



Safeguarding through Commissioning Policy

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1.0 Purpose

The policy sets out the responsibilities of NHS Newham Clinical Commissioning Group (NCCG) as commissioners of services for promoting the wellbeing of and safeguarding children, young people and vulnerable adults in accordance with current legislation and guidance including:

- [Children Act 1989](#)
- [Children Act 2004](#)
- [Safeguarding Vulnerable People in the NHS - Accountability and Assurance Framework 2015](#)
- [Working Together to Safeguard Children 2015 \(Statutory Guidance\)](#)
- [Promoting the Health and Well-being of Looked After Children 2015 \(Statutory Guidance\)](#)
- [London Child Protection Procedures \(2015\), 5th Edition](#)
- [Children and Young People: roles and competences for health staff - Intercollegiate Document \(2014\)](#)
- [Looked After Children knowledge, skills and competence of health care staff - Intercollegiate Role Framework \(2015\)](#)
- NHS Newham CCG Safeguarding Children and Adults with Care and Support Needs Training Strategy (due to be published in 2015)
- [Safeguarding Adults: The Role of Commissioners \(DH 2011\)](#)
- [Safeguarding adults - Roles and responsibilities in health and care services \(2014\)](#)
- [Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively \(NICE public health guidance 2014\)](#)
- [Care Act 2014](#)
- [Care and Support Statutory Guidance issued under the Care Act 2014 - chapter 14 Safeguarding \(Department of Health 2014\)](#)
- [Mental Capacity Act: A guide for CCGs \(NHS England 2014\)](#)
- [Health and Social Care Act 2008 \(Regulated Activity\) Regulations 2014](#)
- The 'pan-London procedures': Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse (2011) (due to be updated in 2015)
- Safeguarding Adults: roles and competences for health care staff (Intercollegiate Document, due to be published 2015)

The policy also sets out the safeguarding responsibilities of providers commissioned by NCCG and includes schedules of safeguarding children and adults service standards to be incorporated into all contracts (sections 4-5 below).

In addition to these specific service standards all providers should develop a culture of listening to children, adults, their families and carers, and taking account of their views, wishes and feelings, both in individual decisions and the development of services. Both at strategic and at all operational levels they should promote inter-agency working to achieve better outcomes for children and adults with care needs.

The 'Monitoring, audit and evaluation' table (Appendix A) shows how NCCG gains assurance that providers are fulfilling their safeguarding responsibilities.



2.0 Scope

This policy applies to all services whether provided for children, young people or adults.

The policy applies to the following:

- Any member of CCG staff (permanent staff, agency workers, locums and other temporary staff, students, trainees and/or volunteers) who is commissioning and or decommissioning services for residents of Newham.
- All contracts and service specifications developed for and used by NCCG.
- Services that are jointly commissioned with partners where the NCCG has the lead 'co-ordinating commissioner' role. 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.

A summary of staff responsibilities is provided in Appendix B

The policy does not describe the corporate safeguarding responsibilities of NHS Newham CCG and its staff. These wider responsibilities are set out in the NCCG *Safeguarding Policy*.

3.0 Contracts

3.1 NCCG as a commissioner of local health services is responsible for quality assurance of safeguarding standards through contractual arrangements with all its commissioned services. This includes:

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

Before entering into negotiations with providers for new, redesigned and or decommissioned services, the designated safeguarding professionals and/or adult safeguarding lead as applicable should be consulted by commissioners to obtain advice and support in relation to the safeguarding standards.

When drafting a new or revising an existing NHS contract the following wording and standards (section 3.2 below) **should be inserted in Schedule 2 – The Services Part L Safeguarding:**

3.2 NHS Standard Contract

Service Condition 32 ‘Safeguarding, Mental Capacity and Prevent’ within the NHS Standard Contract 2015/16 requires the following:



32.1 The Provider must ensure that Service Users are protected from abuse and improper treatment in accordance with the Law, and must take appropriate action to respond to any allegation of abuse.

32.2 The Provider must nominate:

32.2.1 a Safeguarding Lead and a named professional for safeguarding children, in accordance with Safeguarding Guidance;

32.2.2 a Mental Capacity and Deprivation of Liberty Lead; and

32.2.3 a Prevent Lead,

and must ensure that the Co-ordinating Commissioner is kept informed at all times of the identity of the persons holding those positions.

32.3 The Provider must comply with the requirements and principles in relation to the safeguarding of children and adults, including in relation to deprivation of liberty safeguards, set out or referred to in:

32.3.1 the 2014 Act and associated Guidance;

32.3.2 the 2014 Regulations;

32.3.3 the 1989 Act and the 2004 Act and associated Guidance;

32.3.4 the 2005 Act and associated Guidance;

32.3.5 Safeguarding Guidance.

32.4 The Provider has adopted and must comply with the Safeguarding Policies and MCA Policies. The Provider has ensured and must at all times ensure that the Safeguarding Policies and MCA Policies reflect and comply with:

32.4.1 the Law and Guidance referred to in SC32.3;

32.4.2 the local multi-agency policies and any Commissioner safeguarding and MCA requirements.

32.5 The Provider must implement comprehensive programmes for safeguarding and MCA training for all relevant Staff and must have regard to Safeguarding Training Guidance. The Provider must undertake an annual audit of its conduct and completion of those training programmes and of its compliance with the requirements of SC32.1 to 32.4.

32.6 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.

32.7 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.

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 all reasonable steps towards, the implementation of the Child Protection Information Sharing Project.

32.9 The Provider must:

32.9.1 include in its policies and procedures, and comply with, the principles contained in the Government Prevent Strategy and the Prevent Guidance and Toolkit; and



32.9.2 include in relevant policies and procedures a programme to raise awareness of the Government Prevent Strategy among Staff and volunteers in line with the NHS England Prevent Training and Competencies Framework; and
 32.9.3 include in relevant policies and procedures a WRAP delivery plan that is sufficient resourced with WRAP facilitators.

32.10 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:

32.10.1 include in its policies and procedures, and comply with, the principles contained in the Government Prevent Strategy and the Prevent Guidance and Toolkit; and

32.10.2 include in relevant policies and procedures a programme to raise awareness of the Government Prevent Strategy among Staff and volunteers in line with the NHS England Prevent Training and Competencies Framework; and

32.10.3 include in relevant policies and procedures a WRAP delivery plan that is sufficient resourced with WRAP facilitators.'

4.0 Standards – Safeguarding Children

4.1 The 'Commissioner safeguarding and MCA requirements' in service condition 32.4.2 above include the following standards for safeguarding children:

Safeguarding Children Standards	
1	Senior management commitment to the importance of safeguarding and promoting children's welfare.
2	Clear line of accountability and commitment within the organisation for work on safeguarding and promoting the welfare of children.
3	Processes in place to enable the views, wishes and feelings of children, parents and carers to be used both in individual decisions and the development of services.
4	Safeguarding strategies, policies and procedures to support inter-agency working
5	Processes for safe recruitment and managing allegations against staff that may pose a risk of harm to children.
6	Effective training of all staff consistent with national guidance and local initiatives
7	Effective supervision arrangements.
8	Provision of a named doctor and nurse for safeguarding and Looked after Children, and named midwife (in organisations providing midwifery services) consistent with national guidance. These roles need to be clearly defined in job descriptions and should be given sufficient time, funding and supervision.*
9	Ensuring effective arrangements for information sharing and working in partnership with other agencies including Newham Safeguarding Children Board.
10	Provider organisation annual safeguarding children report.
11	Provider organisation annual Looked After children report.

* Not small providers (will need to have a lead for safeguarding within the organisation).



4.2 Guidance on the assurance required for Safeguarding Children Standards

Standard 1: Senior management commitment to the importance of safeguarding and promoting children's welfare.

- The chief executive of any provider organisation takes ultimate responsibility for safeguarding within the organisation
- Providers will need to ensure there is a senior board level lead to take leadership responsibility for organisation's safeguarding arrangements. This person can demonstrate a sound working knowledge of safeguarding legislation and policy and their role is defined within organisation's governance structure including job description.
- The senior board level lead ensures appropriate representation from their organisation on Newham Safeguarding Children Board and subgroups.

Standard 2: Clear line of accountability and commitment within the organisation for work on safeguarding and promoting the welfare of children.

- Providers will need to be able to demonstrate a clear line of accountability for safeguarding children which is reflected in the provider governance arrangements. A clear declaration of the provider's responsibility towards safeguarding children and young people is visible to all staff and public.

Standard 3: Processes in place to enable the views of children, parents and carers to be used both in individual decisions and the development of services.

- Providers should be able to demonstrate that they have arrangements in place for seeking the views and experiences of children and their families or are working towards developing these processes.

Standard 4: Safeguarding strategies, policies and procedures to support inter-agency working

- **Providers should ensure that all strategies, policies and procedures should be consistent with national and local guidance including:**
 - The Children Act 1989 & 2004
 - Working Together (2015)
 - The London child protection procedures (5th edition)
 - NHS Commissioning Board Safeguarding Vulnerable People in the Reformed NHS (2013)
 - Care Quality Commission Essential Standards (Outcome 7)
 - Safeguarding Children and Young People: Roles and Competencies for Health care staff (2014)
 - Looked After Children Knowledge, skills and competence of health care staff Intercollegiate role framework (March 2015)



- Disclosure, Vetting & Barring Guidance Criminal record checks: guidance for employers (2014)
- Relevant NICE guidance
- Local LSCB guidance

- Providers 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.

- All policies should be ratified through the relevant governance arrangements and include a specified review date. 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.

- NSPCC Consultancy provide a service for reviewing, editing and advising on developing safeguarding policies and procedures that smaller organisations may wish to use.

Scope and content of policies

Each provider 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
- resolving professional disagreements between workers/ agencies when working with children and families
- 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 health appointments
- ensuring that families with children in the resident population who are not registered with a GP are offered registration
- ensuring that if there have been concerns about the safety and welfare of children or young people, they are not discharged until the consultant paediatrician, 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 Urgent 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
- Process for transferring records when a child changes their address
- linking with the local Child Death Overview Panel (CDOP)

There should also be clear whistleblowing procedures which reflect the principles in Sir Robert Francis's Freedom to Speak Up review.



All staff should be made aware of the above policies and procedures and know how to access them.

Standard 5: Processes for safe recruitment and managing allegations against staff that may pose a risk of harm to children.

- Providers should have in place a safer recruitment policy consistent with guidance from the Disclosure and Barring Service and is regularly reviewed at a minimum of three yearly.
- Providers should ensure that appropriate safer recruitment training is provided to all staff involved in recruiting staff including temporary staff/agency.
- Providers must ensure that their safe recruitment policy takes into account the work of any volunteer, charity fund raisers or celebrities.
- Providers should comply with the 5th Edition London Child Protection Procedures, Part A, section 7 for responding when allegations are made against people who work with children and young people. Providers must have procedures on how to manage allegations against staff. This will include having a named senior allegation officer and a deputy who has overall responsibility for:
 - informing the Local Authority Designated Officer (LADO) and the CCG Designated Nurse and or Doctor for safeguarding with the details of any referrals of allegations against staff within one working day of the allegation being made
 - ensuring the procedure is implemented
 - resolving any inter-agency issues
 - liaising with the LSCB
- All staff need to be informed during their induction period of this procedure and how to access it and report any concerns.

Standard 6: Effective training of all staff consistent with national guidance and local initiatives

- All healthcare staff should attend safeguarding training in line with their role, degree of contact with children and their families, nature of their work and level of responsibility.
- Provider organisations should carry out an assessment of their staff's competences and needs consistent with the intercollegiate document Safeguarding Children and Young people: roles and competencies for healthcare staff (2014):
[Safeguarding Children and Young People: Roles and Responsibilities](#)
- The provider should have a training strategy for safeguarding children which is reviewed within the specified time and or in response to changes in national/local guidance including Newham Safeguarding Children Board (NSCB) initiatives.
- All safeguarding children training should be delivered by suitably qualified and experienced trainers and is formally evaluated.



- All training programmes should be compliant with the standards required within statutory and national guidance and with the training strategy of NSCB.
- Providers should have in place systems and processes that:
 - Ensure a training needs analysis for all staff is completed which assigns job role to the level of training required;
 - 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 including multi-agency training
 - ensure that 85% of relevant staff are up to date with the level of training they need at any one time;
 - 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 and
 - Ensure the skills and competence of the work force is assessed through appraisal process.
- Providers should support inter-agency training by releasing staff to attend the appropriate inter-agency training courses and ensuring the time for them to complete inter-agency training tasks and apply their learning in practice.

Standard 7: Effective supervision arrangements.

- 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
 - follow local multi-agency policy and procedures
- 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.
- The provider should be able identify the safeguarding children supervision needs for their whole workforce.
- 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.



- All safeguarding children supervision should be delivered by suitably qualified and experienced trainers and formally evaluated.
- A confidential service should be made available for staff for emotional support.
- Staff should be aware how to contact their named professional(s) and the NCCG designated professionals for complex issues or where concerns may have to be escalated and involve Children's Social Care.
- The provider should be able to produce evidence of all staffs access to safeguarding children's supervision.

Standard 8: Provision of a named doctor and nurse for safeguarding and Looked after Children, and named midwife (in organisations providing midwifery services) consistent with national guidance. These roles need to be clearly defined in job descriptions and should be given sufficient time, funding and supervision.

- 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.
- The roles, functions, competencies and pay scales of named professionals are described in detail in : The Intercollegiate document, Safeguarding Children and Young people: roles and competencies for healthcare staff (2014)
- Providers should enable their named staff to access NCCG 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.
- Providers should ensure that named professionals participate and support the activities of NSCB and multi-agency subgroups.
- Providers to ensure that named staff work with training subgroup of NSCB to agree and promote training needs and priorities.

Standard 9: Ensuring effective arrangements for information sharing and partnership working

- Providers should have in place a policy or procedure for sharing information where there are concerns for the welfare of a child or young person.
- Good practice in information sharing should be promoted within the organisation according to the published national guidance: Information Sharing advice for practitioners providing safeguarding services to children, young people, parents and carers (HM Government, 2015):
[Information sharing advice for practitioners 2015](#)



- All referrals to children's social care about safeguarding concerns should include an analysis of the information and how this impacts on the child's safety.
- All providers should ensure effective arrangements are in place to share information across the health economy to promote the wellbeing and safety of children.
- All providers must share information about their safeguarding children arrangements to the NSCB as requested.
- All providers should work in partnership with other professionals, staff and agencies including the NSCB and share information in accordance with local policy.

Provider services will promote inter-agency working and work in partnership with other agencies in line with:

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

Provider services will work in partnership with:

- 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. Below link provides practical guidance regarding information sharing in respect of MARAC:
[Practical Guidance Information Sharing for MARAC](#)
- Newham Safeguarding Children Board (NSCB) and provide representation at subgroups as requested.
- Each NHS Trust should have links with the Local Safeguarding Children Boards (LSCB) in whose areas they provide services, and be familiar with their policies and procedures.
- Hospices and other private or independent, commissioned services should where appropriate be represented on the LSCB. Representation may be on the executive board or on one of the sub-groups - whichever is most appropriate.
- All commissioned services are required to demonstrate that they have acted on recommendations from internal management reviews, serious case reviews, domestic homicide reviews and national inquiries.



Standards 10 & 11

- Commissioners should review provider organisations annual safeguarding and Looked After Children reports from both an activity and quality perspective and to ensure that any recommendations inform commissioning activity.

5.0 Standards – Safeguarding Adults

5.1 The ‘Commissioner safeguarding and MCA requirements’ in service condition 32.4.2 above include the following standards for safeguarding adults:

Safeguarding Adults Standards	
1	Processes for safe recruitment and managing allegations against staff who work with adults with care and support needs
2	Safeguarding strategies, policies and procedures including a chaperoning policy
3	Effective training of all staff in safeguarding adults, the Mental Capacity Act and Deprivation of Liberty Safeguards, and Prevent commensurate with their role and consistent with national guidance
4	Policies, arrangements and records to ensure consent to care and treatment is obtained in line with legislation and guidance including the Mental Capacity Act 2005
5	Effective supervision arrangements for staff working with adults vulnerable to abuse or neglect
6	Effective arrangements for information sharing and working in partnership with other agencies including the Safeguarding Adults Board
7	Active engagement with local multi agency adult safeguarding procedures
8	Provision of a named lead for adult safeguarding, a Mental Capacity Act and Deprivation of Liberty lead, a Prevent lead and a clinical lead for adult safeguarding at each hospital where applicable
9	Provider organisation annual safeguarding adults report
10	Effective arrangements for identifying, preventing and reducing domestic violence and abuse
11	Effective arrangements for implementing the Prevent and Channel duties (‘to have due regard to the need to prevent people from being drawn into terrorism when exercising their functions’) (Applies to NHS Trusts and NHS Foundation Trusts)

Where provider organisations commission other providers to carry out services, they should require these providers to comply with these standards, 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, transport etc.



5.2 Guidance on the assurance required for Safeguarding Adults Standards

Standard 1: Processes for safe recruitment and managing allegations against staff who work with adults with care and support needs

Provider organisations should:

- have a safe recruitment policy and process consistent with guidance from NHS Employers and the Disclosure and Barring Service, which are regularly reviewed - as a minimum every three years
- ensure that safe recruitment training is provided to all staff involved in recruiting staff and volunteers
- have a policy and process for managing allegations against staff. Providers who are SAB members should have a Designated Adult Safeguarding Manager (DASM) responsible for the management and oversight of individual complex cases and coordination where allegations are made or concerns raised about a person, whether an employee, volunteer or student, paid or unpaid
- inform staff during their induction period of this policy and process and how to access it and report any concerns
- ensure that all of the above policies and processes must take into account the work of volunteers, charity fund raisers and celebrities
- have audit arrangements in place that check the policies or processes are being implemented

Standard 2: Safeguarding strategies, policies and procedures including a Mental Capacity Act policy and a chaperoning policy

The Care and Support Statutory Guidance (para. 14.41) states that all organisations should have adult safeguarding policies and procedures to assist those working with adults to develop swift and personalised safeguarding responses and to involve adults in decision making. The statutory guidance includes a decision making tree diagram that should be reflected in the policies and procedures, and suggests that the following guidance may also be included:

- a statement of purpose relating to promoting wellbeing, preventing harm and responding effectively if concerns are raised
- a statement of roles and responsibility, authority and accountability
- a statement of the procedures for dealing with allegations of abuse, including dealing with emergencies, the processes for initially assessing abuse and neglect and deciding when intervention is appropriate, and the arrangements for reporting to the police
- a list of points of referral indicating how to access support and advice
- an indication of how to record allegations, enquiries and subsequent action
- a list of sources of expert advice
- channels of inter-agency communication and procedures for information sharing and decision making
- a list of services offering access to support or redress



- how professional disagreements are resolved

The Care and Support Statutory Guidance also states (para.s 14.205 – 14.206) that commissioned organisations should provide internal guidelines (which relate clearly to local multi-agency procedures) and which set out staff responsibilities. These should include guidance on:

- identifying adults who are particularly at risk
- recognising risk from different sources and in different situations and recognising abusive or neglectful behaviour from other service users, colleagues, and family members
- routes for making a referral and channels of communication within and beyond the agency
- organisational and individual responsibilities for whistleblowing
- assurances of protection for whistle blowers
- working within best practice as specified in contracts
- working within and co-operating with regulatory mechanisms
- working within agreed operational guidelines to maintain best practice in relation to:
 - challenging or distressing behaviour
 - personal and intimate care
 - control and restraint
 - gender identity and sexual orientation
 - medication
 - handling of people's money
 - risk assessment and management

These guidelines should also explain the rights of staff and how their employers will respond where abuse is alleged against them within either a criminal or disciplinary context.

Providers should have a Mental Capacity Act (MCA) policy. The *Mental Capacity Act: A guide for CCGs* (NHS England 2014) provides guidance on what assurance CCGs should seek from providers in relation to MCA policy.

Providers should have a chaperoning policy and this should be made available to patients. There should be an identified managerial lead. Chaperones should receive training. Family members or friends should not undertake the chaperoning role. The presence of a chaperone must be the clear expressed choice of the patient; patients also have the right to decline a chaperone. *However, it is important to note that if the patient has been assessed under the Mental Capacity Act and deemed to lack capacity, the provider needs to ensure that they have systems in place to protect the patient. There needs to be a balance struck between recognising their right to refuse the chaperone and protecting them. This will be in the form of documented guidelines which will stipulate that a chaperone will be required and the rationale for this will be that the decision has been made within the context of the Mental Capacity Act criteria. Although the patient may refuse the chaperone, the provider will still provide this, based on the decision that this has been done in the best interest of the patient to protect them.*

In circumstances where the patient does have capacity and refuses a chaperone, the provider needs to also have guidelines that will stipulate what professionals will need to do in these circumstances and this will include alternatives offered to the patient and documentation that will need to be completed.



Providers should also have Prevent policies and procedures that set out their Prevent and Channel duties and advise staff about identifying Prevent concerns and making Channel referrals.

Standard 3: Effective training of all staff in safeguarding adults, the Mental Capacity Act and Deprivation of Liberty Safeguards, and Prevent commensurate with their role and consistent with national guidance

Safeguarding adults training for staff should be commensurate with their role and consistent with:

- *NHS Newham CCG Safeguarding Children and Adults with Care and Support Needs Training Strategy (due to be published 2015)*
- *Safeguarding Adults: roles and competences for health care staff (Intercollegiate Document, due to be published 2015)*

The *Mental Capacity Act: A guide for CCGs* (NHS England 2014) provides guidance on what assurance CCGs should seek from providers in relation to training.

Prevent training for staff should be commensurate with their role and in accordance with the *NHS England – Prevent Training and Competencies Framework (2015)*

Providers should have in place systems and processes that:

- Ensure a training needs analysis for all staff is completed which assigns job role to the level of training required
- 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 including multi-agency training
- Ensure that 85% of relevant staff are up to date with the level of training they need at any one time
- 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
- Ensure the skills and competence of the work force is assessed through appraisal process.

Providers should support inter-agency training by releasing staff to attend the appropriate inter-agency training courses and ensuring the time for them to complete inter-agency training tasks and apply their learning in practice.



Standard 4: Policies, arrangements and records to ensure consent to care and treatment is obtained in line with legislation and guidance including the Mental Capacity Act 2005

Consent to care and treatment is the principle that a person must give their permission before they receive any type of medical treatment or examination. This must be done on the basis of a preliminary explanation by a clinician.

For consent to be valid, it must be voluntary and informed, and the person consenting must have the capacity to make the decision.

If a person lacks capacity to consent to being deprived of their liberty to receive care and treatment and this is believed to be in their best interests or will protect them from harm, then the Deprivation of Liberty Safeguards must be used.

Provider policies should address how people who cannot consent will be identified, the role of the decision maker, who is responsible for carrying out assessments of capacity and who is trained and expected to carry out best interests decisions. They should make it clear what staff should do if uncertain about a patient's ability to make a specific decision and include a best interests decision making checklist.

The *Department of Health Reference guide to consent for examination or treatment* (2nd edition 2009) provides comprehensive advice and guidance in this area. However case law and best practice is constantly evolving and the service provider's Mental Capacity Act lead should ensure all advice and guidance is up to date.

Standard 5: Effective supervision arrangements for staff working with adults with care and support needs

- Managers have a central role in ensuring high standards of practice and that practitioners are properly equipped and supported. Supervision should be skilled and knowledgeable and focused on outcomes for adults.
- Commissioned organisations should have a document that describes arrangements to provide staff with safeguarding adults 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
 - follow local multi-agency policy and procedures
- The provider should identify the safeguarding adults supervision needs for their whole workforce
- The level of safeguarding adults supervision provided should be commensurate with the degree and nature of contact that staff have with adults with care and support needs
- All safeguarding adults supervision should be delivered by suitably qualified and experienced trainers and formally evaluated.



- A confidential service should be made available for staff for emotional support.
- Staff should be aware how to contact their named professional(s) and the NCCG Designated Adult Safeguarding Professional for complex issues or where concerns may have to be escalated.
- The provider should be able to produce evidence of staff access to safeguarding adults supervision.
- Additionally annual appraisal should be carried out to determine staff attainment and maintenance of knowledge, skills and competence. Providers should assure themselves that appraisers have the necessary knowledge, skills and competence to undertake appraisals and in the case of medical or nursing staff to oversee revalidation.

Standard 6: Effective arrangements for information sharing and working in partnership with other agencies including the Safeguarding Adults Board

- Providers must have arrangements in place which set out clearly the processes and the principles for sharing information where there are concerns about adults with care and support needs and persons at risk of radicalisation. This could be via an Information Sharing Agreement to formalise the arrangements.
- Providers must share information about their safeguarding adults arrangements with Newham Safeguarding Adult Board when requested.
- **Providers will promote inter-agency working and work in partnership with:**
 - Newham Safeguarding Adult Board and if requested provide suitable senior-level representation
 - 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. The following link provides practical guidance regarding information sharing in respect of MARAC:
[Practical Guidance Information Sharing for MARAC](#)
 - Newham Domestic & Sexual Violence Partnership Board and provide representation at subgroups when requested
 - Newham Channel Panel and provide representation when requested
- Providers are required to demonstrate that they have acted on recommendations from internal management reviews, Safeguarding Adult Reviews, Domestic Homicide Reviews and national inquiries.



Standard 7: Active engagement with local multi agency adult safeguarding procedures

The 'local multi agency adult safeguarding procedures' are the 'pan-London procedures': Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse (2011) (due to be updated in 2015)

Standard 8: Provision of a named lead for adult safeguarding, a Mental Capacity Act and Deprivation of Liberty lead, a Prevent lead and a clinical lead for adult safeguarding at each hospital where applicable

These roles should be clearly defined in job descriptions and be given sufficient time, funding and supervision.

The roles, functions, competencies and pay scales of named professionals should be as described in the Intercollegiate Document, Safeguarding Adults: roles and competences for health care staff - when published by NHS England.

Standard 9: Provider organisation annual safeguarding adults report

Commissioners should review providers' annual safeguarding adults reports from both an activity and quality perspective and to ensure that any recommendations inform commissioning activity.

Providers should also contribute to the Safeguarding Adult Board annual report stating what they have done to carry out and deliver its objectives and other content of its strategic plan.

Standard 10: Effective arrangements for identifying, preventing and reducing domestic violence and abuse

The cross-government definition of domestic violence and abuse is: 'any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial
- emotional'

The definition includes so called 'honour' based violence, Female Genital Mutilation and forced marriage.

The Care Act 2014 specifies domestic violence as one of the types of abuse to which adult safeguarding applies.

Standard 11: Effective arrangements for implementing the Prevent and Channel duties ('to have due regard to the need to prevent people from being drawn into terrorism when exercising their functions')



Service conditions 32.9 and 32.10 of the NHS Standard Contract set out details of the arrangements that providers should have in place in relation to Prevent.

6.0 Responding to abuse and neglect

Where abuse or neglect is carried out in a care home, hospital or other setting, the first responsibility to act lies with the provider of the service.

They should investigate and correct the abuse and neglect, protecting those under their care from harm and providing any additional support they may need as soon as possible.

However an external person should be appointed to carry out an investigation if there is compelling reason why it is inappropriate or unsafe for the provider to do this. The provider must also inform the local authority (where appropriate), the CQC and the CCG.

7.0 Managing Serious Incidents and Complaints

Where a Serious Incident (SI) is identified the provider should give immediate consideration as to whether or not the incident should also be escalated as a safeguarding concern. If advice is required, this should be sought from the organisation's named professionals and/or adult safeguarding lead where applicable.

NCCG's Quality and Development Manager should be informed of an SI within 48 hours of it being discovered including via the Strategic Executive Information System (STEIS) and verbally if appropriate.

SIs are monitored at Clinical Quality Review Meetings (CQRMs).

Provider organisations must have policies and procedures that describe how incidents and complaints that relate to any aspect of safeguarding children and/or adults are managed.

These policies and procedures should include:

- a requirement to inform the relevant senior management lead for safeguarding within the organisation
- a requirement to inform the relevant named nurse and named doctor and/or adult safeguarding lead (NHS Trusts only)
- a threshold for informing the relevant designated professionals and/or adult safeguarding lead at NCCG
- guidance on the difference between a safeguarding concern and a Serious Incident (SI) and a process for staff to follow for reporting incidents that meet the threshold for an SI (NHS Trusts only)
- reference to the organisation's and their staff's duty of candour responsibilities including a requirement to inform people who use services when they are affected by a 'notifiable safety incident' as set out in the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014 (NHS Trusts only)



A review of any incident must include a suitably experienced senior person with safeguarding expertise.

If advice is required, this should be sought from the organisation's named professionals and/or adult safeguarding lead where applicable.

8.0 Statutory Reviews

A number of statutory reviews are required to be undertaken by providers when particular circumstances arise. The different types of review include:

- Serious Care Reviews (SCRS)
- Child Death Reviews
- Safeguarding Adult Reviews
- Domestic Homicide Reviews

Mental health homicide reviews are carried out under separate arrangements but may, depending on the circumstances be linked to a safeguarding statutory review.

8.1 Serious Case Reviews

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.

SCRs are conducted in accordance with Chapter 4 of *Working Together to Safeguard Children* (2015) and the learning and improvement framework of the *London Child Protection Procedures 5th Edition* (2013). 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.

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 may be required to be written by the designated professionals in NCCG, bringing together all the healthcare provider reports into a single document - this is then used to inform the SCR overview report.

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.



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.

Completion of SCR recommendations against timescales forms part of NCCG commissioners' performance monitoring arrangements.

Providers must keep the Designated Nurse updated on the progress of any action plans resulting from serious case review process.

8.2 Child Death Reviews

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 5 of *Working Together to Safeguard Children (2015)*.

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 (2015)* and chapter 9 of the *London Child Protection Procedures (2013)*. Provider organisations should ensure that they have appropriate representation on all relevant CDOPs.

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

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.

8.3 Safeguarding Adult Reviews

Providers who are members of the Safeguarding Adult Board (SAB) should participate in any Safeguarding Adult Review (SAR). A SAR is a multi-agency review instigated by the SAB when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult. The SAB must also arrange a SAR if an adult in its area has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect.

The purpose of a SAR is to find out if there are lessons to be learnt about the way in which agencies worked together, to review the effectiveness of procedures and to reflect on, inform and improve local inter-agency practice. Additionally a SAR provides adults or their advocate with a voice about how professionals and services can safeguard people from abuse and neglect.

The purpose of a SAR is not to investigate how a death or serious incident happened or to apportion blame.



SARs are conducted in accordance with chapter 14 of the Care Act 2014 Statutory Guidance, the 'pan-London procedures': Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse (2011) (due to be updated in 2015) and the Newham SAB Procedure for Safeguarding Adults Reviews.

SARs are managed and coordinated by a subgroup of the SAB, the Newham SAR Panel which meets and agrees if a case should be the subject of a SAR and if so, what type of review process is most suitable. In setting up a SAR the Panel should consider how the process dovetails with any other relevant investigations such as a child SCR or DHR, a criminal investigation or an inquest.

Providers should ensure their staff are fully supported and have sufficient time to be fully involved in reviews and are invited to contribute their perspectives without fear of being blamed for actions they took in good faith.

Providers must keep the Adult Safeguarding Lead updated on the progress of any action plans resulting from the SAR process.

8.4 Domestic Homicide Reviews

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

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. Where such reviews are relevant to a SAR (e.g. because they concern the same perpetrator), consideration should be given to how SARs, DHRs and SCRs can be managed for example, considering whether some aspects of the reviews can be commissioned jointly to reduce duplication of work for the organisations involved.

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

For further information on DHRs see the *Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews* (2013).

9.0 Consent for children and young people

Service condition 9.1 of the NHS Standard Contract states that the provider 'must publish, maintain and operate a Service User consent policy which complies with Good Practice and the Law.'

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



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. However case law and best practice is constantly evolving and the service provider's Mental Capacity Act lead should ensure all advice and guidance is up to date.

10.0 Children and young people in hospital

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

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.

11.0 Adult mental health services

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).

Mental health practitioners must consider the needs of children whose parent or relative 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.

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

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

12.0 Transition arrangements

The NHS mandate asks NHS England to ensure the smooth transition of care from children to adult services. NHS England is legally required to pursue the objectives of the mandate and CCGs have a statutory duty to act consistently with the mandate.

The Children and Families Act, 2014, introduced joint arrangements for assessing, planning and commissioning service. Under this Act is a requirement for Education, Health and Care Plans (EHCP) set out support services for Children and Young People aged 0-25 with a new focus on improvement outcomes, including future employment and independent living.

From April 2016, the London Borough of Newham (LBN) are establishing a new 0 -25 service for all children and young people with special educational needs and disabilities. This will bring together



the young people transition team, children's social work team and SEN casework teams under one service. All young people with EHCP are required to have a transition plan if they continue in education, employment or training up to 25 years old. The plan should cover all transfer of their care and education arrangements to adult services as appropriate.

Clinicians/ practitioners must notify the Local Authority and the CCG of any young person with an EHCP who requires continuation of their health care arrangements into adulthood, and ensure an individual health transition plan is in place in accordance with their organisation's transition protocol.

Our community and acute health providers (East London Foundation Trust and Barts Health NHS Trust) have established Transition Protocols between their children and adult departments and also working arrangements with primary care (GPs) and other adult service providers.

NCCG should work with other commissioners and provider organisations to follow the national practice guidance issued on the new provisions set out in Children and Families Act 2014.

13.0 Risks to particularly vulnerable children and young people

Staff in all commissioned services should be alert to particular safeguarding issues affecting some children and young people and the increased likelihood of harm being suffered by children and young people who are particularly vulnerable. Staff should seek advice from the named or designated professionals on becoming aware of risks to children and young people in these circumstances as required.

Examples of particular safeguarding issues affecting some children and young people include:

- Sexually exploited children
- Female genital mutilation
- Forced marriage and honour-based violence

Examples of children and young people who are particularly vulnerable include:

- Children living away from home including looked after children
- Migrant children
- Unaccompanied asylum-seeking children
- Children in households where domestic abuse takes place
- Parents with significant mental illness, learning disability or who misuse substances
- Disabled children. Expertise in both safeguarding and disability should be brought together to ensure that disabled children receive the same levels of protection from harm as other children

Further examples and guidance can be found in the *London Child Protection Procedures*
http://www.londoncp.co.uk/chapters/B_contents.html

14.0 Record keeping

Provider organisations should keep comprehensive and up to date data of safeguarding activity including:



- staff trained in safer recruitment practices
- staff trained in safeguarding children at different levels
- staff trained in safeguarding adults at different levels
- staff trained in Prevent at different levels
- numbers of staff, caseload and vacancy rates in key clinical groups
- safeguarding related presentations and admissions
- audit schedules
- safeguarding issues raised on the corporate risk register

15.0 Quality assurance

Provider organisations should:

- have arrangements in place to regularly monitor safeguarding performance and activity as well as an annual report on safeguarding children and an annual report on safeguarding adults that are published as public documents (NHS Trusts only);
- submit complete safeguarding dashboards or other performance management data to NCCG commissioners on a quarterly basis and in a timely manner;
- submit data to the NSCB and NSAB for inclusion in multi-agency performance reports 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
- inform the designated professionals and/or DASM at NCCG about any requirements imposed on them by the CQC
- undertake regular audits on:
 - safer recruitment practice
 - the standard of record keeping
 - attendance at core groups and case conferences
 - child protection referrals
 - safeguarding adults referrals
 - the impact on dependent children of treatment provided for adults
 - training
 - supervision

Commissioners should not use safeguarding procedures to intimidate providers; rather they should aim to work in partnership with providers to ensure the best outcome for the adult. Alternative means of raising standards of service should be explored such as support for staff training and contract compliance.



Appendix A

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
<i>Safeguarding children and adults service standards are included within all contracts, service level agreements and service specifications</i>	<i>Audit</i>	<i>Designated professionals Adult Safeguarding Lead</i>	<i>Six months after policy approved, and then annually</i>	<i>Part A Joint Health Safeguarding Subgroup</i>
<i>Performance quality indicators reflect statutory requirements and best practice</i>	<i>Comparison of dataset with guidance and best practice</i>	<i>Designated professionals Adult Safeguarding Lead</i>	<i>Annually</i>	<i>Part A Joint Health Safeguarding Subgroup</i>
<i>Metrics showing if key safeguarding children statutory requirements and best practice are being followed by:</i> <ul style="list-style-type: none"> • <i>acute, community health and mental health service providers</i> • <i>independent contractors (to be developed)</i> 	<i>Safeguarding children dashboard</i>	<i>Directors of Procurement, Contracting & Performance, and Primary Care Commissioning, Designated professionals Director of Quality and Development</i>	<i>Quarterly</i>	<i>Part A Joint Health Safeguarding Subgroup (Escalation to provider CQRM if necessary) NCCG Board</i>
<i>Metrics showing if key safeguarding adults statutory requirements and best practice are being followed by acute, community health and mental health service providers</i>	<i>Safeguarding adults dashboard</i>	<i>Adult Safeguarding Lead</i>	<i>Quarterly</i>	<i>Part A Joint Health Safeguarding Subgroup (Escalation to provider CQRM if necessary) NCCG Board</i>
<i>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</i>	<i>LSCB Multi-agency Performance Report Section 11 audit</i>	<i>Named Professionals</i>	<i>Quarterly Annually (quarterly)</i>	<i>Each LSCB Part A Joint Health Safeguarding Subgroup,</i>



<i>children</i>	<i>(Section 11 of the Children Act 2004)</i>		<i>exception reporting via safeguarding dashboard)</i>	<i>NCCG Board</i>
<i>SAB Adult Safeguarding Improvement Tool</i>	<i>Multi-agency SAB event</i>	<i>SAB representatives</i>	<i>Annually</i>	<i>Safeguarding Adult Board Part A Joint Health Safeguarding Subgroup</i>
<i>NHS England Prevent Returns</i>	<i>Self-completion</i>	<i>Trust Prevent Leads</i>	<i>Quarterly</i>	<i>Part A Joint Health Safeguarding Subgroup</i>



Appendix B

Summary Staff Group and Responsibilities

Staff/group	Key responsibilities
NHS England	<ul style="list-style-type: none"> NHS policy on safeguarding policy, providing oversight and assurance of CCG and independent contractors safeguarding arrangements. This includes working with Care Quality Commission and other national partners to ensure organisational as well as individual compliance.
Newham Safeguarding Children Board	<ul style="list-style-type: none"> Co-ordinating how local agencies work together to safeguard and promote the wellbeing of children and to ensure the effectiveness of these safeguarding arrangements.
Newham Safeguarding Adult Board	<ul style="list-style-type: none"> Assuring itself that local safeguarding arrangements and partners act to help and protect adults with care and support needs experiencing, or at risk of abuse or neglect and who are unable to protect themselves from the risk or experience of abuse or neglect
Newham Clinical Commissioning Group (NCCG)	<ul style="list-style-type: none"> Training staff in recognising and reporting safeguarding issues, providing appropriate supervision and ensuring that staff are competent to carry out their responsibilities for safeguarding Ensuring effective arrangements for information sharing NCCG as a NHS organisation has a statutory responsibility under section 11 of the <u>Children Act 2004</u> to ensure its functions are exercised with a view to safeguarding and promoting the welfare of children and young people. The Board 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 NCCG should employ or have in place a contractual agreement to secure the services of a designated nurse and doctor for safeguarding children and for Looked After Children and a designated paediatrician for unexpected deaths in childhood NCCG as a partner of the Newham Safeguarding Children Board (NSCB) has an obligation to provide financial resource to enable the NSCB to be effective, (Working Together, 2013) Having a designated adult safeguarding manager (DASM) to include the adult safeguarding lead role and a lead for the Mental Capacity Act, supported by relevant policies and training Supporting the development of a positive learning culture across partnerships for safeguarding adults to ensure that organisations are not unduly risk averse Working with the Local Authority to enable access to community resources that can reduce social and physical isolation for adults
NCCG Chair	<ul style="list-style-type: none"> Accountable for ensuring that the health contribution to safeguarding and promoting the welfare of children is discharged effectively across the whole local health economy through the CCG's commissioning arrangements. This includes the effective operation of the board with regards to safeguarding children and young people.
Chief Officer	<ul style="list-style-type: none"> Providing strategic leadership, promoting a culture for supporting good practice with regards to safeguarding within the CCG and ensuring collaborative working with other agencies.
Executive Director Lead (Board Clinical Lead)	<ul style="list-style-type: none"> Taking responsibility for child protection/ safeguarding issues. Providing leadership in the long term strategic planning for safeguarding services, supported by the designated professionals.



Staff/group	Key responsibilities
	<ul style="list-style-type: none"> • Reporting on the performance and giving assurance in relation to safeguarding arrangements. • Representing NCCG on the NSCB Executive Subgroup. • Executive Lead for safeguarding adults • Ensures strategic ownership of safeguarding adults at Board level • Responsible for leading and promoting the development of initiatives to improve the prevention, identification and response to abuse and neglect • Signs off the CCG's contributions to the SAB Strategic Plan and Annual Report
Board Members	<ul style="list-style-type: none"> • Accountable for ensuring that children and young people receive high quality, evidence based care and are seen in appropriate environments by skilled and competence workforce.
Board Lead for Adult Safeguarding	<ul style="list-style-type: none"> • Providing expert, clinical advice to the CCG and SAB
Director of Quality and Development	<ul style="list-style-type: none"> • Championing safeguarding throughout the organisation • Ensuring robust arrangements for safeguarding through governance, systems, organisational focus and monitoring. • Ensuring safeguarding children is an integral aspect of NCCG governance arrangements including organisational compliance with standards and requirements for child protection. Ensuring these issues are always considered when commissioning and decommissioning services • Ensuring commissioning intentions, integrated delivery and other strategic health plans are considered from a safeguarding perspective • Ensuring appropriate training is available for all staff including the Board, and that attendance is monitored • Ensuring the NCCG Board is fully informed of all issues in relation to safeguarding • Ensuring the appointment of designated professionals • Ensuring that there is a programme of training and mentoring to support those with responsibility for safeguarding. • Managing the designated professionals • CCG representative to the Newham Safeguarding Adult Board • CCG Prevent Lead
Caldicott Guardian	<ul style="list-style-type: none"> • Facilitating and enabling information sharing, and advice on options for lawful and ethical processing of information.
Designated Professionals for Safeguarding Children	<ul style="list-style-type: none"> • Taking a strategic, professional lead on all aspects of the health service contribution to safeguarding children within NCCG. This includes working across the local health system to support other professionals in their agencies on all aspects of safeguarding and child protection.
Designated Professionals for Looked After Children	<ul style="list-style-type: none"> • Assisting NCCG as commissioners to improve the health of looked after children and to provide strategic and clinical leadership and advice to the NCCG and the local authority.
Designated Paediatrician for unexpected deaths in childhood	<ul style="list-style-type: none"> • Ensuring relevant professionals (i.e. coroner, police and local authority children's social care) are informed of the death, co-ordinate the team of professionals (involved before and/or after the death) which is convened when a child who dies unexpectedly. • Convening multi-agency discussions after the initial and final post mortem results are available.
Named GP	<ul style="list-style-type: none"> • Providing support and advice to CCG about safeguarding/child protection in general practice and to work closely with Board executive lead for safeguarding and designated professionals.



Staff/group	Key responsibilities
Adult Safeguarding Lead / Designated Adult Safeguarding Manager	<ul style="list-style-type: none"> • Leading and co-ordinating adult safeguarding strategy • Providing support and advice about the appropriate content of contracts, service specifications and service level agreements, and securing assurance from providers • Providing advice to commissioned services on how to improve systems for safeguarding adults • Providing guidance on identifying adults at risk • Providing an advisory role to SAB, supporting the CCG SAB representative • Preparing annual report for the CCG Board and CCG contribution to the SAB Strategic Plan and Annual Report • Taking a lead for health in working with partners with respect to Safeguarding Adult Reviews and Domestic Homicide Reviews and for taking forward learning for the health economy • Supporting the Director of Quality & Development and the GP Lead for Mental Health in their Prevent Lead and Designated MCA Lead roles • Management and oversight of individual complex cases • Acting as coordinator where allegations are made or concerns raised, about staff
Mental Capacity Act (MCA) Lead	<ul style="list-style-type: none"> • Primary responsibility for ensuring that the CCG commissions appropriate health care, in compliance with the MCA, for those adults normally resident within the area who may not have the capacity to consent to treatment even if that treatment is received in another area
Commissioners	<ul style="list-style-type: none"> • Assuring themselves of the quality and safety of the organisations they place contracts with and ensure that those contracts have explicit clauses that hold the providers to account for preventing and dealing promptly and appropriately with any example of abuse and neglect.
Joint Health Safeguarding Subgroup	<ul style="list-style-type: none"> • Providing strategic direction for the health contribution to safeguarding and promoting the welfare of children and vulnerable adults in Newham consistent with Newham Safeguarding Children Board (NSCB) and Newham Safeguarding Adults Board (NSAB) strategy / business plans • Supporting the implementation of both the NSCB and NSAB safeguarding strategy and business plan • Monitoring current and planned changes to legislation, guidance and best practice, considering the impact of these in Newham and making recommendations for how these are implemented • Providing assurance to the Newham CCG Board, NSCB and NSAB that the CCG and all health care providers are effectively discharging their statutory and non-statutory duties to safeguard children and vulnerable adults. Where gaps and risks are identified, to put in place remedial action plans and ensure these are effectively implemented.
Human Resources NELCSU	<ul style="list-style-type: none"> • Applying safer recruitment best practice in relation to safeguarding children and adults • Providing advice and support concerning allegations against staff • Co-ordinating any investigations into allegations against staff as necessary • Following Disclosure and Barring Service procedures for reporting staff who have harmed individual service users • Where there are allegations against staff in relation to safeguarding children, ensuring that the designated professionals are aware and the Local Authority Designated Officer (LADO) notified where appropriate



Staff/group	Key responsibilities
All staff	<p>Any member of staff who in the course of their work comes into direct contact with children, adults with care and support needs, their families and carers has a responsibility to know what to do if they encounter abuse or neglect, or are concerned that someone is at risk of harm.</p> <p>All staff should be:</p> <ul style="list-style-type: none">• Alert to potential indicators of abuse or neglect• Know who to contact for help and advice



EQUALITY ANALYSIS

(Equality Impact Assessment)



Name of policy/function

Safeguarding through Commissioning Policy

Is this a new or existing policy/function?

[Please check appropriate box]

New

Existing

Please give a brief description of policy/function

The policy sets out the responsibilities of NHS Newham CCG as commissioners of services for promoting the wellbeing of and safeguarding children, young people and vulnerable adults. The policy also sets out the safeguarding responsibilities of providers and includes schedules of safeguarding children and adults service standards to be incorporated into contracts.

Scope of the Equality Analysis

This is an Equality Analysis of NHS Newham CCG's Safeguarding through Commissioning Policy. The Analysis considers the potential impact of the policy on each of the different groups protected from discrimination by the Equality Act.

The policy and Equality Analysis do not address the corporate safeguarding responsibilities of NCCG and its staff. These wider responsibilities are set out in the NCCG Safeguarding Policy.

Consultation, engagement and contribution/outcomes

[Please list who you have consulted with on this EA and what contribution they have made, if any. If the policy/function is customer facing then please mention which protected group from the potential beneficiary groups has been involved]

Healthwatch Newham has been consulted and has commented that the following groups in particular face challenges receiving messages about adult safeguarding: women's, older people and disability groups, and language plus cognitive ability. They suggest that any communication campaign should be simple – flyers and posters showing a point of contact, and talks to community groups.



Impact assessment and actions

Protected Group	Relevance YES/NO	Evidence of impact	Nature of potential impact (positive/negative /unknown)	Recommendations/mitigating actions
Age	Yes	<p>Safeguarding activity may have a particular impact for older adults, for example:</p> <ol style="list-style-type: none"> 1. Age related frailty and health conditions that disproportionately affect older people such as dementia, all increase a person's dependency and susceptibility to harm or abuse. 2. Social conditions and discriminatory attitudes. Social circumstances such as isolation may leave individuals at risk of harm abuse and exploitation. Older adults may experience discriminatory attitudes about their lifestyles and risks they chose to take. 	Positive	
Disability (including mental health and learning disability)	Yes	Disabled people in vulnerable situations may be less able to protect themselves from harm.	Positive	
Race/ethnicity	Yes	Women in some ethnic groups may be at greater risk of so called 'honour-based violence' and forced marriage.	Positive	



Protected Group	Relevance YES/NO	Evidence of impact	Nature of potential impact (positive/negative /unknown)	Recommendations/mitigating actions
Sex/gender	Yes	While domestic violence can affect both genders, women are most at risk and one in four women are affected by domestic violence sometime in their life.	Positive	
Gender reassignment	Yes	Many people seeking gender re-assignment report they are refused NHS treatment or are otherwise adversely affected by the way they are treated by healthcare professionals.	Positive	
Sexual orientation	Yes	Incidence of mental ill-health - including anxiety, depression and self-harm - may be higher among lesbian, gay and bi-sexual people as a result of homophobic discrimination.	Positive	
Religion/belief	Yes	Incidence of domestic violence and female genital mutilation is higher in some communities due to cultural practices and beliefs.	Positive	



Protected Group	Relevance YES/NO	Evidence of impact	Nature of potential impact (positive/negative /unknown)	Recommendations/mitigating actions
Maternity/pregnancy	Yes	Pregnant women are at greater risk of domestic violence and the months surrounding the birth of a baby carry a risk for women of developing mental illness	Positive	
Civil partnership /marriage	No			
Human Rights	Yes	Human rights particularly relevant to safeguarding adults are: <ul style="list-style-type: none"> • The right to life (article 2) • The right not to be tortured or treated in an inhuman or degrading way (article 3) • The right to liberty (article 5) • The right to respect for private and family life, home and correspondence (article 8) 	Positive	
Socio-economic group	Yes	Socioeconomic status is an important predictor of health outcome. The poorer the socio-economic standing of communities, the	Positive	



Protected Group	Relevance YES/NO	Evidence of impact	Nature of potential impact (positive/negative /unknown)	Recommendations/mitigating actions
		<p>greater is the risk of health inequalities and consequent risk of abuse and neglect. Safeguarding adults particularly addresses the needs of those who are dependent on others and unable to protect themselves from harm. Many people rely on carers to support them. Carers are themselves likely to be in poor health and need support in their own right and in their role as carers.</p>		
Social inclusion	Yes	<p>Communities that are excluded from or do not access services are at greater risk of abuse and neglect, and of not receiving the help and support they need. Examples include isolated elderly people (see under 'Age' above).</p>	Positive	
Community cohesion	No			





Final outcomes:

[Please check appropriate box]

- | | |
|--|-------------------------------------|
| A. Continue with the policy/proposal as it is | <input checked="" type="checkbox"/> |
| B. Continue with the policy with adjustment or further analysis | <input type="checkbox"/> |
| C. Stop/remove the policy/proposal | <input type="checkbox"/> |
| D. Carry out a further analysis of new data | <input type="checkbox"/> |

Signature of the SRO/Director:

Date:

Date of Next Review:

[Statutory requirement at least 3 years unless there is any change in existing policy/function]

Further information:

Please read the CSU guidance on 'how to complete an equality analysis' when completing an equality analysis.

Please forward a copy of this EA report to the Equality and Diversity Team at the CSU at equality@nelcsu.nhs.uk

