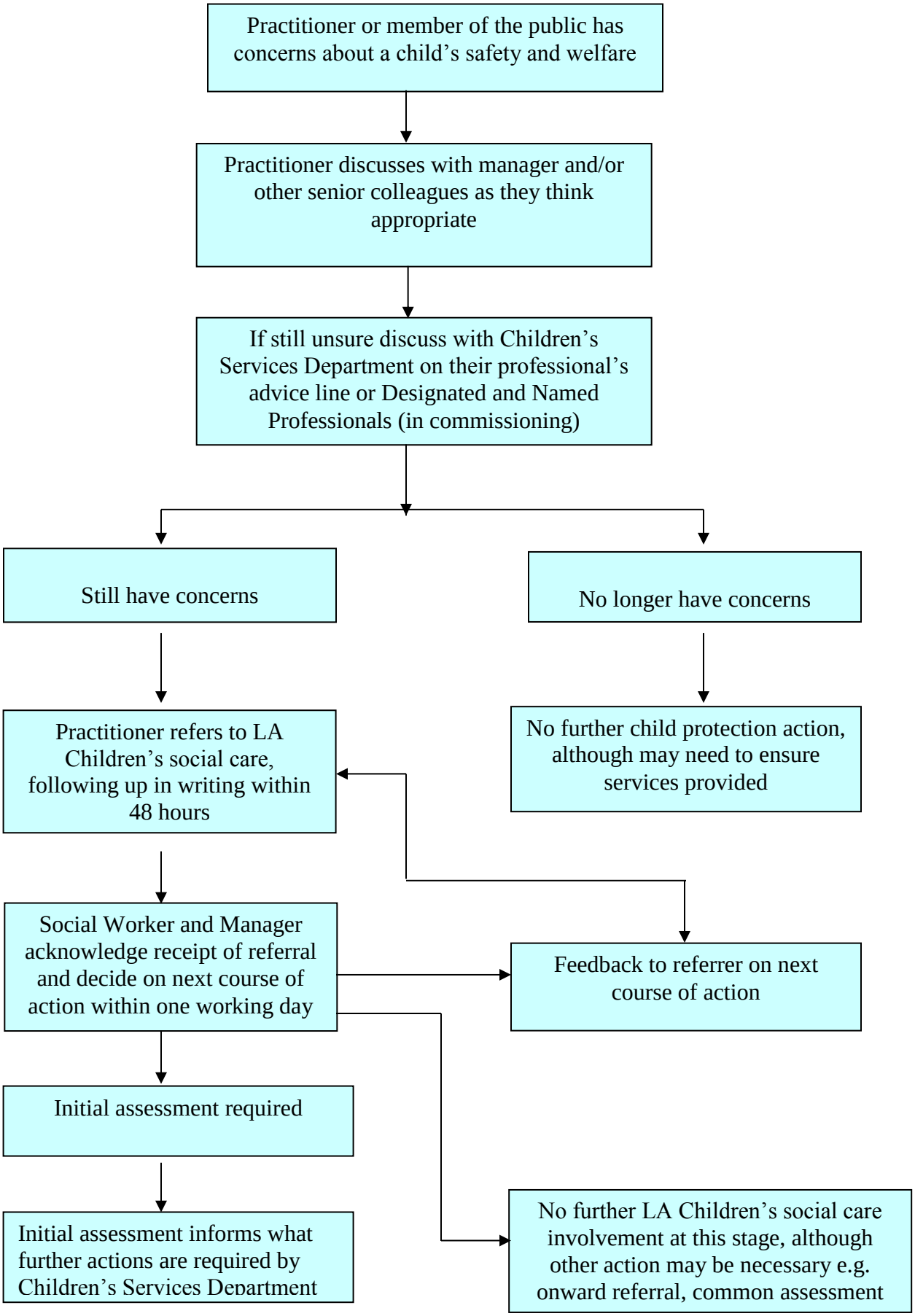
15. SUCCESS CRITERIA/MONITORING THE EFFECTIVENESS OF THE POLICY

15.1 The effectiveness of this policy will be assessed in a number of ways: through planned organisational audits, through investigation of serious incidents, complaints and allegations that are undertaken by North Hampshire CCG, LSCBs or other authorised bodies. The policy will be amended as necessary in the light of learning from such reviews.

16. REVIEW

16.1 This document may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed after twelve months and thereafter on a bi-annual basis.

APPENDIX A - Flow Chart Referral: What to do if you are concerned about a child's safety



APPENDIX B

Analysing the Impact on Equality

1.	**Title of policy/ programme/ framework being analysed** Safeguarding Children: Operational Policy
2.	**Please state the aims and objectives of this work and the intended equality outcomes. How is this proposal linked to the organisation's business plan and strategic equality objectives.** The policy is intended to support equality for vulnerable groups. The policy supports the strategic objectives and the business plan related to high quality care in commissioned services.
3.	**Who is likely to be affected? e.g. staff, patients, service users, carers** The policy gives guidance to staff, aims to protect patients and carers and respond to allegations of harm.
4.	**What evidence do you have of the potential impact (positive and negative)?** **Step one: Gather evidence** – Completion of mandatory training by all staff and all staff being clear about their responsibilities and how to raise a concern in line with this policy. Commissioned services can demonstrate adherence to the Pan Hampshire Safeguarding Children Board Policy and can demonstrate learning from serious case reviews and incidents. As staff are trained and awareness of safeguarding issues is enhanced, reporting of abuse is likely to increase. **Step two: Consider the impact** – All children and young people identified as being vulnerable and experiencing abuse and neglect will receive an equitable service through the safeguarding process.
4.1	**Disability** (Consider attitudinal, physical and social barriers) As above
4.2	**Sex** (Impact on men and women, potential link to carers below) As above
4.3	**Race** (Consider different ethnic groups, nationalities, Roma Gypsies, Irish Travellers, language barriers, cultural differences). As above
4.4	**Age** (Consider across age ranges, on old and younger people. This can include safeguarding, consent and child welfare). This policy applies to all children under 18 years of age.
4.5	**Gender reassignment** (Consider impact on transgender and transsexual people. This can include issues such as privacy of data and harassment).

	The policy is inclusive
4.6	**Sexual orientation** (This will include lesbian, gay and bi-sexual people as well as heterosexual people). The policy is inclusive
4.7	**Religion or belief** (Consider impact on people with different religions, beliefs or no belief) The policy is inclusive
4.8	**Marriage and Civil Partnership** The policy is inclusive
4.9	**Pregnancy and maternity** (This can include impact on working arrangements, part-time working, infant caring responsibilities). This policy doesn't impact on these arrangements
4.10	**Carers** (This can include impact on part-time working, shift-patterns, general caring responsibilities, access to health services, 'by association' protection under equality legislation)**.** The Pan Hampshire Safeguarding Children Board Child Protection Policy and procedures identifies that children and young people may be carers depending on individual circumstances which may make them vulnerable to abuse and neglect. The safeguarding policy supports the Pan Hampshire policy.
4.11	**Additional significant evidence (See Guidance Note)**
5.	**Action planning for improvement (See Guidance Note)**

Sign off
Name of person who carried out this analysis
Date analysis completed

Appendix C- Five main functions of safeguarding supervision

- **Clinical/Reflective practice** - Critical evaluation of the assessment and planning for child and family

- **Managerial** – To ensure competent and accountable performance, management and practice appropriate for the professional role. This includes monitoring progress against agreed tasks and timescales, maintaining clarity and accountability, reviewing priorities and risk.

- **Developmental** - To ensure continuous professional development. This includes job related training, monitoring continual professional and managerial development, providing feedback on performance, acknowledging strengths and acting on capability issues.

- **Supportive** – To provide personal support for effective performance and offer help to manage any personal impact of their work. This also includes giving positive feedback as well as constructive criticism where necessary and helping staff to reflect on their contribution to the team, service and organisation.

- **Advocacy** – This may involve negotiations around roles and responsibilities and management of resource implications. It also includes escalation of concerns both in relation to individual cases and performance issues, dealing sensitively with complaints and opportunities for mediation if internal processes are not effective in resolving disputes.