

# Brent Harrow and Hillingdon Clinical Commissioning Groups 2016-2019

## Safeguarding Strategy



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<b>Responsible Committee / Board</b>	Brent, Harrow and Hillingdon Executive Boards
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<b>Target Audience</b>	All employees in Brent, Harrow and Hillingdon Clinical Commissioning Groups

## Document Control

<b>Version</b>	<b>Created By</b>	<b>Date:</b>	<b>Main changes /comments</b>
1.	Jane Bell/Sue Sheldon	13.05.16	New Strategy
1.1	BHH Safeguarding	06.06.16	Inclusion of Adult Safeguarding (MCA, DoLS, Care Home monitoring, SI's
1.2	Sue Sheldon, Jane Bell	28.06.16	Amended version agreed with comments
1.3	Sue Sheldon	12.09.16	CLA added with Designated roles and outcomes
1.4	Sue Sheldon	01.12.16	Document amended following final comments from Designated Professionals
1.5	Sue Sheldon	01.05.17	Comments from Harrow CCG Safeguarding Children Lead

## Introduction

Brent Harrow and Hillingdon Clinical Commissioning Groups (BHH CCGs) have developed this strategy as a joint approach with the ethos that safeguarding is everyone's responsibility. Brent, Harrow and Hillingdon CCGs acknowledge their statutory responsibilities to promote the welfare of children and young people and to protect adults from abuse and risk of harm.

This strategy sets out the strategic approach required to ensure safe and effective safeguarding services are in place, thereby strengthening the arrangements for safeguarding children and adults across the BHH health economies.

### **Vision for Safeguarding**

People, who use health and care services should be treated with dignity and respect, receive high quality, safe and compassionate care free from harm and abuse. In particular, the Clinical Commissioning Groups aim to collaborate with, hear and respond to the needs of children, young people (CYP) and adults at risk and demonstrate assurance that any CYP/ Adult thought to be at risk is safeguarded and protected from harm and abuse. An adult at risk is a person aged 18 or over who is in need of care and support irrespective of whether they are receiving them, and because of those needs, are unable to protect themselves against abuse or neglect (Care Act 2014).

As a collaborative the three CCGs responsible for commissioning many of the services for the population of Brent, Harrow and Hillingdon consider it their prime responsibility to ensure this happens and safeguarding is considered at all points in the Commissioning process.

Looked after children (LAC) are a particularly vulnerable group of children and young people and the CCGs will adhere to the statutory guidance for promoting their health and wellbeing. They will work together with local authorities to ensure that health needs which are identified in a timely fashion are considered in the commissioning process. The CCGs will receive and make recommendations based on the Annual Report from the Designated Professionals for LAC which outlines the work undertaken with these children and young people and an assessment of their health needs. This strategy has been developed in agreement with Brent, Harrow and Hillingdon CCG. Individual CCGs remain responsible and accountable for their own policies, procedural guidance and identification of their own specific safeguarding priorities and action plans. Some of these will be developed in partnership with the responsible boards for safeguarding children and adults and will incorporate Local Safeguarding Children Board (LSCB) and Local Safeguarding Adult Board (LSAB) policies and procedures. In addition to these BHH CCGs will also adhere to the respective Pan-London Policy and Procedures.

The strategy will be shared with the respective LSCB's and LSAB's to reflect the common understanding and combined approaches that are required to improve outcomes for children and young people, including those who are vulnerable because they are looked after outside their families and vulnerable adults.

The CCGs will work with the LSCB/LSAB's, statutory agencies and the provider organisations to ensure the effectiveness of multi-agency arrangements to safeguard and promote the well-being of children, young people and vulnerable adults at risk from harm or abuse.

### **National Policy Drivers**

1. There are key legislative frameworks that support the safeguarding of children and adults; for children and young people under 18 years of age the Children Act 1989 revised in 2004 and for adults at risk the Care Act (2014), Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (2009). For children and young people looked after "Promoting the health and well-being of looked after children Statutory Guidance for local authorities, clinical commissioning groups and NHSE (March 2015) which states that CCG's and NHSE have a duty to cooperate with requests from local authorities to undertake health assessments and to help ensure services are provided without undue delay.
2. The NHS Outcomes Framework 2015/16 (Department of Health 2014) identified that sustainable quality improvements are achieved when the focus is on outcomes rather than being process driven. The NHS Outcomes Framework (DH, 2014) set out five overarching high level outcome domains for quality improvements. In terms of safeguarding the CCG's must assure that commissioned services meet:

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

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

The CCGs will need to demonstrate assurance to NHS England for the services it commissions through compliance with the NHS England CCG Outcomes Indicator Set.

3. NHS England Safeguarding Vulnerable People in the NHS Accountability and Assurance Framework (2015) identifies that robust information sharing practice is at the heart of good safeguarding practice, with legislation (Data Protection Act 1998) and case law to clarify issues of confidentiality and privacy.

The revised guidance identifies mandated objectives which CCGs must assure in relation to safeguarding:

**Objective 13:** *CCGs work with local authorities to ensure that vulnerable people, particularly those with learning disabilities and autism, receive safe, appropriate, high quality care.*

**Objective 23:** *CCGs to demonstrate progress against the Governmental priorities: continuing to improve safeguarding practice in the NHS; contributing to multi-agency family support services for vulnerable and troubled families; contributing to reducing violence, in particular by improving the way the NHS shares information about violent assaults with partners, and supports victims of crime;*

4. The 2016/17 CCG Improvement and Assessment Framework (2) supports The *Five Year Forward View* (3) and *NHS Planning Guidance* (4) which aims to improve the health and well-being of the whole population, provide better quality care and better value care. Simply applied to safeguarding this requires all partners and everyone whose work/life involves contact with children, young people and adults at risk to understand their role and responsibilities.
5. The legislation for children and adults operates alongside the Human Rights Act (1998) and the Domestic Violence Crime and Victims Act (2004) to protect the rights, freedoms and wellbeing of children as they transition into adult services as well as adults and carers.

While the safeguarding frameworks for children and adults are managed separately, nationally they often crossover or can run concurrently; for example in domestic abuse concerns, the Multi-Agency Public Protection Arrangements (MAPPA) and Multi-Agency Risk Assessment Conferences (MARAC).

The lead agency for safeguarding children is the Local Authority whilst the National Probation Service leads on MAPPA, the Police lead on MARAC and the Community Safety Partnerships lead on Domestic Abuse and Domestic Homicide Reviews.

Health commissioners and providers are expected to contribute to all safeguarding processes and have identified leads to support MAPPA and MARAC and have policies in place to respond to domestic abuse.

## **Designated Safeguarding Professionals**

The Designated Professionals have a system wide role which is supported by the CCG Accountability and Assurance Framework (2015). The Designated Safeguarding Professionals have a key function across the CCG commissioning cycle, from procurement to quality assurance, to support the CCG in assuring effective safeguarding arrangements that support the delivery of improved outcomes and life chances for the most vulnerable in all CCG commissioned services.

### **Designated LAC Professionals**

The Designated Professionals for LAC have an important role in promoting the health and welfare of looked after children. The role is to assist CCGs and other commissioners of health services in fulfilling their responsibilities to improve the health of looked after children.

### **Supervision and Training**

Effective safeguarding supervision and training are an essential component of ensuring NHS staff can effectively safeguard children, young people and adults at risk. It is the responsibility of all providers, and CCG employees to maintain the appropriate level of training as per the Intercollegiate document Safeguarding Children and Young People: roles and competences for health care staff (2014), and the corresponding document for safeguarding adults (currently in final stages of completion). It is also the responsibility of all NHS staff to access safeguarding supervision in line with their organisations supervision policy.

The Designated Professionals for Safeguarding provide expert advice on statutory requirements in order that both CCG staff and commissioned services have systems in place which are monitored for adherence.

### **Strategic Priorities**

The CCGs as well as being commissioners of local services are also employers of NHS staff and as such need to comply with all safer recruitment requirements. The key strategic objectives in line with the CCG statutory responsibilities are:

- To provide senior and board-level leadership
- The senior leadership responsibility and lines of accountability for the CCG safeguarding arrangements are clearly outlined to employees and members of the CCG, as well as to external partners
- The CCG contributes to the work of the LSCB/LSAB and their Safeguarding Strategic Business Plan and priorities and provide support to ensure that the board meets its statutory responsibilities
- The CCG supports the role of Designated Safeguarding Professionals to act as independent expert advisors to the LSCB/LSAB, to contribute to and influence

the work of the LSCB/LSAB and contribute to its subgroups and other national and local safeguarding implementation networks.

- The CCGs will commission services for all children, young people and adults in their area and ensure that high quality, timely care for looked after children is not disrupted by changes in placement or leaving care.

To ensure safeguarding arrangements are in place the CCG will:

- Integrate safeguarding within other CCG functions and contractual arrangements, such as quality and safety, patient experience, healthcare acquired infections, management of serious incidents, pressure ulcers.
- Secure the expertise of Designated Professionals, including the expertise of a Designated Nurse and Doctor for Safeguarding Children, Designated Professional for Safeguarding Adults, and Designated Professionals for Looked After Children (LAC) and a Designated Paediatrician for Unexpected Childhood Deaths.
- Ensure Designated Professionals have appropriate capacity and support to complete Health Overview Reports as required where a Serious Case Review/Case Review has been commissioned and fulfill the statutory requirement to participate in multiagency case reviews and Domestic Homicide Reviews (DHR) as identified by Home Office/Community Safety Partnerships.
- Ensure CCG staff, including the Governing Body, are trained to embed safeguarding within the commissioning process and are able to recognise and report safeguarding concerns
- Ensure the CCG, through the Designated Professionals, will actively work to raise awareness of, and ensure robust arrangements are developed and in place, to address the risk and harm associated with both national and local issues such as: human trafficking, child sexual exploitation, missing children, radicalisation of vulnerable young people, modern day slavery and female genital mutilation.
- Publicise on its website contact details for its Designated Safeguarding Professionals.
- To ensure the Designated Professionals for Safeguarding have capacity to fulfill the role and ensure an overview of all child safeguarding activity and adult safeguarding activity across providers.
- Significant incidents involving children and young people, such as Serious Case Reviews are logged with NHS England via the Designated Professionals for Safeguarding Children. Significant incidents follow the NHS review protocols in parallel to other pathways such as Coroners Inquests/or professional practice reviews/criminal investigations and in children, child death processes. (NHSE Significant Incident Policy).

The CCGs will evidence that their commissioned services achieve local priorities and

demonstrate progress on improved quality and safety outcomes year on year through the use of specific contractual arrangements and metrics with provider organisations. The expectation is that local providers will work collectively with the CCGs and provide data/information to ensure appropriate progress and better outcomes for children, young people and adults at risk.

This will include having in place:

- Key Performance Indicators (KPI)
- Commissioning for Quality and Innovation (CQUIN)
- Targets, quality schedules, systems to embed learning from incidents and complaints
- Comprehensive single and multiagency safeguarding policies and procedures
- A safeguarding training strategy and framework.

In addition the CCG will support the recommendations from public enquiries such as: the Victoria Climbié Inquiry 2003, the Laming Inquiry (2009), Francis Inquiry (2013), Independent Inquiry into Child Sexual Abuse in Rotherham (2014), the Lampard Enquiry (2015), Savile (2014), Winterbourne (2012) and all local Safeguarding Reviews. Openness, transparency, duty of candour and leadership will be integral to service delivery and outcomes across the health economy.

This safeguarding strategy must be read in conjunction with the CCGs Safeguarding Commissioning Policies, the Safeguarding Training Strategy and other relevant CCG policies, such as Whistleblowing Policy and Recruitment Policy.

### **Individual CCG employee responsibilities**

Any BHH CCG employee, who identifies a safeguarding concern about a child, young person or adult at risk, must discuss their concern immediately with their line manager and/or the Designated Professional for Safeguarding Children or Adults.

The CCG Caldicott Guardian and Designated Professionals can advise CCG staff and partner agencies regarding sharing proportionate 'health' information so as to protect specific children or adults at risk or if it is in the wider public interest to do so.

### **Commissioning Safe Services**

The CCGs are responsible for ensuring safeguarding is integral across all areas and it applies to all commissioned services including NHS, Third sector providers including Care Homes and Domiciliary Care. The principles of commissioning in the CCGs are

based on the 6 principles of safeguarding-prevention, protection, partnership, proportionality, empowerment and accountability.

The BHH CCGs will ensure safeguarding is intrinsically linked with quality in all aspects of the CCG Commissioning Cycle. The following diagram illustrates how this will be achieved.



### Assessing Health Needs

The Designated Professionals can help undertake a health needs assessment through:

- Collation and analysis of existing information being collected through safeguarding in quality schedules within contracts.
- Provide patient experience information from Children/Young Persons and Adults at Risk Shadow Board and stakeholder events to highlight the voice of the child and adults at risk.
- Review of national policy and guidance to ensure “must dos” are considered and implemented wherever possible.
- Assist in the completion of a quality impact assessment.
- Help to set specific safeguarding indicators to measure progress.
- Consider how to implement outcomes, for example financial penalties.

## **Identify Gaps in Service Provision**

The Designated Professionals can help identify gaps in service provision through collation and analysis of findings from a variety of sources such as;

- Complaints
- Feedback from parents, carers, patient user groups, relative carers forums, voluntary groups, partners, local youth councils
- Clinical quality visits
- Audits
- CQC Inspection findings
- Serious Incident reports and other stakeholder's feedback and patient survey results.
- Serious Case Reviews, Serious Adult Reviews, national and local.

## **Deciding Priorities and Service Redesign**

The Designated Professionals can be involved in deciding priorities and service redesign by contribution to service developments e.g.

- Children re commissioning work streams
- Local Health and Wellbeing Strategies
- Local Sustainability and Transformation Plans (STP)
- Analysis of existing information being collected through quality schedules and visits.
- Assisting in the completion of Quality Impact Assessments.
- Ensuring evidence based information and best practice, following national and local guidance, is considered

## **Procurement**

The Designated Professionals can be involved in the procurement process through:

- Development of safeguarding standards in new service specifications.
- Development of quality schedules and possible CQUIN schemes.
- Evaluation of potential provider bids.
- Ensuring evidence based information and best practice, following national and local guidance, is considered.

## **Managing Performance**

The Designated Professionals are usually involved with the monitoring and management of providers' performance through:

- Regular monitoring of quality schedules and CQUIN schemes within contracts

- Clinical quality visits to providers.
- Triangulation and analysis of all available data including Section 11 audit, serious incidents, Serious Case Reviews, Case Mapping Reviews, monitoring and scrutiny of safeguarding activity through attendance at provider safeguarding committees, professional meetings, never events, mortality data, patient experience, complaints and workforce information.

### **Monitoring Assurance**

- The Safeguarding Strategy will be monitored through the respective CCG Quality Committees and the development of specific action plans to manage progress of assurance reporting.
- Comprehensive service specifications for children and adult services, of which child and adult safeguarding is a key component, will be evident in all contracts with provider organisations. Service specifications to include clear service standards and KPIs (key performance indicators) for safeguarding children and adults and promoting their welfare, consistent with the LSCB/LSAB procedures.
- Service specifications and service level agreements will be reviewed annually to ensure safeguarding and quality elements of care are monitored within provider contracts.
- Contract monitoring will be achieved through provider management/ performance meetings to provide assurance and/or appropriate exception reporting
- Quality assurance visits to commissioned services and independent providers and the collation of quality and patient safety data and 'soft' intelligence will facilitate the identification, monitoring and analysis of safeguarding concerns in relation to potential vulnerability, risk and need.
- An Annual Safeguarding Report will be provided to each respective CCG Governing Body's and shared with LSCB/LSAB.