Norfolk & Waveney Clinical Commissioning Groups (NWCCGs);
Norwich CCG
South Norfolk CCG
West Norfolk CCG
North Norfolk CCG
Great Yarmouth & Waveney CCG

Safeguarding Children and Young People Policy

1. Introduction
NWCCGs are required to fulfil their legal duty under Section 11 of the Children Act 2004 and statutory responsibilities set out in Working Together to Safeguarding Children (2013). Therefore, safeguarding and promoting the welfare of children must be an integral part of the care offered to all children and their families by all staff working within the NHS NWCCGs. This may be care offered to children, young people, families or adults who are parents or carers.

The aim of the policy is to ensure that there is a robust system in place to safeguard children and young people within NHS NWCCGs. The policy is intended to support the five CCGs with commissioned services from NHS providers.

2. Key Principles
The Children Act 1989 provides a comprehensive framework for the care and protection of children. The fundamental principle that underpins the Children Act is that the welfare of the child/young person (under 18 years) is paramount. Achieving positive outcomes for children requires all those with responsibility for assessment and provision of services to work together according to an agreed plan of action.

In addition, the Children Act 2004 (Section 11) sets out duties for a wide range of bodies including health. Therefore health has a statutory duty to carry out its functions having regard to the need to safeguard and promote the welfare of children. This duty extends to contracted services.

‘Working Together to Safeguard Children’ (2013) statutory guidance sets out how organisations and individuals should work together to safeguard and promote welfare of children (Chapter 2, 9.12):

- **Clinical Commissioning Groups (CCGs)** will be the major commissioners of local health services and will be responsible for safeguarding quality assurance through contractual arrangements with all provider organisations. CCGs should employ, or have in place, a contractual agreement to secure the expertise of designated professionals, i.e. designated doctors and nurses for safeguarding children and for looked after children (and designated paediatricians for unexpected deaths in childhood). In some areas there will be more than one CCG per local authority and LSCB area, and CCGs may want to consider developing ‘lead’ or ‘hosting’ arrangements for their designated professional team, or a clinical network arrangement. Designated professionals, as clinical experts and strategic leaders, are a vital source of advice to the CCG, the NHS Commissioning Board, the local authority and the LSCB, and of advice and support to other health professionals; and
- **all providers of NHS funded health services** including NHS Trusts, NHS Foundation Trusts and public, voluntary sector, independent sector and social enterprises should identify a named doctor and a named nurse (and a named midwife if the organisation provides maternity services) for safeguarding. In the case of NHS Direct, ambulance trusts and independent providers, this should be a named professional. GP practices should have a lead and deputy lead for safeguarding, who should work closely with named GPs. Named professionals have a key role in promoting good professional practice within their organisation, providing advice and expertise for fellow professionals, and ensuring safeguarding training is in place. They should work closely with their organisation’s safeguarding lead, designated professionals and the LSCB.

The safeguarding children policy and guidelines complement and should be used in conjunction with policies and procedures of Norfolk Safeguarding Children Board (NSCB).

The Policy is intended to support all staff and services commissioned by the CCGs.

The ‘**Safeguarding Children Roles and Competencies for Healthcare Staff Intercollegiate Document**’, (RCPCH 2010), sets out the levels of competencies expected of all staff working within the health service. All staff must ensure that they possess the required knowledge, skills and competencies as set out in the document.

### 3. Roles and Responsibilities

#### 3.1 All Staff

- All staff must always be alert to the possibility of significant harm to children through abuse or neglect, or to a child who is ‘in need’. All staff should be able to recognise indicators and know how to act upon concerns, their depth of knowledge being commensurate with their roles and responsibilities.
- All staff must be aware of the vulnerabilities of certain groups of children such as those who are disabled, ‘looked after’ or privately fostered.
- All staff must be aware if the vulnerabilities of certain groups of adults who may find parenting difficult. For example, those experiencing domestic abuse, unstable mental health problems, uncontrolled substance or alcohol misuse, learning disabilities or those with unmet support needs. All staff working primarily with adults who are parents or carers should always consider the effects on parenting capacity and subsequent implications for children of the adult’s illness or behaviour.
- All staff must recognise that sharing information is vital for early intervention to ensure that children are protected from abuse and neglect and that the safeguarding of children is paramount and can override any duty of confidentiality.
- Staff should be aware that when they have concerns about possible child abuse or neglect they can discuss their concerns with a Designated Safeguarding Professional and must know how to access this support. However, if emergency action is needed to protect a child this should never be delayed due to the need to discuss concerns.
- All staff should uphold the rights of the child to be able to communicate, be heard and be safeguarded from harm and exploitation whatever their race, religion, first language ethnicity, gender, sexuality, age, health or disability, location or placement, criminal behaviour, political or immigration status.
- All staff must undertake mandatory child protection/safeguarding training at a level commensurate with the post for which they are employed and reflects the competencies within...
the Royal College Paediatrics and Child Health document ‘Safeguarding Children Roles and Competencies for Healthcare Staff’ (RCPCH 2010)

- All staff must ensure that they update their skills and knowledge by undertaking further refreshed training as appropriate and in line with level of competency, ie. for clinical health staff in accordance with the Royal Colleges document ‘Safeguarding Children Roles and Competencies for Healthcare Staff’ (RCPCH 2010)
- All staff that work with children should also ensure that they have the skills and knowledge set out in ‘Common Core of Skills and Knowledge for the Children’s Workforce’ (DFES 2005)
- All staff that work regularly with children are responsible for ensuring that they access ongoing safeguarding children supervision depending on the recommendations for the practice area. It is recognised that the approach may differ within various services.

3.2 Chief Executive
The Chief Executive has overall responsibility for ensuring that the health and contribution for safeguarding and promoting the welfare of children is discharged effectively throughout the CCG area.

3.3 Board Director with lead for Safeguarding
- Each CCG will identify a safeguarding Children Lead
- The Safeguarding Children Lead will represent the CCG at the quarterly Norfolk Health Safeguarding Children Advisory Group (an advisory group to the Norfolk Safeguarding Children Board).

3.4 Commissioning Managers
Commissioning Managers will ensure that safeguarding procedures and practice are embedded in contracts for all health providers from whom services are commissioned. This will include clear service standards for safeguarding and promoting the welfare of children, consistent with Norfolk Safeguarding Children Board policies and procedures and statutory guidance within Working Together to Safeguard Children (2013).

Services/service level agreements should take account of
- Safeguarding responsibilities
- Cultural diversity
- The right to family life
- Due regard to confidentiality (need to know principle) in accordance with the sharing information guidance
- Safer recruitment processes are followed in accordance with local and national guidance
- Include monitoring arrangements to ensure compliance with the agreements.

All services commissioned or provided are delivered in non-discriminatory manner, respect the individuality of the child and are child-centred.

3.5 Designated Professionals Safeguarding Children
The Designated Doctor, Designated Nurse Safeguarding and Designated Nurse Looked After Children take a strategic, professional lead on all aspects of the health service contribution to safeguarding children across NWCCGs, which includes all providers and independent contractors. Their role is to
support other professionals in their agencies to recognise the needs of children including rescue from possible abuse or neglect. (Working Together to Safeguard Children 2013, Ch2, 4).

The Designated Team will:

- Provide advice and support in relation to the safeguarding children component of contracts with provider organisations and to NHS England commissioned services
- Provide advice and support and supervision to Named Nurses within provider organisations
- Provide advice and support to independent contractors
- Monitor compliance with the Safeguarding Children Work Plan
- Ensure robust reporting arrangements to CCGs and the LSCB are maintained
- Identify safeguarding risks across the health economy
- Provide safeguarding children training to CCG governing bodies
- Provides safeguarding advice to NHS England area team as required

3.6 Host CCG

A Memorandum of Understanding (MOU) establishes an agreed multi-lateral framework between the 5 Norfolk & Waveney CCGs for collaboration in hosting arrangements in the delivery of the Safeguarding of children processes between each of the CCGs within Norfolk and Waveney.

Executive Lead of host CCG (on behalf of all Norfolk & Waveney CCGs)

- Attends Norfolk Safeguarding Children Board and has a duty to report to and from the other CCGs
- Is a member of Norfolk Safeguarding Children Board Leadership Group
- Oversees and line manages the Designated Safeguarding Team
- Oversees the reporting schedule of the Designated Safeguarding Team
- Liaises with the Area Team in matters relating to safeguarding children and primary care

4. Staff Accused/Suspected of Harming a Child or who may Pose a Risk to Children

If a member of staff becomes aware of any information regarding another member of staff which identifies that a child/children may be at risk of harm or has been harmed (including the member of staff’s own child/ren), they must immediately report this information to the designated professionals.

The designated professionals will ensure that appropriate action is taken in accordance with NSCB protocol; Managing Allegations Against Staff.

5. Monitoring and Audit

NWCCGs have a responsibility to monitor KPIs for services commissioned for looked after children.

NWCCGs have a duty to ensure S11 indicators are embedded in contracts with the Providers they commission.

NWCGGS have a responsibility to ensure that the providers commissioned by NWCCGS have services that are Section 11 compliant. The CCGs may wish to delegate monitoring of the S11 compliance to the Designated Safeguarding Team (Children).
To ensure that the safeguarding arrangements are satisfactory, monitoring and audit should be undertaken on an annual basis.

Further audits either internally and/or by the Designated Team and/or the Norfolk Safeguarding Children Board will be completed in relation to specific circumstances to ensure that recommendations have been achieved/embedded into practice, for example Serious Case Reviews recommendations.

The Designated team have a responsibility to undertake audit to assure NWCCGs that safeguarding arrangements within provider organisations are satisfactory.

The Designated Team will present a quarterly report on Safeguarding Children arrangements to NWCCGs Quality Alliance Group.

The Safeguarding Policy and Guidelines should be reviewed/updated every two years or sooner if there are significant local or legislative changes.

6. Training
All staff must receive training and regular updates at the appropriate level for their role. It is mandatory for all staff working with children, families, and parents/carers of children to attend safeguarding children updates. All staff training should reflect requirements as set out in Working Together to Safeguard Children, 2013 and the ‘Safeguarding Children Roles and Competencies for Healthcare Staff Intercollegiate Document’, (RCPCH 2010),

7. Implementation
NWCCGs are responsible for implementing the Safeguarding Children Policy and Guidelines into practice.

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