Safeguarding Children Through Commissioning		NHS Tower Hamlets Clinical Commissioning Group
Number: THCCGQ133	Version: 3- 2016	

Executive Summary	This policy '**Safeguarding Children through Commissioning Policy**' sets out the responsibilities of NHS Tower Hamlets CCG and NEL Commissioning Support Unit as commissioners of services for safeguarding and promoting the welfare of children. As such this policy should be used to inform the Commissioning Strategic Plan. The policy is to describe in detail the safeguarding responsibilities of providers - and to act as a schedule of service standards to be attached to contracts. Providers' adherence to these standards is monitored on a quarterly basis through Safeguarding Children dashboards.
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Who has been consulted?	Tower Hamlets CCG Safeguarding Children and Commissioning Group 9/2/2016 CSU leads
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With what standards does this document demonstrate compliance?	CQC outcome 7 for safeguarding and safety Legislative duties under the Children Acts of 1989 and 2004 CCG Authorisation Requirements for safeguarding children
References and associated CCG documentation	NHS Tower Hamlets CCG Constitution THCCG Safeguarding Children Policy

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Is this document fit for the public domain? Y / N	**Y**	**If No, why?**	N/A

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1.0 Purpose and scope

1.1 Purpose

1.1.1 There are two purposes to the Safeguarding Children through Commissioning Policy. Firstly the policy sets out the responsibilities of NHS Tower Hamlets Clinical Commissioning Group (THCCG) as commissioners of services for safeguarding and promoting the welfare of children. As such this policy should be used to inform the Commissioning Strategic Plan.

1.1.2 The second purpose of the policy is to describe in detail the safeguarding responsibilities of providers - and to act as a schedule of service standards to be attached to contracts. Providers' adherence to these standards is monitored on a quarterly basis through Safeguarding Children dashboards and quality review meetings.

1.1.3 This policy should be followed by any member of staff who is commissioning or decommissioning services for people in Tower Hamlets. It provides clear standards that should be addressed as part of a contract or service level agreement with any health service provider with which THCCG is engaged.

1.2 Scope

1.2.1 The Safeguarding Children through Commissioning Policy applies to contracts and service specifications with:

- the main providers of community healthcare, mental health and acute healthcare services;
- providers of primary care services;
- small-scale and specialist service providers;
- providers in the independent sector, third sector and social enterprises; and
- services that are jointly commissioned with partners where the CCG has the lead 'co-ordinating commissioner' role.

1.2.2 Where we have an associate role, we will seek to influence the lead co-ordinating partner to include the service standards in the contract and ensure effective monitoring and assurance arrangements. As a minimum all such contracts must comply with the provisions of section 11 of the Children Act 2004

1.2.3 This policy applies not only to services provided for children and young people, but also to those solely or primarily for adults. Adults may be parents or carers, cared for by children or young people or represent a danger to children.

1.2.4 This policy applies to services for those who are permanently resident in the area, to those only temporarily resident, as well as residents placed outside of the area e.g. looked after children.

1.2.5 The standards set out in this policy apply to all staff - permanent staff, agency workers, locums and other temporary staff, students, trainees and volunteers.

1.2.6 The policy does not describe the corporate safeguarding responsibilities THCCG and its staff. These wider responsibilities are set out in THCCG Safeguarding Children Policy.

2.0 Responsibilities

Party	Key responsibilities
Tower Hamlets Clinical Commissioning Group Governing Body	• THCCG has a statutory responsibility under section 11 of the Children Act 2004 to ensure its functions are exercised with a view to safeguarding and promoting the welfare of children and young people. THCCG Governing Body has ultimate strategic responsibility for ensuring this statutory responsibility is carried out, and for ensuring that in discharging their functions, commissioned services have regard to the need to safeguard and promote the welfare of children. • The Board is also responsible for ensuring that funding is available: ○ to enable the designated professionals to fulfil their roles and responsibilities effectively ○ to contribute to each LSCB's budget, by agreement
Accountable Officer TH CCG	Responsible for ensuring that the health contribution to safeguarding and promoting the welfare of children is discharged effectively across the whole local health economy through THCCG commissioning arrangements.
Safeguarding Lead for Tower Hamlets Clinical Commissioning Group Governing Body	The Governing Body executive lead for safeguarding children has a responsibility for governance, systems and organisational focus on safeguarding children.
Director of Performance and Quality	• Ensure that all health providers from whom they commission services have comprehensive single- and multi-agency policies and procedures to safeguard and promote the welfare of children. These policies and procedures should be in line with, and informed by the *London Child Protection Procedures*, and be easily accessible for staff at all levels within each organisation • Ensure that clear criteria for safeguarding children are written into all procurement and contracting documentation • Ensure that safeguarding and promoting the welfare of children is discharged effectively across the whole local health economy through THCCG commissioning arrangements • Ensure that regular service level agreement monitoring arrangements with providers test whether robust safeguarding processes are in place • Ensure that all health agencies with whom they have commissioning arrangements are linked into LSCB and that there is representation from the agency and at an appropriate level of seniority • Ensure appropriate representation from within provider organisations on the relevant MARAC, MAPPA and other multi-agency risk assessment fora • Jointly commission services of Sexual Assault Referral Centres (SARCs) for those children and young people who are victims of rape and sexual assault

Party	Key responsibilities
Individual commissioners	• Ensure safeguarding children arrangements are integral to their contracts and service level agreements by amending the NHS Standard Contract as specified in para. 3.1.1 below • Ensures quality indicators are developed for all commissioned services • Ensures relevant information is provided to assure the CCG that these services are safe, accessible and effective
Designated Professionals	The designated safeguarding professionals take a strategic, professional lead on all aspects of the health service contribution to safeguarding children in THCCG. Their responsibilities include: • Sitting on the THCCG Safeguarding Children Commissioning Group and supporting the group to hold to account all healthcare providers for safeguarding and protecting the welfare of children across Tower Hamlets • Ensuring staff and commissioners are aware of best practice • Delivering training to commissioners to ensure they understand their safeguarding responsibilities • Providing advice on and interpreting the monitoring of the safeguarding elements of contracts and service level agreements with commissioned services • Monitoring and reporting on the implementation of this policy • Advising commissioners on commissioning, investment and service redesign decisions in relation to safeguarding • Leading on quality assurance and improvement issues
Designated Professionals for Looked After Children	Provide advice to the service planning and commissioning organisation and to the local authority • Ensure expert health advice on looked after children is available to children's social care, health care organisations, residential children's homes, foster carers, school nurses, clinicians undertaking health assessments and other health staff; • Work with health service planners and commissioners to ensure there are robust arrangements to meet the health needs of looked after children placed outside the local area and ensure close working relationships with Local Authorities • Work with local service planners and commissioners to advocate on behalf of and ensure looked after children benefit as appropriate from the implementation of wider health policies • Work with commissioners and providers to gain the best outcome for the child/young person within available resources. • Work with other professionals taking a strategic overview of the service to ensure robust clinical governance of local NHS services for looked after children • Contribute to local children and young people's strategies to ensure there is a system in place to check the implementation and monitoring of individual health plans • Advise and input into the development of practice guidance and policies for all health staff and ensure that performance against these is appropriately audited • Work with provider health organisations across the health community to ensure that appropriate training is in place to enable health staff to fulfil their roles and responsibilities for looked after children

Party	Key responsibilities
Tower Hamlets Clinical Commissioning Group Safeguarding Children and Commissioning Group	• Ensure clinical engagement in contract performance, negotiations and agreements • Assure THCCG Governing Body that the services it commissions, operates within national, regional and local parameters of expected quality and safety standards • Review and recommend to THCCG Governing Body and its committees, courses of action which will enable the improvement in the quality and standards of services. • Ensuring safeguarding is integral to commissioning arrangements • Monitoring these commissioning arrangements • Monitoring the performance of service providers • Supporting the providers, identifying safeguarding issues and solutions with them
CCG Programme Boards or Subgroups where each programme.	• Each Board/Subgroup ensures safeguarding children is reflected within their work plans

3.0 Definitions

3.1 This policy is to ensure consistency in the standard for safeguarding as written into the contract and monitoring processes. It provides detail on the key areas to be considered to establish, maintain and improve the safeguarding of children when commissioning services, as well as identifying key responsibilities in relation to this policy.

4.0 Safeguarding Children through Commissioning Policy

4.1 NHS Standard Contract

4.1.1 The following clauses within the NHS Standard Contract relate specifically to safeguarding children:

SC32 Safeguarding

4.1.2 The Provider has adopted and must comply with the Safeguarding Policies.

4.1.3 The Safeguarding Policies must be updated from time to time to comply with the local multi-agency policies and any Commissioner safeguarding requirements. At the reasonable written request of the Co-ordinating Commissioner, and by no later than 10 Operational Days following receipt of that request, the Provider must provide evidence to the Co-ordinating Commissioner that it is addressing any safeguarding concerns raised through the relevant multi-agency reporting systems.

4.1.4 If requested by the Co-ordinating Commissioner, the Provider must participate in the development of any local multi-agency safeguarding quality indicators and/or plan.

4.1.5 The Provider must nominate a Safeguarding Lead and a Prevent Lead and must ensure that the Commissioner is kept informed at all times of the identity of the Safeguarding Lead and the Prevent Lead

4.1.6 The Provider must include in its policies and procedures and comply with the principles contained in:

4.1.7 Prevent;

and

4.1.8 The Prevent Guidance and Toolkit.

4.1.9 The Provider must include in its policies and procedures a programme to deliver WRAP and sufficiently resource that programme with accredited WRAP facilitators.

4.1.10 To the extent applicable to the Services, and as agreed by the Co-ordinating Commissioner in consultation with the Regional Prevent Co-ordinator, the Provider must include in its policies and procedures, and comply with, the principles contained in Prevent and the Prevent Guidance and Toolkit, including in relation to the delivery of WRAP for staff and volunteers.

4.1.11 The providers of NHS unscheduled care services must make progress with their local partners, in implementing, or preparing for implementation of, the Child Protection Information Sharing Project CP-IS . Details of the Project are available at http://systems.hscic.gov.uk/cpis and an Information Standards Notice (ISN 1609)

The specific details in the NHS Standard Contract for 2015/16 relating to CP-IS are as follows:

- Service Condition-Page 32 Ref 32.8-The Provider must co-operate fully and liaise appropriately with third party providers of social care services in relation to, and must itself take reasonable steps towards, the implementation of the Child Protection-Information Sharing Project;
- Technical Guidance-Page 56 Ref 35.15-it is important that, wherever possible providers of NHS unscheduled care services makes progress, with their local partners during 2015/16 in implementing, or preparing for implementation of the CP-IS project. This initiative aims to link Local Authority social care IT systems with those NHS unscheduled care settings, so that health care practitioners have immediate access to the information that could help them to form a clear assessment of a child's needs.

4.1.12 This standard contract clause is subject to change, as such 'Providers' should be notified of any changes that do occur prior to the renewal of the contract with a view to the changes having immediate effect.

4.2 Service Level Agreements

4.2.1 Any local service level agreement or service specification that does not conform with the NHS Standard Contract should include within the clause above. It is not acceptable to include just a generic reference to safeguarding, or limit safeguarding requirements to Disclosure and Barring System (DBS) checks, but must include the generic statement for safeguarding children (Appendix 1) or an adaptation of the content to suit the context of the service so long as the requirements are covered (e.g the difference between acute service contracts and community service contracts)

1) Safeguarding children service standards:

4.2.2 The following service standards should be adhered to by all organisations providing services that have been commissioned by THCCG or on its behalf - except where otherwise indicated.

4.2.3 These organisations include:

- the main providers of:
  - mental health services;
  - acute hospital services; and
  - community health services.
- small-scale and specialist service providers, and providers in the independent sector, third sector and social enterprises.

4.2.4 It is acknowledged that these service standards are detailed and exacting, and that not all providers will be in compliance with all standards at the start of their contracts. Wherever possible, commissioners should offer advice, support and time to enable providers to comply with the standards and a time scale by which they will be expected to comply.

4.2.5 Before entering into negotiations with providers however, commissioners should consult the designated safeguarding professionals for their specialist advice. Additionally the designated professionals can provide advice and support directly to small-scale and specialist service providers, providers in the independent sector, third sector and social enterprises who don't meet core requirements.

4.3 Safer Recruitment

4.3.1 Commissioned organisations should:

- Have a policy document in place for safer recruitment practices that covers employment history and checks with the Disclosure and Barring System DBS, occupational health, registration and qualifications, and right to work. In NHS organisations the document should follow guidance issued by NHS Employers. The document should cover all staff - whether permanent, temporary, agency, contracted, self-employed or volunteer – and all roles including estates staff, staff granted practising privileges and volunteers who have contact with the people who use their service or who are undertaking a regulated activity as defined in the *Safeguarding Vulnerable Groups Act* 2006 and revisions related to the *Protection of Freedoms Act 2012*
- Have audit arrangements in place that check the policy is being implemented
- Ensure that interview panel members are 'appropriately experienced or trained in safer recruitment' (*Recruiting safely - Safer recruitment guidance helping to keep children and young people safe* Children's Workforce Development Council 2009)
- Comply with the requirements of the Disclosure and Barring Service (DBS)

4.4 Strategies, Policies and Procedures

4.4.1 Each organisation should have a clear framework with strategies, policies and procedures for safeguarding and promoting the welfare of children.

4.4.2 All strategies, policies and procedures should be joined-up with those of other local organisations and the Local Safeguarding Children Board and be informed by:

- *Working Together* (2013);
- the *London child protection procedures* (2010 or subsequent revisions);
- any relevant Care Quality Commission guidance;
- any relevant NHS England/ NHS England (London) guidance; and
- good practice guidance from any relevant professional body.

4.4.3 Strategies, policies and procedures should be comprehensive, effective and up to date with a specified review date. There should be a maximum of three years between the publication of a policy and its review. They should make clear the organisation's responsibility to protect from harm and abuse without exception, all children and young people regardless of gender, sexuality, disability, ethnicity, faith or cultural background. They should be easily accessible for staff at all levels within the organisation and should be given to all staff when they start their employment.

4.5 Scope and Content of policies

4.5.1 Each organisation should have documents that describe the following processes for:

- identifying and making referrals to children's social care;
- following up referrals to children's social care;

- dealing with children or young people who are at risk from domestic abuse, substance misuse and parental mental illness;
- ensuring that all patients – including those in adults only services - are routinely asked about dependents such as children, or about any caring responsibilities;
- following up children who miss outpatient appointments;
- ensuring that families with children in the resident population who are not registered with a GP are offered registration or assisted in doing gaining registration with a local GP;
- ensuring that if there have been concerns about the safety and welfare of children or young people, they are not discharged until authorized by the senior clinician (likely to be a consultant pediatrician) or equivalent professional lead under whose care they are, is assured that there is an agreed plan in place that will safeguard the children's welfare;
- handling suspected fabricated or induced illness;
- resolving cases where health professionals have a difference of opinion;
- outlining when Walk-in Centre and A&E staff should check whether a child is the subject of a child protection plan;
- providing 24 hour advice to staff on safeguarding issues; and
- linking with the local Child Death Overview Panel (CDOP)

4.5.2 The 'Provider' should show how it will achieve its aims for safeguarding and promoting the welfare of children this could be within a safeguarding children strategy or within a bundle of policies that address safeguarding issues. The provider should also provide details of the actions planned to ensure implementation of these aims and how all those involved in working to ensure children are protected from harm, have access to suitable advice and support.

4.6 Training

4.6.1 'All staff working in healthcare settings - including those who predominantly treat adults - should receive training to ensure they attain the competences appropriate to their role and follow the relevant professional guidance.

- Safeguarding Children and Young People: roles and competences for health care staff, RCPCH (2010).
- Looked after children: Knowledge, skills and competences of health care staff, RCN and RCPCH, (2012). Revised September 2014 (publication pending)
- Protecting children and young people: the responsibilities of all doctors, GMC (2012).

(*Working Together* 2013) (See appendix 2 for competencies by staff group and level of training)

4.6.2 Commissioned organisations should carry out an assessment of their staff's competences and needs in relation to the above guidance and ensure any gaps are met within their Personal Development Plan process.

4.6.3 If the organisation employs a Caldicott Guardian it is recommended that this person receives training at level 3. A Caldicott Guardian has senior-level responsibility for protecting the confidentiality of patient and service-user information and enabling appropriate information-sharing.

4.6.4 It is good practice for all professionals to receive a basic awareness session in domestic abuse, the Mental Capacity Act and the management of resistant / devious families.

4.6.5 Staff training and development should take account of local priorities and be aligned to the LSCB training and development programme. Services should develop their workforce to enable them to work flexibly across the boundaries of different agencies and disciplines. This will involve staff participating in inter/multi-agency training.

4.6.6 All organisations should:

- have a policy document easily accessible to staff at all levels within the organisation that details required skills and competencies for staff commensurate with their roles and responsibilities. The document should cover all staff - permanent, temporary, agency, contracted, self-employed or volunteers; and
- have a strategy document describing how this policy is to be achieved. This should be consistent with:

    - *the Common Core of Skills and Knowledge for the Children's Workforce* (2010)
    - *Suggested Learning Outcomes for Target Groups in Training and Development* (DCSF 2006)
    - the intercollegiate document, *Safeguarding Children and Young People: roles and competencies for healthcare staff* (September 2010)
    - Looked after children: Knowledge, skills and competences of health care staff intercollegiate role Framework (May 2012)

4.6.7 Both the policy and strategy documents should be comprehensive, effective and up to date with a specified review date. There should be a maximum of three years between publication and review.

- hold a database detailing the uptake of all staff training so employers can be alerted to unmet training needs and training provision can be planned;
- have in place a training programme that is appropriate to the role of staff and ensure that staff are released to attend the relevant training;
- ensure that at least 80% of relevant staff are up to date with the level of training they need at any one time;
- enable and ensure that staff have an annual update and a 3-yearly repeat of training as a minimum; and
- ensure staff are kept aware of any new guidance or legislation and any recommendations from local and national serious case reviews and internal management reviews.

4.7 Designated Professionals and Named Professionals

A. Designated Paediatrician for unexpected deaths in childhood

4.7.1 THCCG should employ, or have arrangements in place to secure the expertise of, consultant paediatricians whose designated responsibilities are to provide advice on:

- commissioning paediatric services from paediatricians with expertise in undertaking enquiries into unexpected deaths in childhood, and from medical investigative services; and
- the organisation of such services.

(***Working Together,*** **2013**)

4.7.2 Dependant on local arrangements this role may be filled by either;

1. A community paediatrician employed by an NHS acute trust, or
2. A designated doctor for safeguarding employed by NHS ELC

Additionally local arrangements may be in place that allows the designated paediatrician to provide advice for more than one LSCB.

B. Designated Professionals for Looked After Children

4.7.3 The *Statutory Guidance on Promoting the Health and Well-being of Looked after Children* (2009) requires that arrangements are in place for there to be a designated doctor and nurse for looked after children. Their role is to assist THCCG as commissioners to improve the health of looked after children and to provide strategic and clinical leadership and advice to the THCCG and the local authority, as well as ensuring the competencies of the local workforce are in line with the 'Intercollegiate Role Framework: Looked after children; Knowledge, skills and competences of health care staff (May 2012). THCCG are required to secure the expertise of the Designated Professionals for looked after children.

C. Named Professionals for Safeguarding

4.7.4 All commissioned services providing services for children should have proportionate coverage of named professionals: a named doctor and a named nurse – and a named midwife if the organisation provides maternity services. Clinical networks can provide an opportunity for sharing such resources.

4.7.5 The roles, functions, competencies and pay scales of named professionals should be as described in:

- the intercollegiate document, *Safeguarding Children and Young people: roles and competencies for healthcare staff* (September 2010); and
- *Safeguarding Children and Child Protection in Provider Trusts* (NHS London letter of 24 November 2010).

4.7.6 Organisations should provide protected time for report writing for their named professionals.

4.7.7 Organisations should enable access for their named staff to THCCG designated professionals for regular safeguarding children supervision, as well as for advice on complex issues or where concerns may have to be escalated and involve children's social care.

4.8 Accountability

4.8.1 The Chief Executive of any provider organisation takes ultimate responsibility for safeguarding within the organisation
There should be:

- a clear line of accountability within the organisation which includes all staff; and
- an identified individual who has overall responsibility for the agency's contribution to safeguarding and promoting the welfare of children.

D. Quality assurance

4.8.2 Commissioned organisations should:

- present to their Board regular performance and activity reports as well as an annual report on safeguarding children that is published as a public document (NHS Trusts only);
- make a public declaration of safeguarding children arrangements posted on its website and update this every 12 months (NHS Trusts only best practice requirement);
- submit a complete performance monitoring dashboard or other performance management data to THCCG or Commissioning Support Unit (CSU) acting on its behalf on a quarterly basis and in a timely manner;
- where applicable, provide assurance that they are registered with the Care Quality Commission (CQC) under the *Health and Social Care Act 2008 (Regulated Activities) Regulations 2010*, and the *Care Quality Commission (Registration) Regulations 2009*, and that they continue to meet the criteria for registration;
- comply with any requirements by the Department of Health, CQC or NHS England London to make performance management information publicly available;
- inform the designated professionals within THCCG about any requirements imposed on them by the CQC;
- provide the designated professionals within THCCG with the details of any referrals of allegations against staff to the Local Authority Designated Officer (LADO);
- be able to demonstrate that they are working towards meeting standard 5 of the Children's National Service Framework - with full compliance being achieved by 2014;
- Ensure there is representation on the provider's strategic safeguarding groups or committees by the Designated Professionals for THCCG or a representative from the group of designated professionals across the boroughs that the provider deals with (e.g for ELFT: Newham, Tower Hamlets

or City and Hackney. For Barts Health: Newham, Tower Hamlets or City and Hackney and Waltham Forest);

- Undertake regular audits on safeguarding arrangements:
    i. Record keeping;
    ii. Safer recruitment;
    iii. Core group & case conference attendance;
    iv. Child protection referrals;
    v. The impact on dependent children of treatment provided for adults;
    vi. The treatment of children in non-paediatric settings;
    vii. The effectiveness of the self-harm referral pathway;
    viii. The effectiveness of the alcohol misuse pathway;
    ix. Evaluation of safeguarding training and supervision; and
    x. Staff awareness and compliance with policies and procedures for meeting the health needs of LAC.

4.8.3 Other possible subject areas include sharing information, multi-agency liaison and staff understanding of the safeguarding policy and their responsibilities, areas identified by Ofsted/CQC joint inspections or related reviews.

- demonstrate that they have acted on recommendations from internal management reviews, serious case reviews and national inquiries
- demonstrate that they have in place arrangements as described throughout this policy
- ensure regular research-based safeguarding children supervision is provided for staff that have contact with children and young people

4.9 Managing Serious Incidents and Complaints

4.9.1 Commissioned organisations must have a document that describes how incidents and complaints are managed that relate to any aspect of safeguarding children. The document should include:

- a requirement to inform the senior management lead for safeguarding within the organisation;
- a requirement to inform the relevant named nurse and named doctor (applies to NHS Trusts only);
- a threshold for informing the relevant designated professionals within THCCG; and
- a process for staff to follow if they think an incident may meet the criteria of a Serious Incident (SI) (NHS Trusts only). Where the incident does meet the criteria, it must be immediately reported to THCCG via STEIS.

4.9.2 If advice is required, this should be sought from the organisation's named professionals where applicable.

4.10 Record keeping

4.10.1 Commissioned organisations should keep comprehensive and up to date data of safeguarding activity to include:

- safeguarding children supervision sessions;
- staff eligible for and up to date with the relevant level of safeguarding training;
- staff trained in safer recruitment practices;
- numbers of staff, caseload and vacancy rates in key clinical groups;
- presentations and admissions;
- audit schedules;
- details of Serious Case Reviews, Domestic Homicide Reviews and Serious Incidents involving children;
- allegations against staff and referrals to the Local Authority Designated Officer (LADO);
- safeguarding children Board reports; and
- safeguarding children issues raised on the corporate risk register.

4.10.3 This is not a complete list and other records may be required to be kept dependent on the nature of the service being provided.

4.10.4 Commissioned organisations should comply with Department of Health records retention schedules. There should be a clear process for transferring records when a child changes their address.

4.11 Procedures for responding to allegations against staff

4.11.1 Commissioned organisations should:

- have in place a procedural document that complies with the *London child protection procedures* for responding when allegations are made against people who work with children and young people
- have a named senior officer who has overall responsibility for:
  - ensuring the procedure is implemented
  - resolving any inter-agency issues
  - liaising with the LSCB
- inform the Local Authority Designated Officer (LADO) and the relevant designated safeguarding professional in THCCG immediately an allegation is made

4.12 Serious Case Reviews

4.12.1 Serious case reviews (SCRs) are reviews of the circumstances under which abuse or neglect of a child is known or suspected, and either:

- the child has died; or
- the child has been seriously harmed and there is cause for concern as to the way in which the local authority, their Local Safeguarding Children Board (LSCB) partners or other relevant persons have worked together to safeguard the child.

4.12.2 Commissioned organisations should also be aware of the need to report Serious Incidents (SIs) requiring investigation that involve children. They are required to:

- Report new SIs to THCCG as soon as possible after the SI has occurred (within 48 hours of identification of the incident occurring)

4.12.3 SCRs are conducted in accordance *Working Together to Safeguard Children* (2013 and chapter 19 of the *London child protection procedures* (2010). The purpose of SCRs 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. Decisions to conduct a SCR are normally made with a month of the incident ultimately it is for the LSCB chair to decide whether or not a SCR should be undertaken. The LSCB should aim for completion of an SCR within six months of initiating it. The final SCR Report is approved by the LSCB within this timescale unless an extension is granted.

4.12.4 As part of the SCR process, commissioned services undertake individual management reviews (IMRs) to look openly and critically at individual and organisational practice when requested by the LSCB. A health overview IMR is (an NHS England London requirement) and written by the designated professionals in THCCG, bringing together all the healthcare provider reports into a single document.

4.12.5 Named professionals within the main providers are usually responsible for conducting the organisation's reviews, except when they have had personal involvement in the case when it will be the responsibility of the provider to identify a suitably qualified professional to carry it out on the organisations behalf. The lead director supported by the named professionals should ensure that the resulting action plan is implemented.

4.12.6 Provider organisations should ensure that staff involved in cases subject to a SCR are supported and have sufficient time to write reports and attend interviews.

4.12.7 The designated professionals review and evaluate the practice of all involved health professionals, including GPs and providers. Completion of SCR recommendations against timescales forms part of THCCG commissioners' performance monitoring arrangements.

4.13 Domestic Homicide Reviews

4.13.1 Domestic Homicide Reviews (DHRs) are reviews of the circumstances in which the death of a person aged 16 or over has, or appears to have resulted from violence, abuse or neglect by:

- a person to whom they were related or had an intimate personal relationship with, or
- a member of the same household

4.13.2 When victims of domestic homicide are aged 16 -18 or when the victim of the homicide has children, a child SCR will normally take precedence over a DHR. The chairs of the Community Safety Partnership (the commissioning, co-ordinating body for DHRs) and the LSCB will agree the investigation process e.g. single or separate investigations.

4.13.3 In any event, SCR findings should be shared with the Community Safety Partnership to ensure lessons are learned.

4.13.4 For further information on DHRs see the *Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews* (2011).

4.14 Child Death Reviews

4.14.1 Clause 14.1 of the NHS Standard Contract states that the provider 'shall maintain and operate a policy that complies with good clinical practice, good health and social care practice and the law which details the procedures that it shall follow in the event of the death of a service user whilst in the provider's care.' This policy should include a section relating to children and young people that refers to the child death review processes described in chapter 7 of *Working Together to Safeguard Children* (2010).

4.14.2 Each Local Safeguarding Children Board (LSCB) has a Child Death Overview Panel (CDOP) sub-committee responsible for reviewing information on all child deaths in line with *Working Together to Safeguard Children* (2010) and chapter 12 of the *London child protection procedures* (2010). Provider organisations should ensure that they have appropriate representation on all relevant CDOPs.

4.14.3 Commissioned organisations should make their staff aware of, and be familiar with, the relevant LSCB CDOP processes including relevant forms.

4.14.4 Arrangements should be in place to respond to the death of a child and the review process, including providing staff with the time and resources to fully engage in the process.

4.15 Partnership working

4.15.1 Commissioned services will work in partnership with other agencies in line with:

- Local Safeguarding Children Board policies and procedures; and
- Local multi-agency arrangements for delivering services to children, young people and families across all levels of need.

4.15.2 Commissioned services will be represented on the following as appropriate

- the Multi-Agency Public Protection Arrangements (MAPPA) framework. MAPPA is the framework for the management of registered sex offenders, violent and other types of sexual offenders, and offenders who pose a serious risk of harm to the public

- local Multi-Agency Risk Assessment Conference (MARAC) panels known in Tower Hamlets as Safety Planning Panel (SPP)
- the local Domestic Violence Forum
- Local Safeguarding Children Board – and provide representation at meetings of the main group and subgroups as requested
- local Children and Families Trusts arrangements
- secure settings such as Young Offenders institutions, secure children's homes, training centres and Youth Offending Teams in the community

4.16 Local Safeguarding Children Board (LSCB)

(Applies to NHS Trusts only)

4.16.1 Each NHS Trust should have representation on Tower Hamlets Safeguarding Children Boards (THLSCB), representation may be on the main board or on one of the sub-groups - whichever is most appropriate. Providers as members agencies of THLSCB should be familiar with their policies and procedures. Hospices and other private or independent, commissioned services should where appropriate be represented on the LSCB.

4.17 Information Sharing

4.17.1 Organisations should have in place a policy or procedure for sharing information where there are concerns for the welfare of a child or young person.

4.17.2 Good practice in information sharing should be promoted within the organisation according to the published national guidance: *Information Sharing: Guidance for practitioners and managers* (DCSF 2008).

4.17.3 NHS organisations working in the sector are partners to the *London Health and Social Care Inter Organisational General Protocol For Sharing Information*. They are therefore expected to share appropriate and relevant personal information in line with the provisions of this protocol. They may also need to consider in some instances setting up or adhering to subject specific information sharing protocols (for example Multi Agency Safeguarding Hub ISA, Sharing of Police MERLIN notifications).

4.18 Safeguarding children supervision

4.18.1 Commissioned organisations should have a document that describes arrangements to provide staff with safeguarding children supervision and support to:

- enable them to manage stresses within their work;
- promote and disseminate research-based good practice;
- promote quality assurance for the services they provide;
- ensure that staff use effective systems to record their work; and
- follow local multi-agency policy and procedures.

4.18.2 Safeguarding children supervision is not the same as clinical supervision. Safeguarding children supervision is strongly focused on the needs of the child and what must be done to make the child safe. Clinical staff working with children and families should receive both clinical and safeguarding children supervision.

4.18.3 The level of safeguarding children supervision provided should be commensurate with the degree and nature of contact that staff have with children and young people.

4.18.4 A confidential service should be made available for staff for emotional support.

4.18.5 Staff should be aware how to contact their named professional(s) and the THCCG designated professionals for safeguarding children or for Looked After Children for complex issues or where concerns may have to be escalated and involve Children's Social Care.

4.19 Consent

4.19.1 Clause 9.1 of the NHS Standard Contract states that the provider 'shall operate a service user consent policy….to comply with good clinical practice, good health and social care practice and the law'.

4.19.2 This policy should specifically address issues of consent for children and young people and detail how consent decisions are made for children lacking capacity.

4.19.3 The Department of Health *Reference guide to consent for examination or treatment* (2nd edition 2009) provides advice on these issues in its chapter on children and young people.

4.20 Children and Young people in hospital

4.20.1 If a child or young person is admitted to hospital for mental health treatment, arrangements should be in place to ensure that the environment is suited to their age and development.

4.20.2 When a child has been, or will be accommodated in hospital for three months or more, the organisation must notify the local authority for the area where the child is ordinarily resident, or where the child is accommodated if this is unclear – so that the local authority can assess the child's needs and decide whether services are required under the Children Act 1989.

4.21 Adult Mental Health Services

4.21.1 All inpatient mental health services must have policies and procedures relating to children visiting inpatients, as set out in the *Guidance on the Visiting of*

Psychiatric Patients by Children (Department of Health, Health Service Circular / Local Authority Circular 1999).

4.21.2 Mental health practitioners must consider the needs of children whose parent or carer is an inpatient – whether formal or informal – in a mental health unit, and make appropriate arrangements for them to visit, if this is in the child's best interests.

4.21.3 Mental health service providers should assess the impact on dependent children of the treatment provided for adults.

4.21.4 Mental health services must comply with good practice guidelines in relation to young people being managed within an inpatient setting

4.22 Transition arrangements

4.22.1 'Where treatment and care will continue into adulthood, arrangements should be in place to plan and facilitate a smooth transition to adult services at a time when the young person is ready to make this change' (*Working Together* para. 11.28). Commissioned organisations should follow guidance given in *Getting the right start: National Service Framework for Children - Standard for Hospital Services* (Department of Health 2003) when making transition arrangements from children's to adult services.

4.23 Sub-contracts

4.23.1 Commissioned organisations that commission other providers to carry out services, should require these providers to comply with this policy, and ensure a copy of this policy is appended to the contract. This includes contracts where estates staff are employed in healthcare settings – grounds maintenance, cleaning etc.

4.24 NHS England and Primary care services:

4.24.1 NHS England is an executive non-departmental public body. It works under its Mandate from the Government to improve the quality of NHS care and health outcomes, reduce health inequalities, empower patients and the public and promote innovation. Its key responsibilities related to primary care include:

a) The direct commissioning of primary care;
b) The direct commissioning of primary care, specialised health services, prison healthcare and some public health services (including, for a transitional period, health visiting and family nurse partnerships); and
c) Developing and sustaining effective partnerships across the health and care system.

4.24.2 NHS England has a single operating model and is largely organised into three functional areas, i.e. nationally, regionally and locally. There is senior clinical leadership at all levels, including those with responsibility and expertise in safeguarding. The Board's national leadership team includes the Chief Nursing

Officer, who is the lead Director for safeguarding and will lead work that defines improvement in safeguarding practice

4.24.3 The contractual relationship between THCCG and providers of primary care services – and the leverage available to influence safeguarding practice in these services - varies according to the contracting route and the type of service being provided.

4.24.4 Additionally, all providers of health and adult social care 'regulated activities' are required to register with the Care Quality Commission (CQC). These include primary medical services provided by GP practices, dentistry and dental services but not community pharmacy services or eye care services. Providers have to comply with a set of registration requirements that establish essential levels of safety and quality, including standards relating to safeguarding and safety.

4.25 Subject Specific considerations: Female Genital Mutilation (FGM) / Child Sexual Exploitation (CSE) / Radicalisation and PREVENT

4.25.1 Female Genital Mutilation (FGM)

4.25.1.1 FGM is everyone's concern including those responsible for the commissioning of services for supporting women affected by FGM. It is important to remember that girls and women who have had FGM are often reluctant to seek help and support and they may not associate their symptoms with the practice. All health staff should be prepared for the possibility a young girl or women may present or disclose FGM to them. As such the service awareness of FGM are essential.

4.25.1.2 Maternity Services must routinely ask all pregnant women at booking whether they have been cut as a child. If FGM is disclosed:

- Document in the patient's medical record and red book;
- Offer an FGM appointment to identify type;
- Offer antenatal deinfibulation (if type 3);
- Share this information with the GP, Health Visitor and School Nurse; and
- A safeguarding risk assessment of the unborn child and other female children must be undertaken.

4.25.1.3 Services should be confident that they are equipped to identify and respond to all cases where FGM is suspected be it via patient disclosure or following a clinical assessment. This response will also include preparedness for mandatory reporting of FGM.

4.25.1.4 If FGM is identified in anyone under the age of 18, or they are suspected to be at risk of FGM a child protection referral must be made to Children's Social Care. From 31st October 2015 there is a professional duty to report these cases to the police by dialling '101'.

4.25.1.5 If FGM is identified in anyone over the age of 18, a case by case risk assessment must be undertaken and within this it must be considered if the woman is a vulnerable adult.

4.25.1.6 It is a mandatory requirement for the anonymous recording of cases of FGM that are identified and report this data to the Department of Health. Specific services will be required to support this data collection.

4.25.1.7 Further information can be found in:

- Female genital mutilation: resource pack (Home Office 2014);
- FGM Multi-Agency Practice Guidelines (Home Office 2014);
- Female Genital Mutilation Risk and Safeguarding: Guidance for professionals (Department of Health 2015);
- The London Child Protection Procedures (Part B3) Safeguarding children at risk of abuse through female genital mutilation (FGM);
- NHSE Mandatory reporting Quick Guidance; and
- NHSE Mandatory reporting Poster.

4.25.1.8 Roles within a service/provision (FGM service)

4.25.1.9 A commissioned service should consider how to meet all of the following roles within an FGM services:

- Named FGM lead in all trusts across England;
- In dedicated clinics (likely to be in areas of high prevalence);
- Named FGM lead;
- Named consultant obstetrician and gynaecologist for FGM (who may or may not be the same person as the named FGM lead);
- Any commissioned service must also consider provision of or links to;
- Appropriate interpretation services;
- Psychology and Psychosexual services;
- Maternity services (if not based in maternity);
- Gynaecology services including general gynaecology and urogynaecology.
- Advocacy/patient support;
- Paediatric safeguarding services;
- Access to de-infibulation as in-patient and out-patient; and
- Local community FGM support groups/advocates – may be available in high prevalence areas.

4.25.2 Child Sexual Exploitation (CSE)

4.25.2.1 Clinical Commissioning Groups (CCGs) are responsible for commissioning children's healthcare treatment services for physical and mental health – child and adolescent mental health services (CAMHS) and other therapeutic recovery services. CCGs are also responsible for identifying and sharing information about child sexual abuse and exploitation as part of their contribution to a strategic assessment of crime and disorder, anti-social behaviour, and drug and alcohol misuse, for the community safety partnership area/s in which they are members.

4.25.2.2 Because of the universal nature of most health provision, health professionals may often be the first to be aware that a child may be involved, or be at risk of becoming involved, in sexual exploitation. Children involved in sexual exploitation are likely to need a range of services, including advice and

counselling for harm minimisation, health promotion, advice on sexually transmitted diseases and HIV.

4.25.2.3 Commissioning of health services should pay attention to the following requirements and ensure providers have sufficient resources and capacity to deliver on these:

- Health professionals should be alert and competent to identify and act upon concerns that a child is at risk of or experiencing abuse through sexual exploitation. They have a crucial role in providing support for the physical and mental health of these children;

- The role of the named professional for safeguarding children in each health service trust should monitor information to identify when more than one child in the community may be being targeted for sexual exploitation and act on this information;

- Where health professionals have immediate concerns they should be supported to make referral to LA children's social care;

Or

- Where the concerns are not immediate or are unclear, have mechanisms in place to allow information sharing and discussion on health care professionals;

- Health staff should offer and/or continue to provide health education, counselling, sexual health and medical intervention to the child as an appropriate part of early intervention and be equipped to make onward referrals;

- Health professionals should attend multi-agency planning (MAP) meetings when invited; to share information.
- All current health professionals involved with the child, including school nurses, nurses working with children in care, GP's, practice nurses, health workers involved with outreach clinics, sexual health and family planning resources;
- Any previously involved health professionals (recent past) who would have a useful contribution to make to the meeting (i.e. most recent health reports and knowledge of child while at school);
- Health professionals involved in any screening or medicals involving the child who is the subject of the meeting (e.g. Clinical Medical Officer, GP); or
- When no other health person is involved, current or past, the trust's named professional should attend in an advisory capacity.

4.25.2.4 Multi-Agency Sexual Exploitation meetings (MASE)

4.25.2.5 Each borough should establish a MASE meeting to specifically review all new information and intelligence which comes to light, using new cases to illustrate and review activity against previously reported information and intelligence.

4.25.2.6 Named leads from health providers are expected to attend these meetings, as well as any specialist health providers, each provider must ensure they have a CSE lead with the capacity to attend MASE on a regular basis.

4.25.3 Radicalisation and PREVENT

4.25.3.1 Section 26 of the Counter-Terrorism and Security Act 2015 places a duty on certain bodies that in the exercise of their functions, to have "due regard to the need to prevent people from being drawn into terrorism". "Specified authorities" listed in Schedule 6 of the Act include:

- NHS Trusts;
- NHS Foundation Trusts; and
- NHS England

4.25.3.2 Healthcare professionals will meet and treat people who may be vulnerable to being drawn into terrorism. Being drawn into terrorism includes not just violent extremism but also non-violent extremism, which can create an atmosphere conducive to terrorism and can popularise views which terrorists exploit. It is important that all staff in Health are equipped to comply with this duty and should have in place the following:

- Prevent leads in NHS organisations are expected to have regular contact with RPCs;
- to offer advice and guidance;

- Be part of local Safeguarding Forums, including local commissioners and providers of NHS Services. These forums have oversight of compliance with the duty, and ensure effective delivery;
- Have mechanisms in place for reporting issues to the National Prevent sub board;
- Providers to embed Prevent into their delivery of services, policies and training. This should now be bolstered by the statutory duty;
- All NHS Trusts in England have a 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;
- staff are expected, to be trained to recognise and refer those at risk of being drawn into terrorism to the Prevent lead / Channel programme. In compliance with the 'intercollegiate guidance' 2015;
- The training should allow all relevant staff to recognise vulnerability to being drawn into terrorism, be aware of what action to take in response, including local processes and policies that will enable them to make referrals to the Channel programme and how to receive additional advice and support; and

- Have an understanding of information sharing to balance patient confidentiality with the duty in line with information sharing agreements with other sectors.

4.25.3.3 Have policies in place that include the principles of the Prevent NHS guidance https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215251/dh_131934.pdf

- A programme to deliver Prevent training, resourced with accredited facilitators;
- Processes in place to ensure that using the intercollegiate guidance, staff receive Prevent awareness training appropriate to their role;
- Procedures to comply with the Prevent Training and Competencies Framework.

4.25.3.4 Reference

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/445977/3799_Revised_Prevent_Duty_Guidance__England_Wales_V2-Interactive.pdf

4.26 Tower Hamlets CCG

4.26.1 CCGs are statutory NHS bodies with a range of statutory duties, including for safeguarding children, which are similar to those previously applying to Primary Care Trusts (PCTs). Unlike PCTs, however, they are essentially membership organisations that bring together general practices to commission services for their registered populations and for unregistered patients who live in their area. CCGs are not directly responsible for commissioning primary medical care (or other primary care services), but they have a duty to support improvements in the quality of primary medical care.

5.0 Monitoring, Audit and Evaluation

What standards / key performance indicators will you use to confirm this document is working / being implemented	Method of monitoring	Monitoring information prepared by	Minimum frequency of monitoring	Monitoring reported to
Safeguarding children service standards are included within all contracts, service level agreements and service specifications	*Audit*	*Designated professionals*	*Six months after policy approved, and then annually*	*THCCG Safeguarding and Commissioning Group*
Performance quality indicators reflect statutory requirements and best	*Comparison of dataset with*	*Designated professionals*	*Annually*	*THCCG Safeguarding and*

practice	*guidance and best practice*			*Commissioning Group*
Metrics showing if key safeguarding children statutory requirements and best practice are being followed by: • *acute, community health and mental health service providers* • *independent contractors (to be developed)*	*Safeguarding children dashboard*	*Directors of Procurement, Contracting & Performance, and Primary Care Commissioning, Deputy Director Quality & Clinical Governance, Designated professionals*	*Quarterly*	*THCCG Safeguarding and Commissioning Group*
A wide variety of standards and indicators set by each LSCB to confirm that in discharging their functions, NHS trusts have regard for the need to safeguard and promote the welfare of children	*Section 11 audit (Section 11 of the Children Act 2004)*	*Named Professionals*	*Annually*	*Each LSCB* *THCCG Safeguarding and Commissioning Group*

APPENDIX I

Tower Hamlets CCG Generic safeguarding children statement for Service Specifications

NHS organisations are subject to the section 11 duties of the Children Act 2004 and must comply with these duties. Health professionals are in a strong position to identify welfare needs or safeguarding concerns regarding individual children and, where appropriate, provide support. This includes understanding risk factors, communicating effectively with children and families, liaising with other agencies, assessing needs and capacity, responding to those needs and contributing to multi-agency assessments and reviews. (Working Together 2013)

Under current legislation (CA 2004) safeguarding children is everyone's responsibility regardless of role and everyone who comes into contact with children and families has a role to play to ensure their welfare is promoted and they are kept safe at all times. Some roles will have a larger part to play than others but all staff should be equipped to fulfil their role in relation to safeguarding children.

It is the responsibility of the XXXXXXXXXX service to ensure its staff are aware of, understand and are compliant with current UK legislation and National guidance with regard to discharging their safeguarding duties. This will not necessarily be a single Act but several that directly or indirectly set out duties to safeguard children.

The key legislation and guidance are:

- Department of Health. (1989) Children Act 1989 (c.41), The Stationery Office, London. Children Act 1989
- Framework for the assessment of children in need and their families, Department of Health (2000). Crown Publications Assessment of children in need
- HM Government, (2004) Children Act 2004 (c.31).The Stationery Office, London. Children Act 2004
- Working Together to Safeguard Children - A guide to inter-agency working to safeguard and promote the welfare of children HM Government (2015)

- NICE / SCIE Guidance Looked After Children and Young People (2013) guidance.nice.org.uk/ph28
- NICE guidance 'When to suspect child maltreatment'(2009) http://www.nice.org.uk/nicemedia/live/12183/44954/44954.pdf
- HMSO (1998) Data Protection Act 1998. The Stationery Office, London Data Protection Act 1998
- HMSO (2002) Adoption and Children Act 2002, (c.38). The Stationery Office, London. Adoption and Children Act 2002
- Safeguarding Children and Young People: Roles and Competences for Health Care Staff (aka the 'Intercollegiate Document') RCGP (2014)
- Looked after children: Knowledge, skills and competences of health care staff Intercollegiate Role Framework (2012)
- Statutory Guidance on Promoting the Health and Well-being of Looked After Children (2009)
- DH Handbook – Responding to domestic abuse: a handbook for health professionals – (Department of Health, 2005)
- Safeguarding Vulnerable Groups Act 2006
- Tackling FGM in the UK, Intercollegiate recommendations for identifying, recording and reporting 2013
- Multi-Agency Practice Guidelines: Female Genital Mutilation 2014
- Female Genital Mutilation Risk and Safeguarding Guidance for professionals 2015

This service specification sets out minimum requirements to ensure the service is meeting the minimum requirements in relation to these duties.

Further to the above, it is expected that services working with children will:

Ensure those working in the service have undertaken the appropriate safeguarding training (level 3) and that it is up to date:

- All staff have completed a satisfactory DBS check prior to employment
- Ensure that safeguarding supervision is a feature of the service culture
- Identify a local safeguarding lead within the service who is responsible for;
    - Liaison with the Barts Health safeguarding team
    - Maintaining a local safeguarding training register
    - Ensuring the appropriate safeguarding supervision is being undertaken by staff who work with children e.g. as determined by Barts Health safeguarding Children policy (link)
    - Locally disseminate and share changes in policy, practice or legislation as they become apparent
    - Supports the service to undertake reflective audits of processes and policies to identify improvement strategies
- Ensure that there are systems in place locally for identifying and recording children who are vulnerable;
    - Children subject to CAF/TAC processes (non-statutory interventions)
    - Looked After Children(LAC);
    - Children In Need (CIN)

    - Children the subject of Child Protection Plans (CPP)
- Engage with the overarching, organisational safeguarding governance structure, policies and processes.
- Undertake (at a minimum) an annual service wide learning opportunity to review and learn from the safeguarding success and challenges in order to improve knowledge, practice, systems and processes – this may be undertaken in a multidisciplinary / multiagency approach.
- The service explores innovative methodologies to capture the views and voice of those who use their service (including parents, carers and most importantly children).

It is expected that the individual professionals working with vulnerable children will:

- Participate and cooperate with the safeguarding process (including training and supervision)
- Identify children on their caseload who may be Vulnerable, In-need, Looked After (LAC) or subject to a Safeguarding order and record this locally
- Fully co-operate with statutory requests for information
- Fully co-operate in the periodic review processes for vulnerable children. This may include, but is not exhaustive;
    - Team Around the Child (TAC) meetings and Common Assessment
    - Framework (CAF) meetings
    - Children in need reviews
    - Child protection meetings
    - Looked After Children (LAC)