



Crawley Clinical Commissioning Group



Horsham and Mid Sussex
Clinical Commissioning Group



Coastal West Sussex
Clinical Commissioning Group

CCG Safeguarding Policy

Version:	1.7
Ratified by:	CWS CCG Quality Committee CWS CCG Governing Body CCE Crawley, Horsham & Mid Sussex CCG's Quality and Clinical Governance Committee
Date ratified:	11/08/2015 September 2015
Name of originator/author:	Designated Nurses – Adult and Child Safeguarding
Name of responsible committee/individual:	Coastal West Sussex CCG Quality Committee Crawley, Horsham & Mid Sussex CCG's Quality and Clinical Governance Committee
Date issued:	October 2015
Review date:	October 2017
Target audience:	All Clinical Commissioning Groups across West Sussex
Document status:	
Document location:	

Document History

Revisions:

Version	Created by	Date	Main Changes/Comments
1.0	N Cornford	January 2014	
1.1	N Cornford	February 2014	Changes by N Curthoys
1.2	S Smith	March 2014	Comments by A Hempstead
1.3	S Smith	March 2015	
1.4	A Morris	April 2015	
1.5	Karen Hughes	May 2015	
1.6	CWS Quality Committee	July 2015	Addition of Adults to page 11 section 8
1.7	N Ellis	October 2015	Updated hyperlinks

CCG Safeguarding Policy

This document applies to Clinical Commissioning Groups across West Sussex and provides them with a safeguarding policy which covers:

- **Introduction**
- **CCG safeguarding responsibilities**
- **Safeguarding children**
- **Looked After Children & Care Leavers**
- **Safeguarding adults**
- **Prevent**
- **Governance**
- **Training**

1. Summary

This policy sets out the organisation's key arrangements and responsibilities for safeguarding children and adults for West Sussex Clinical Commissioning Groups.

This policy aims to ensure that CCGs can help drive continued improvement in practice and achieve better outcomes for children and adults at risk of abuse and neglect. The policy aims to achieve that effective partnership arrangements are in place and to provide access to the necessary clinical expertise and advice for the population of West Sussex.

This policy should be read in conjunction with:

- Sussex Safeguarding Adults Procedures April 2015
- Pan Sussex Child Protection & Safeguarding Procedures (2013)
- Information Governance
- Risk Management Strategy Policy & Procedures
- Whistle Blowing Policy
- Working Together To Safeguard Children (2015)
- Safeguarding Adults: The Role of Commissioners DH (2011)
- Mental Capacity Act (2005) including 2011 amendments
- Deprivation of Liberty Safeguards: A Guide for Primary Care Trusts and Local Authorities DH (2009)
- NHS Commissioning Board 'Safeguarding Vulnerable People in the Reformed NHS'
- Sussex Multi-Agency Procedures to Support People who Self Neglect (2013)
- Counter Terrorism & Security Act (2015) currently before Parliament
- The Care Act (2014)
- Promoting the health and well-being of looked-after children: Statutory guidance for Local Authorities, Clinical Commissioning Groups and NHS England (2015)
- Looked after children: Knowledge, skills and competences of health care staff – INTERCOLLEGIATE ROLE FRAMEWORK (2015)

Please see Appendix 1 for links to the above policies and procedures.

Compliance with all CCG policies is a condition of employment. Breach of policy may result in disciplinary action.

2. Introduction

2.1 Safeguarding is central to the quality of care (NHS Outcomes Framework 2015/16¹), particularly:

Domain 4: Ensuring people have a positive experience of care.

Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm.

2.2 Safeguarding accountabilities of CCGs include:

- Plans to train staff in recognising and reporting safeguarding issues.
- A clear line of accountability for safeguarding, properly reflected in the CCG governance arrangements.
- Appropriate arrangements to co-operate with local authorities in the operation of Local Safeguarding Children Boards (LSCBs), Safeguarding Adult Boards (SABs) and Health and Wellbeing Boards.
- Securing the expertise of designated doctors and nurses for safeguarding children, for looked after children and a designated paediatrician for unexpected deaths in childhood.
- Having a safeguarding adults lead and a lead for the Mental Capacity Act, supported by the relevant policies and training².

2.3 A CCG's leadership arrangements for adult safeguarding includes responsibility for ensuring that the CCG commissions safe services for those in vulnerable situations, with effective systems for responding to abuse and neglect of adults and effective interagency working with local authorities, the police and third sector organisations. The CCG lead for safeguarding adults needs to have a broad knowledge of healthcare for older people, people with dementia, people with learning disabilities and people with mental health conditions.

2.4 The CCG will need to ensure that the designated clinical experts (children and adults) are embedded in the clinical decision making of the organisation, with the authority to work within local health economies to influence local thinking and practice. Designated professionals will be hosted in Coastal West Sussex CCG as the lead CCG for safeguarding in West Sussex. Service Level Agreements will ensure that a formal arrangement is in place to maintain effectiveness and compliance across all three CCGs in West Sussex.

2.5 The Care Quality Commission's (CQC) 'Essential Standards for Quality and Safety' (2010)³ sets specific outcomes for safeguarding and safety as a requirement for registration for all providers of NHS care. Commissioners have responsibilities to address failures of care in addition to the responsibilities of the CQC. Where the CQC takes enforcement action, commissioners have a key role in managing the impact this has on the local health economy.

2.6 The CCGs in West Sussex are the major commissioners of local health services and have a responsibility to ensure that all organisations with which they have a contract (including independent contractors) are carrying out their safeguarding roles and

¹ [The NHS Outcomes Framework 2015/16](#)

² [Accountability and Assurance Framework](#)

³ [Essential Standards of Quality and Safety 2010](#)

responsibilities through contracting quality arrangements. This is achieved through a range of monitoring processes including contract monitoring, quality schedules, assurance visits to providers' premises and compliance against the Sussex CCG's Safeguarding Standards Guidance.

2.7 Additional documents have been developed to support CCGs in meeting their obligations for safeguarding adults and children:

Safeguarding Strategy
Sussex CCG's Safeguarding Standards Guidance

3. Clinical Commissioning Group Responsibilities

3.1 Have due regard to National and local guidance for safeguarding children and adults.

3.2 Ensure that service plans/specifications/contracts/invitations to tender etc. include reference to the standards expected for safeguarding children and adults as set out in the Sussex CCG's Safeguarding Standards Guidance.

3.3 Provide very senior clinical leadership, acting as a local champion and advocate for safeguarding children and adults in CCG business and, in particular, in primary care.

3.4 Ensure that their staff, and those in services contracted by the CCG, are trained and competent to be alert to potential indicators of abuse or neglect in children and know how to act on their concerns and fulfil their responsibilities in line with multi-agency Safeguarding Board policies and procedures.

3.5 Ensure that any systems and processes that include decision making about an individual patient (e.g. funding panels) take account of the requirements of the Mental Capacity Act 2005; this includes ensuring that actions and decisions are documented in a way that demonstrates compliance with the Act.

3.6 Set safeguarding children and adults as a core requirement in commissioning health care.

3.7 Ensure a culture of listening to, and engaging in, dialogue with vulnerable groups, taking account of their wishes and feelings, both in individual decisions and the establishment or development and improvement of services.

3.8 Have processes in place to ensure they can make adult care placements (such as in care homes, nursing homes or independent hospitals) based on knowledge of standards of care and safeguarding concerns.

3.9 Maintain effective working relationships and partnership working with multi-agency safeguarding forums, e.g. LSCBs and SABs. The CCG will be a member of the respective Child and Adult Safeguarding Boards and will adhere to, and endorse, the multi-agency policies and procedures developed by those Boards.

4. Safeguarding Children

4.1 Safeguarding children is everyone's responsibility. Safeguarding and promoting the welfare of children is defined as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care, and
- Undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully. This includes taking action to enable all children to have the best outcomes.

4.2 West Sussex CCGs commit to fulfilling their duties regarding children's safeguarding, and to be an active partner of the West Sussex Local Safeguarding Children Board (LSCB) on local safeguarding arrangements, ensuring children have consistent, safe and effective care.

4.3 Section 11 of the Children Act 2004⁴ 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. These bodies must make arrangements to ensure two things. Firstly, that their functions are discharged having regard to the need to safeguard and promote the welfare of children and, secondly, that the services they contract out to others are provided having regard to that need.

4.4 At an organisation or strategic level, this means having:⁵

- A clear line of accountability for the commissioning and/or provision of services designed to safeguard and promote the welfare of children
- A senior board-level lead to take leadership responsibility for the organisation's safeguarding arrangements
- A culture of listening to children and taking account of their wishes and feelings, both in individual decisions and the development of services
- Arrangements which set out clearly the process for sharing information with other professionals and with the Local Safeguarding Children Board
- A designated professional lead for safeguarding. Designated professional roles should always be explicitly defined in job descriptions and they should be given sufficient time, funding, supervision and support to fulfil their child welfare and safeguarding responsibilities effectively
- Safe recruitment practices for individuals whom the organisation will permit to work regularly with children, including policies on when to obtain Disclosure and Barring Service (DBS) checks
- Appropriate supervision and support for staff, including undertaking safeguarding training:
 - Employers are responsible for ensuring that their staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role

⁴ [Children Act 2004](#)

⁵ [Working Together to Safeguard Children 2015](#)

- Staff should be given a mandatory induction, which includes familiarisation with child protection responsibilities and procedures, which are followed if anyone has any concerns about a child's safety or welfare, and
- All professionals should have regular reviews of their practice to ensure they improve over time
- Clear policies in line with those from the LSCB for dealing with allegations against people who work with children

The above reflects the revised 'Working Together to Safeguard Children' guidance published in March 2015.

4.5 The CCG has a statutory duty to work in partnership with the Local Safeguarding Children Board, and/or any other Safeguarding Children Board, in conducting Serious Case Reviews in accordance with Chapter 4 – Learning and Improvement Framework of 'Working Together to Safeguard Children' (HM Government 2015). Additionally, the CCG should actively participate in audit and other partnership reviews aimed at driving improvements to safeguard and promote the welfare of children.

The CCG will ensure that designated and named professionals are given sufficient time and necessary support to participate in, and complete, reviews. 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.

The CCG Quality Committee / Quality and Clinical Governance Committee will monitor the progress of identified recommendations and supporting action plans for issues relating to the CCGs.

4.6 Looked After Children & Care Leavers

Most children become looked after as a result of abuse and neglect. Although they have many of the same health issues as their peers, the extent of these is often greater because of their past experiences. For example, almost half of children in care have a diagnosable mental health disorder and two-thirds have special educational needs. Delays in identifying and meeting their emotional well-being and mental health needs can have far reaching effects on all aspects of their lives, including their chances of reaching their potential and leading happy and healthy lives as adults. (DfE DH 2015)

In accordance with The Statutory Guidance for Promoting the Health & Wellbeing of Looked After Children (DfE DH 2015) The NHS has a major role in ensuring the timely and effective delivery of health services to looked-after children. The Mandate to NHS England, Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies and The NHS Constitution for England make clear the responsibilities of CCGs and NHS England to looked-after children (and, by extension, to care leavers).

In fulfilling those responsibilities the NHS contributes to meeting the health needs of looked-after children in three ways: commissioning effective services, delivering through provider organisations, and through individual practitioners providing coordinated care for each child.

Under the Children Act 1989, CCGs and NHS England have a duty to comply with requests from a local authority to help them provide support and services to looked-after children.

Local authorities, CCGs and NHS England can only carry out their responsibilities to promote the health and welfare of looked-after children if they cooperate. They are required to do so under section 10 of the Children Act 2004.

The Health and Social Care Act 2012 places a legal duty on CCGs to work with local authorities to promote the integration of health and social care services. The Government's Mandate to NHS England includes an explicit expectation that the NHS, working together with schools and children's social services, will support and safeguard looked-after children (and other vulnerable groups) through a more joined-up approach to addressing their emotional, mental and physical health needs.

Every local authority should have agreed local mechanisms with CCGs to ensure that they comply with NHS England's guidance on establishing the responsible commissioner in relation to secondary health care when making placement decisions for looked-after children and to resolve any funding issues that arise.

4.7 At an organisation or strategic level, this means that the CEO of the commissioning bodies:

- Must provide strategic leadership, promote a culture of supporting good practice with regard to looked after children within their organisations and promote collaborative working with other agencies.
- Has a responsibility to appoint an Executive Director lead for looked after children.
- Ensures that there is appropriate access to advice from Named and Designated professionals for looked after children.
- Ensure that operational services are resourced to support/respond to the demands of safeguarding/child protection needs of looked after children effectively.

4.8 Looked After Children and Care Leavers – Definition

In England and Wales the term 'looked after children' is defined in law under the Children Act 1989. A child is looked after by a local authority if he or she is in their care or is provided with accommodation for more than 24 hours by the authority.

Looked after children fall into four main groups:

- Children who are accommodated under voluntary agreement with their parents (section 20);
- Children who are the subject of a care order (section 31) or interim care order (section 38);
- Children who are the subject of emergency orders for their protection (section 44 and 46);
- Children who are compulsorily accommodated. This includes children remanded to the local authority or subject to a criminal justice supervision order with a residence requirement (section 21).

The term 'looked after children' includes unaccompanied asylum seeking children, children in friends and family placements, and those children where the agency has authority to place the child for adoption.

It does not include those children who have been permanently adopted or who are on a special guardianship order.

The Children (Leaving Care) Act 2000 states that a Care Leaver is someone who has been in the care of the Local Authority for a period of 13 weeks or more spanning their 16th birthday. CCG's should ensure that there are effective plans in place to enable Looked After Children aged 16 – 17 to make a smooth transition into adult hood. (Dfe DH 2015)

4.9 Designated Professionals for Looked After Children

The Designated Doctor and Designated Nurse for Looked After Children are statutory roles that have a responsibility to assist CCG's in fulfilling their responsibilities as commissioners. Providing strategic and clinical advice and leadership to the both CCG and Local Authority regarding how to improve the health of looked after children; (RCN & RCPH 2015) (DfE DH 2015)

5 Safeguarding Adults

5.1 Prevention and effective responses to neglect, harm and abuse is a basic requirement of modern health care services. Safeguarding adults involves a range of additional measures taken to protect people in the most vulnerable circumstances.

5.2 People have fundamental rights contained within the Human Rights Act 1998.⁶ Commissioners, as public bodies, have statutory obligations to uphold these rights and protect patients who are unable to do this for themselves. Other legislation particularly relevant to safeguarding adults includes:

- Equality Act 2010
- Mental Capacity Act 2005
- Safeguarding Vulnerable Groups Act 2006
- Mental Health Act
- NHS Act 2006

5.3 Safeguarding adults includes:

- Prevention of harm and abuse through commissioning and the provision of high quality care
- Effective responses to allegations of harm and abuse in line with local multi-agency procedures
- Using learning to improve services to patients

⁶ [Human Rights Act 1998](#)

5.4 The Department of Health has identified six principles of adult safeguarding that provide a foundation to achieve good outcomes for patients:

Principle 1	-	Empowerment
Principle 2	-	Protection
Principle 3	-	Prevention
Principle 4	-	Proportionality
Principle 5	-	Partnership
Principle 6	-	Accountability

The CCG will embrace the six principles of safeguarding as a thread of good practice running through all activities when discharging its duties at all levels of the organisation.

5.5 There are six fundamental actions expected of NHS commissioners for safeguarding adults:

- Safeguarding adults is a fundamental part of the commissioning strategy
- Systems and processes are in place that set safeguarding adults into all parts of the commissioning cycle
- Systems and processes are in place that enables assurance to be sought as to the appropriateness of providers' safeguarding arrangements, and to address failures of care with providers. Ensure contracts are clear and detailed in respect of the service specification and provider duties in respect of safeguarding adults.
- A strong leadership (strategic and operational) and a safe, competent and capable workforce.
- To work collaboratively with the Local Safeguarding Adult Board, patients and key partner agencies to create safeguards for patients.
- To ensure accountability and use learning to bring about improvement

5.6 The Care Act 2014 sets out the responsibilities for CCGs as statutory members of the local Safeguarding Adults Board and other NHS bodies for multi-agency working to safeguard adults. Whilst it is the local authority that is the lead agency, other agencies (health, police and housing), have responsibilities with regard to safeguarding adults. The Department of Health Guidance 'Safeguarding Adults: The Role of Commissioners' (March 2011)⁷ sets the expectation that NHS commissioners must work proactively with all contractors and service providers to ensure safeguarding arrangements are in place that maintain the safety and wellbeing of those adults who are contractually under the care of the NHS.

5.7 West Sussex CCGs need to demonstrate that they are meeting responsibilities to safeguard and promote the welfare of adults. In addition, they need to demonstrate that they are supporting and complying with West Sussex Safeguarding Adults Board policies and procedures.

6 Prevent

6.1 The *Prevent* Strategy⁸ seeks to stop people becoming terrorists or supporting terrorism. It is the preventative strand of the Government's counter-terrorism strategy and is the area which requires local authorities and other statutory agencies, and voluntary and community organisations, to work together.

⁷ [Safeguarding Adults: The Role of NHS Commissioners](#)

⁸ [Building Partnership, Staying Safe](#)

6.2 The revised *Prevent* strategy was published by the Home Office in June 2011. The principles are aligned to the safeguarding process. *Prevent* highlights the importance for healthcare staff to work in partnership with other agencies.

6.3 There are 3 key objectives:

- Respond to the ideological challenge of terrorism and the threat from those who promote it.
- Prevent individuals from being drawn into terrorism and ensure that they are given appropriate advice and support.
- Work with sectors and institutions where there are risks of radicalisation that we need to address.

6.4 The Organisation has an identified PREVENT lead who acts as a single point of contact for the health regional *Prevent* co-ordinators, and is responsible for implementing *Prevent* within their organisation.

7 Governance

7.1 Working Together to Safeguard Children (2015) sets out how organisations and individuals should work together to safeguard and promote the welfare of children, and the duty on all agencies, under Section 27 and Section 47 of the Children Act 1989, and Section 10 and Section 11 of the Children Act 2004, to make arrangements to safeguard and promote the welfare of children. Organisations must, by law, have procedures under which staff can raise concerns about possible abuse within the organisation without themselves feeling victimised ('whistleblowing'). Please refer to the CCG Whistleblowing Policy and Constitution.

7.2 The Care Act 2014 puts safeguarding adults on a legal footing and sets out how organisations and individuals should work to safeguard adults from abuse. Each local authority must have a Safeguarding Adults Board with core membership from the local authority, the police and the NHS (specifically the local Clinical Commissioning Groups) and the power to include other relevant bodies. Each of the board members must have a Designated Safeguarding Adults Manager with the responsibility of providing expertise and oversight when managing concerns related to people working within their organisation.

7.3 The Sussex CCG's Safeguarding Standards Guidance has been developed to ensure all commissioned services are aware of their responsibilities to ensure effective safeguarding arrangements.

8 Training

8.1 All health organisations have a legal duty under Section 11 of the Children Act 2004 to ensure that their staff, and staff employed by services they commission to deliver health services, are trained to be alert to potential indicators of abuse and neglect of children, and to be able to respond appropriately to their role in addressing such concerns for the care and safety of a child. A bi-annual audit of the health economy's safeguarding arrangements and Section 11 responsibilities is undertaken by the Local Safeguarding Children Board.

- 8.2 The Intercollegiate Document 'Safeguarding Children and Young People: Roles and Competencies for Health Care Staff'⁹ provides clear guidance on the competencies required for all healthcare staff in order to safeguard children and young people.
- 8.3 The training for safeguarding adults is underpinned by The Care Act 2014. This guidance requires statutory, voluntary and independent sector agencies to work together to produce policy, guidance and training about working with adults in need of safeguarding, including Mental Capacity Act and domestic abuse competencies.
- 8.4 CCGs must ensure that staff within the organisation are trained in safeguarding to a level commensurate to their roles, and identified through regular performance appraisal.
- 8.5 CCGs must ensure that staff within the organisation receive *Prevent* awareness training appropriate to their role using the NHS England Prevent Training and Competences Framework

⁹ [Safeguarding Children and Young People: Roles and Competencies for Health Care Staff](#)

Appendix 1

- Coastal West Sussex CCG Whistleblowing Policy



Whistleblowing_policy_2012_07.pdf

- Horsham & Mid Sussex and Crawley CCG Whistleblowing Policy
[Whistleblowing Policy](#)

- Sussex Safeguarding Adults Policy and Procedures (2015)
[Pan-Sussex adult safeguarding procedures](#)

- Pan Sussex Child Protection & Safeguarding Procedures (2015)
<http://pansussexscb.proceduresonline.com/index.htm>

- Coastal West Sussex CCG Information Governance,



Information_Governance_Policy_CWS_CC

- Crawley CCG and Horsham & Mid Sussex CCG Information Governance



IG05 Information Governance Policy v3

- Crawley CCG and Horsham & Mid Sussex CCG Risk Management Policy



Risk_Management_Policy[1].pdf

- Coastal West Sussex Risk Management Policy



RiskManagementPolicyV2.0docx.pdf

- Working Together to Safeguard Children (2015)
[Working Together to Safeguard Children 2015](#)

- Safeguarding Adults: The Role of Commissioners DH (2011)
[Safeguarding Adults: The Role of NHS Commissioners](#)

- Mental Capacity Act 2005
[Mental Capacity Act \(2005\)](#)

- Deprivation of Liberty Safeguards: A Guide for Primary Care Trusts and Local Authorities DH (2009)
[DoLS: Guide for Primary Care Trusts and Local Authorities DH \(2009\)](#)
- NHS England 'Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework'
[Accountability and Assurance Framework](#)
- Sussex Multi-Agency Procedures to Support People who Self Neglect (2013)
[Sussex Multi-Agency Procedures to Support People who Self Neglect \(2013\)](#)
- Counter Terrorism and Security Act 2015
[Counter Terrorism and Security Act 2015](#)
- The Care Act 2014
[Care Act 2014](#)
- Looked after children: Knowledge, skills and competences of health care staff INTERCOLLEGIATE ROLE FRAMEWORK (RCGP RCN RCPCH March 2015)
[http://www.rcpch.ac.uk/system/files/protected/page/Looked After Children 2015 0.pdf](http://www.rcpch.ac.uk/system/files/protected/page/Looked%20After%20Children%202015%200.pdf)
- Promoting the health and well-being of looked-after children
Statutory guidance for local authorities, clinical commissioning groups and NHS England (DfE DH 2015)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked-after_children.pdf