

NHS South Sefton Clinical Commissioning Group

SAFEGUARDING STRATEGY

2015 - 2017

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In the event of any changes to relevant legislation or statutory procedures this policy will be automatically updated to ensure compliancy without consultation. Such changes will be communicated.

Version Number	Type of Change	Date	Description of change
V1	Process	Sept 2015	Approved strategy updated with policy/version control sheet.

NHS South Sefton Commissioning Group Safeguarding Strategy

1. Introduction

This safeguarding strategy sets out our priorities for the forthcoming years 2015- 2017 and is the start of the journey to plan and commission locally delivered services that drive up quality and ensure our population receives effective, safe and personalised care. We will work in partnership to safeguard children and adults, enhancing health and well-being and protecting the rights of those in the most vulnerable situations. Patients and the quality of their care, is the focus of everything we do. We must ensure that we commission services based on the quality of care they deliver and ensure that individuals are empowered to choose services on the basis of quality and outcomes. This involves providing clear information to the public about the quality of services which are commissioned on their behalf, including information about poor quality, unexplained variation and differential health outcomes.

In addition to promoting on-going quality improvement, as commissioners, we need to be assured that existing services meet acceptable standards. Whilst regulators play a key role here, commissioners must still actively monitor the quality of services delivered by our providers. Where we are not assured about the quality of any of the services we commission, detect early warnings of a potential decline in quality or suspect a breach of unacceptable standards we have a responsibility to intervene.

- 1.1. NHS South Sefton Clinical Commissioning Group (CCG) holds the value that living a life that is free from harm and abuse is a fundamental right of every person. It acknowledges its statutory responsibility to promote the welfare of children and young people and to protect adults from abuse and risk of harm.
- 1.2. NHS South Sefton CCG will work with the Safeguarding Boards, statutory agencies and its provider organisations to ensure the effectiveness of multi-agency arrangements to safeguard and promote the well-being of children, young people and adults at risk from harm or abuse.
- 1.3. Evidence of continuous improvement and compliance in quality and safety outcomes for commissioned services will be achieved through the use of specific contractual arrangements and metrics with provider organisations. This will include having in place: Key Performance Indicators (KPI), CQUIN targets, quality schedules, systems to embed learning from incidents and complaints, comprehensive single and multiagency safeguarding policies and procedures and a safeguarding training strategy and framework.

- 1.4. In addition the CCG will support specific Francis recommendations relating to improving safety for vulnerable groups to develop an on-going culture of quality across the health economy economy including assurance in relation to the legal requirements for Duty of Candour.
- 1.5. Safeguarding priorities are central to ensuring high quality and safe care. This strategy has been developed with reference to NHS England, Outcomes Framework 2014/15, particularly:
 - Domain 4: Ensuring people have a positive experience of care
 - Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm.
- 1.6. This safeguarding strategy must be read in conjunction with the CCG Safeguarding Policy, Safeguarding Training Strategy and other relevant policies.
- 1.7 This strategy has been developed in collaboration with both local safeguarding boards and groups and key stakeholders locally

2. Responsibilities

- 2.1 Overall accountability for safeguarding within South Sefton CCG rests with the Accountable Officer (AO). The Chief Nurse (CN) is responsible for senior clinical leadership and advocating for vulnerable groups across the CCG health economy.
- 2.2 The AO and CN are responsible for ensuring that robust constitution and governance arrangements are in place and maintained, and include succession planning, to ensure the delivery of all safeguarding duties and objectives.
- 2.3 As statutory bodies, CCGs have a responsibility for improvements in the quality of primary medical services and safeguarding services across the local economy.
- 2.4 NHS England and the CCG will work closely with the local authorities, Local safeguarding Children & Adult Boards to ensure there are effective NHS safeguarding arrangements across the health communities, whilst at the same time, ensuring absolute clarity about the underlining statutory responsibilities that each commissioner has for the services that they commission, together with a clear leadership role for NHS England.

3. Background

- 3.1. The publication of the Safeguarding Vulnerable People in the Reformed NHS Accountability and Assurance Framework (March 2013), stated that

the CCGs have the statutory responsibility for ensuring that the organisations from which they commission services, will provide a safe system that safeguards children and adults at risk of harm. The Mandate from the Government to the NHS Commissioning Board (NHS CB) for April 2013 to March 2015 (published in November 2012) says:

“We expect to see the NHS, working together with schools and children's social services, supporting and safeguarding vulnerable, looked-after and adopted children, through a more joined-up approach to addressing their needs.”

*The above quote was prior to NHS CB becoming NHS England, and as such reflects the terminology of the time.

The Mandate also sets the Governing Body a specific objective of continuing to improve safeguarding practice in the NHS, reflecting also the commitment to prevent and reduce the risk of abuse and neglect of adults.

- 3.2. For children and young people, the key legislation includes the Children Act (1989) and the Children Act (2004). Section 10 of the 2004 Act creates a statutory framework for local co-operation between local authorities, partner agencies and other bodies including the voluntary and community sector in order to improve the wellbeing of children in a local area.
- 3.3 Statutory guidance such as ‘Making arrangements to promote the welfare children under section 11 of the Children Act 2004’ (2007) reinforces and describes the duties of health services. Working Together to Safeguard Children (2013) recognises the changing commissioning arrangements within the health service and lays out the role of the CCGs.
- 3.4 The Care Act (2014), of which Part 1 is due to be enacted in April 2015, introduces statutory arrangements in relation to adults at risk of harm and replaces the No Secrets (2000) guidance that previously provided the framework for adult safeguarding. The Care and Support statutory published by the Department of Health in October 2014 supports the implementation of part 1 of the Care Act.
- 3.5 NHS South Sefton CCG is a core member of the Sefton Safeguarding Adults Board which is leading on the implementation of the Care Act on a multi-agency basis and the CCG is undertaking preparatory work in readiness for April 2015. Further key related legislation and guidance that supports safeguarding includes: Clinical Governance and Adult Safeguarding: An Integrated Process (DH, 2010) the Human Rights Act (1998) Mental Capacity Act (2005), Deprivation of Liberty Safeguards (2007) and the Domestic Violence Crime and Victims Act (2004) PREVENT (2012). This strategy recognises that this is not an exhaustive list.

3.6 Although the safeguarding frameworks for adults and children are managed separately, nationally they do often link/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).

3.7 The lead agency for safeguarding children and adults 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 lead persons identified to support MAPPA and MARAC and have policies in place to respond to domestic abuse.

4. Strategy

4.1. Vision & Aim

4.1.1 The vision across NHS South Sefton CCG is to maintain safe and effective safeguarding services and to strengthen arrangements for safeguarding adults and children across South Sefton, working collaboratively with partner agencies.

4.1.2 The CCG will need to commission services that promote and protect individual human rights, independence and well-being and secure assurance that the child or adult thought to be at risk, stays safe. They will also need to ensure that children and vulnerable adults are effectively safeguarded against abuse, neglect, discrimination, embarrassment or poor treatment, are treated with dignity and respect, and enjoy a high quality of life.

4.1.3 We know we will have achieved our vision when:
People who live and work in South Sefton know what signs and indicators of abuse to look out for and who to contact for advice and support.

- Local health organisations respond in a timely and effective way to concerns about abuse.
- Children and adults at risk have access to the support and services that they need from health agencies.
- Children and adults at risk have their voices heard within safeguarding procedures and services. We maximise their rights to choice and control, within the confines of their mental capacity and competence.

- Children and adults are protected when necessary and have improved quality of life as a result.

4.1.4 The CCG recognises that safeguarding children and adults is a shared responsibility and will ensure appropriate arrangements are in place to co-operate with the local authority in the operation of the safeguarding boards.

4.2. Strategic objectives

The key strategic objectives are to:

4.2.1. Provide senior and board-level leadership

- 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
- Contribute to the work of the LSCB and LSAB and their Safeguarding Strategic Plan and provide support to ensure that the boards meet their statutory responsibilities. This would include engagement with specific work streams such as Child Sexual Exploitation (CSE), the PREVENT Agenda, and implementation of the Care Act 2014 agenda which are key priority areas for Local safeguarding boards and CCGs including preparation for inspections across health and local authority .
- Support designated individuals to contribute to the work of the LSCB and LSAB subgroups and other national and local safeguarding implementation networks.

4.2.2. Ensure safeguarding arrangements are in place

- Integrate safeguarding within other CCG functions, such as quality and safety, patient experience, healthcare acquired infections, management of serious incidents
- Secure the expertise of designated professionals. This includes the expertise of a designated doctor for children and for looked after children and a designated paediatrician for unexpected deaths in childhood.
- Safeguarding professionals have appropriate amount of time and support to complete both individual management reviews and health overview reports
- All relevant actions identified through Serious Case Reviews (SCRs), Domestic Homicide Reviews (DHRs), Management Reviews etc. are carried out according to the timescales set out

by the LSCB, LSAB and the Community Safety Partnerships (for Domestic Homicide Reviews) Panels scoping and Terms of Reference.

- There is a safeguarding adult lead and a lead for the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards 2007.
- Ensuring key priorities such as Child Sexual Exploitation, PREVENT and Female Genital Mutilation are delivered effectively locally.
- Staff including Governing Bodies are trained to embed safeguarding within the commissioning process and are able to recognise and report safeguarding concerns.
- The CCG, through its 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.
- The CCG publicise on its website contact details for staff with specific safeguarding responsibilities, disseminate key learning and themes from local and national inquiries and provide links to signpost CCG staff and members of the public to organisations and support to safeguard adults and children at risk of or who have suffered significant harm.

4.2.3. Commission safe services:

- Ensure that all safeguarding elements are incorporated in all existing provider contracts and Service Level Agreements
- Service developments take account of the need to safeguard all patients, and are informed where appropriate, by the views of service users and by a Quality Impact Assessment
- Strengthen contractual arrangements for children and adults in 'out of area' provision for LAC and or / residential care for adults with some elements of specialist health need
- Have a clear strategy for Looked after Children (LAC) and the commissioning of appropriate services.
- Processes in place to disseminate, monitor and evaluate outcomes of all Serious Case Reviews and Domestic Homicide Reviews recommendations and actions plan within the CCG and with providers
- Commission services which employ staff in accordance to the safer recruitment guidance.
- That demonstrates compliance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards 2007.

- Processes in place to ensure that adult care placements (such as care homes, nursing homes or independent hospitals) are based on knowledge of standards of care and safeguarding concerns by utilising intelligence from monitoring partners, such as Care Quality Commission (CQC).
- Ensure that there are effective arrangements for sharing information with partners for the protection of children and adults.
- Monitoring systems for safeguarding training and developments for all NHS providers are undertaken by the designated professionals.
- Seek assurance that commissioned providers are meeting their statutory safeguarding responsibilities, and in particular that staff are following approved NICE guidance, and considering transition of young people to adult services.

5. Deliver the strategy

- 5.1 A timescale will be agreed against each strategic objective and a responsible lead identified through a safeguarding work plan. This work will include additional activities as required through any review processes or changes to local and national guidance and requirements.
- 5.2 The CCG will ensure that its designated clinical experts are integral to decision making within the CCG and have the authority to work across local health economies, to influence and shape the culture and practice within provider services.
- 5.3 The CCG will, through the designated professionals, work alongside the neighbouring CCGs and Safeguarding Boards to ensure that a proactive approach is maintained both through specific work streams and also in the commissioning of services for children, looked after children and for services for adults at risk of abuse.
- 5.4 The strategy will be delivered through development and implementation of a work-plan and working alongside existing partnerships for both children and adult safeguarding. This will be monitored and reviewed through the CCG Quality and Performance Committee.
- 5.5 A timescale will be agreed against each priority, and a responsible lead identified through the safeguarding work-plan. The work plan will develop and emerge over time to include additional activity as required through any review processes or changes to either local or national guidance or requirements.

6. Monitor Assurance

- 6.1 The delivery of the strategy will be monitored through the Quality Committee and the development of specific action plans to report progress and provide assurance regarding delivery.
- 6.2. Service specifications and contract quality schedules will include clear service standards and KPIs (key performance indicators) for safeguarding Children & Adults and promoting their welfare, consistent with the LSCB/LSAB procedures and regular reporting on KPI compliance will be made to the CCG. The KPIs will be agreed with the provider as part of contractual negotiations and will include training level requirements, safer recruitment, supervision of staff, voice of the child, early recognition, Looked after Children, PREVENT and CSE action plans.
- 6.3 Service specifications and service level agreements will be reviewed annually via completion of the safeguarding audit tool to ensure safeguarding and quality elements of care are monitored effectively and consistently within provider contracts.
- 6.4 Contract monitoring through regular contract management meetings with providers
- 6.5 Where appropriate quality assurance visits to commissioned services and independent providers will be undertaken 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 vulnerable groups.
- 6.6 An Annual Report will be provided to CCG Governing Body and the Local Safeguarding Children and Adults Boards.
- 6.7 In line with national guidance for monitoring Quality and recognition of early warnings of service failure NHS South Sefton CCG will ensure the provision of safeguarding assurance for its providers through the NHS England local Quality Surveillance Group.
- 6.8 NHS South Sefton CCG will take an active role through the CN and Designated professionals in the local safeguarding assurance process with NHS England.