NHS
Merton
Clinical Commissioning Group

Report to the Merton Clinical Commissioning Group Governing Body

Date of Meeting: 23rd January 2014

Agenda No: 6.5 **Attachment:** 13

Title of Document: Merton CCG Safeguarding Children Through Commissioning Policy	**Purpose of Report:** For Agreement
Report Author: Sadie Daley, Designated Nurse Safeguarding Children	**Lead Director:** Jenny Kay, Director of Quality and Executive Lead Safeguarding

Executive Summary

This policy represents the safeguarding responsibilities for Merton Clinical Commissioning Group (CCG) and applies to all employees and the provider services commissioned, whether they work directly or indirectly with children, young people or adults. It should be used to inform the Two Year and Five Year Strategic Plan and support the local safeguarding responsibilities of commissioning and all provider services. It is expected that the CCG, provider organisations and those services commissioned by provider organisations have robust safeguarding arrangements in place. This is to ensure that effective multidisciplinary and inter-agency working is in place and monitored.

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

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

Key sections for particular note (paragraph/page), areas of concern etc:

Please note all sections.

Recommendation(s):

The Merton Clinical Commissioning Group Governing Body is requested to approve the Safeguarding Children Through Commissioning Policy.

Committees which have previously discussed/agreed the report:

MCCG Clinical Quality Committee received and commented on the policy.

Financial Implications:

Unknown.

Other Implications: (including patient and public involvement/Legal/Governance/ Risk/ Diversity/ Staffing)

Equality Analysis:

This policy should be followed by all members of staff who commission services for the local population. It provides the context and background for the safeguarding children standards, safeguarding children clinical indicators and monitoring processes. The policy should also inform commissioning staff during the development of service level agreements (SLAs) and contracts with any health service provider with which Clinical Commissioning Groups are engaged.

The new Ofsted/CQC Safeguarding Children Inspection regime is now unannounced. MCCG and provider organisations we commission services from must be in readiness to avoid measures being put in place and negatively affecting MCCG reputation.

Information Privacy Issues:
No sensitive or patient identifiable information shared.

Communication Plan: (including any implications under the Freedom of Information Act or NHS Constitution)

The whole report will be shared with:

- Commissioning staff
- Safeguarding Executive Group
- Provider organisations
- Merton Local Safeguarding Children Board

Merton Clinical Commissioning Group

Safeguarding Children Through Commissioning

January 2014

Final Version – Version 1.0
Submitted 10/01/2014

Merton Clinical Commissioning Group

Merton Clinical Commissioning Group Safeguarding Children Through Commissioning Policy

Version 1.0

Date Approved: tbc

Date for Review: tbc

Lead Director: Director of Quality

Lead Manager: Designated Nurse Safeguarding Children

NOTE: This is a CONTROLLED Document. Any documents appearing in paper form are not controlled and should be checked against the server file version prior to use.

DOCUMENT CONTROL AND AMENDMENT RECORD

(Merton Clinical Commissioning Group [MCCG] Safeguarding Children Through Commissioning)

Version	Date	Details	Author / Reviewer	Approving Committee (s)	Date of Approval
1.0	11 Jan 2014	Target audience: Commissioning Staff and Provider organisations	Sadie Daley, Designated Nurse, Safeguarding Children, Merton Clinical Commissioning Group (CCG)	1. Merton CCG Clinical Quality Committee 2. Merton CCG Governing Body	17.01.2014

Contents

Glossary

AQP: Any Qualified Provider

CCG: Clinical Commissioning Group

CDOP: Child Death Overview Panel

CQC: Care Quality Commission

CRB: Criminal Record Bureau

CSE: Children Sexually Exploited

CSU: Commissioning Services Unit

DBS: Disclosure and Barring Service

DHR: Domestic Homicide Review

HEE: Health Education England

GPs: General Practitioners

JSNA: Joint Strategic Needs Assessment

LADO: Local Authority Designated Officer

LETBs: Local Education Training Boards

LSCB: Local Children Safeguarding Board

MARAC: Multi-Agency Risk Assessment Conference

MAPPA: Multi-Agency Conference Public Protection Arrangement

NHS England: National Health Service England

NSF: National Service Framework

NSPCC: National Society for the Prevention of Cruelty to Children

PHE: Public Health England

SARC: Sexual Assault Referral Centre

SCR: Serious Case Review

SI: Serious Incident

SLA: Service Level Agreement

STEIS: Reporting System for Serious Incidents for NHS London

SUI: Serious Untoward Incident

Executive Summary

This commissioning policy sets out the framework for strategic planning and commissioning provider services that are compliant with legislation and statutory policy, with regards to safeguarding children aged 0 – 18 years and up to 25 years if the child has special educational needs (Children and Families Bill, 2013).

The aim is to support commissioning **and** provider organisations in their duty to promote the welfare of children and young people. This will include support with improving outcomes for vulnerable children and young people and partner agency working e.g. Local Authority, Police and Education.

Organisations that commission healthcare should make certain, through their service specifications and contracts, that the safeguarding arrangements of their providers, including GP practices, are effective.

On the 31st March 2013, Primary Care Trusts were abolished and on the 1st April 2013 replaced by Clinical Commissioning Groups (CCGs) across England. CCGs are overseen and receive funding to commission local health services via NHS England. CCGs have a duty to improve the health of the whole population which includes safeguarding and promoting the welfare of children, young people and vulnerable adults. Working with local authorities and other partner agencies should ensure that services delivered to vulnerable people are actively managed.

This policy does not cover the plethora of laws and statutory guidance which support the national/local agenda for children and young people. It is the responsibility of provider organisations to ensure they are appropriately informed and comply with the duties laid out within legislation and statutory documents as part of their professional responsibilities and obligations.

Equality Statement:

"This policy demonstrates Merton CCG's commitment to create a positive culture of respect for all individuals, including staff, patients, their families and carers as well as community partners. The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to use the Human Rights Act 1998 and to promote positive practice and value the diversity of all individuals and communities" (Appendix 1).

1. Introduction

This policy represents the safeguarding responsibilities for Merton clinical Commissioning Group and applies to all employees and the provider organisations that they commission whether they work directly or indirectly with children, young people or adults. It should be used to inform the Commissioning & Strategic Plan and support the local safeguarding responsibilities of commissioning and all provider services. It is expected that the CCG, provider organisations and those services commissioned by provider organisations have robust safeguarding arrangements in place. This is to ensure that effective multidisciplinary and inter-agency working is in place and monitored.

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

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

Corporate Responsibility:

- The Children Act (2004) section 10 places a statutory duty on CCGs and NHS England to cooperate with local authorities in making arrangements to improve the wellbeing of all children in the authority's area, which includes protection from harm and neglect.
- The Children Act (2004) section 11 places a statutory responsibility to safeguard children upon all NHS organisations including CCGs, NHS England, NHS Trusts and Foundation Trusts.
- The Children Act (2004) section 13 requires NHS England, CCGs, NHS Trusts and Foundation Trusts to cooperate and engage fully with partner agencies as competent members of their Local Safeguarding Children's Board (LSCB).
- The Children Act (1989) section 17 requires NHS England, CCGs, NHS Trusts and Foundation Trusts to cooperate with the Local Authority in helping children in need of support.

Further information on the wider responsibilities for corporate safeguarding of commissioning and provider organisations is set out in the Safeguarding Children Guidance (Working Together, 2013 Sections 2.9 – 2.12).

Effective safeguarding arrangements in every local area should be underpinned by two key principles:

- Safeguarding is everybody's responsibility: for services to be effective each professional and organisation should play their full part.
- A child-centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children and young people. (Working Together to Safeguard Children, HM Government 2013).

Following the recent NHS reforms there has been a number of changes to the way provider organisations have been commissioned e.g. the school nursing service is commissioned by Public Health which is now part of the Local Authority and specialist services are now commissioned by NHS England e.g. Eating Disorder Services. This adds to the complexity for CCGs to ensure the right relationships are built to influence quality and service development of provider services. Thus, ensuring health services play a significant role in safeguarding vulnerable children and young people and improving their outcomes.

'The role of CCGs is about more than just managing contracts and employing expert practitioners. It is about working with others to ensure that critical services are in place to respond to children and adults who are at risk or who have been harmed, and it is about delivering improved outcomes and life chances for the most vulnerable.' (NHS England, 2013).

2. Scope

This policy should be followed by all members of staff who commission services for the local population. It provides the context and background for the safeguarding children standards, safeguarding children clinical indicators and monitoring processes. The policy should also inform commissioning staff during the development of service level agreements (SLAs) and contracts with any health service provider with which Clinical Commissioning Groups are engaged.

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

- the main providers of community healthcare, mental health and acute healthcare services
- small-scale and specialist service providers
- providers in the independent sector, third sector, social enterprises and Any Qualified Provider (AQP).
- the services that the CCG 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). As a minimum all such contracts must comply with the provisions of section 11 of the Children Act 2004.

3. Frequently asked Questions

1. **Does this policy only apply to contracts with providers of services to children and young people?**

   No – it applies to contracts with providers of all health services including those solely or primarily for adults. Adults may be parents or carers, cared for by children or young people or they may represent a danger to children.

2. **Does this policy apply to small, third sector providers as well as the large providers of community healthcare, mental health and acute healthcare services?**

   Yes - the policy applies to all providers of whatever type. However there are some additional requirements for the larger NHS trusts. These additional requirements are made clear in the NHS Standards Contract.

3. **What do I need to do when drafting a new or revising an existing contract?**

   Using the relevant NHS standard contract:

   a) Enter the following wording in Schedule 2:
   'The provider is required to demonstrate strong commitment to safeguarding children within all the services they provide and to comply with the commissioner's policy which is attached.'

   b) Attach a copy of this, the Safeguarding Children through Commissioning Policy.

4. **Does this policy apply to independent contractors who provide services to children and young people?**

   Yes, as they deliver a service for the local population, however NHS England commission independent contractors e.g. GPs, pharmacists, dentists and optometrists and are therefore responsible for seeking assurance. CCGs are tasked with ensuring quality and service development for these services.

5. **Does this policy apply to specialist services that provide services to children and young people?**

   No, these services usually cover large areas of the country and are now commissioned by NHS England e.g. young offenders secure accommodation. Therefore advice should be sought through NHS England.

4. Merton CCG Responsibilities

Party	Key responsibilities
Merton Clinical Commissioning Group (MCCG) - Commissioning Staff and Provider Organisations	• MCCG has a statutory responsibility under section 11 of the Children Act 2004 to ensure its functions are exercised with a view to safeguarding and promoting the welfare of children and young people. The CCG has the ultimate strategic responsibility for ensuring this statutory duty is carried out and their functions are discharged (Appendix 2). Commissioned services need to ensure they safeguard and promote the welfare of all children. • MCCG is also responsible for ensuring that funding is available: ○ to enable the designated professionals to fulfil their roles and responsibilities effectively ○ to contribute to Merton Local Safeguarding Children Board's (MSCB) budget, by agreement.
Chief Officer – MCCG	The Chief Officer's has a statutory responsibility for safeguarding and promoting the welfare of children throughout the sector's health economy by: • Ensuring safeguarding is integral to commissioning arrangements • Monitoring these commissioning arrangements • Monitoring the performance of service providers • Responsible for ensuring that the health contribution to safeguarding and promoting the welfare of children is discharged effectively across the whole local health economy through the commissioning arrangements (Section 10, Children Act 2004). All contracts for health care provision between providers and CCGs will require the providers to comply with the standards and safeguarding children quality and key performance indicators embedded within contracts/service level agreements (SLA) and to report on their delivery.
Director of Quality	The Director of Quality is the Executive Lead for Safeguarding Children with responsibility for governance, systems and organisational focus on safeguarding children.

Party	Key responsibilities
Director of Public Health (Local Authority)	The Director of Public Health is responsible for a broad range of areas e.g. tackling health inequalities, health improvement and ensuring that a Joint Strategic Needs Assessment (JSNA) is developed for Merton Borough. The safeguarding children sections of the JSNA should be developed with input from the designated professionals and used to inform commissioning intentions and set priorities yearly.
Directors for MCCG: • Director of Commissioning • Director of Quality • Director of Finance • Director of Governance - Commissioning Support Unit (CSU) • Caldicott Guardian (Director of Quality)	• Borough focused leadership for children and young people ensuring that their needs are at the forefront of local planning and service delivery. • Ensure that all health providers from whom they commission services have comprehensive single and multi-agency policies and procedures to safeguard and promote the welfare of children. These policies and procedures should be in line with, and informed by the London Child Protection Procedures, and be easily accessible for staff at all levels within each organisation • Ensure that clear criteria for safeguarding children are written into all procurement and contracting documentation • Ensure that safeguarding and promoting the welfare of children is discharged effectively across the whole local health economy through the commissioning arrangements • Ensure that regular service level agreement monitoring arrangements with providers around safeguarding processes are robust • Ensure that all health agencies with which they have commissioning arrangements are linked into the relevant LSCB and that there is representation from the agency and at an appropriate level of seniority in line with Working Together 2013 policy, Chap 3, sections 4 – 9. • Ensure appropriate representation from within provider organisations on the relevant MARAC, MAPPA, CSE and other multi-agency risk assessment fora. • Jointly commission services of Sexual Assault Referral Centres (SARCs) for those children and young people who are victims of rape and sexual assault • Ensure that appropriate time, funding, supervision and support is in place to enable the Designated Professionals to meet their child safeguarding responsibilities effectively.

Party	Key responsibilities
Commissioning managers, including the managers within the Commissioning Support Unit (CSU) Equality and Diversity Lead Patient & Public Involvement Lead	Ensure safeguarding children arrangements are integral to contracts and service level agreements (SLAs) by amending the NHS Standard Contract (see Service Conditions, General Conditions)

Party	Key responsibilities
Designated Professionals	The designated safeguarding professionals have the strategic, professional lead across the whole local health economy. They provide advice on all aspects of the health service contribution to safeguarding children in Merton CCG including to partner agencies e.g. Children's Social Care, Police, Education and the Voluntary Sector. Their responsibilities include: • Membership of the MCCG Safeguarding Executive Group and the MSCB main Board and subgroups. Leading, advising, and supporting the groups to hold to account all healthcare providers for safeguarding and protecting the welfare of children in the sector. • Ensuring staff and commissioners are aware of best practice • Delivering training to commissioners to ensure they understand their safeguarding responsibilities • Providing advice on and interpreting the monitoring of the safeguarding elements of contracts and service level agreements with commissioned services • Advising commissioners on commissioning, investment and service redesign decisions in relation to safeguarding • Leading on quality assurance and improvement issues Where Designated Professionals are employed by a provider organisation but spend part of their time providing commissioning support to the CCG, there should be in place a clear service level agreement that guides all those involved if a conflict of interest were to arise between their commissioning and provider roles. MCCG needs to demonstrate that their Designated Professionals (clinical experts – children), are embedded in the clinical decision making of the organisation, with the authority to work within local health economies to influence local thinking and practice. It should also be recognised that they will be expected to give clinical advice, for example in complex cases or where there is dispute between practitioners.
Designated Professionals for Looked After Children	CCGs are to secure LAC professionals for leadership, expertise and advice to ensure compliance with statutory guidance and quality services are in place for LAC and children leaving care.

Party	Key responsibilities
MCCG Governing Body	Overall accountability for safeguarding responsibilities laid out in legislation and statutory guidance. The Governing Body is also tasked with seeking assurance that CCG priorities and the operational plan are met. This includes ensuring there is clinical engagement in contract performance, negotiations and agreements.
MCCG Clinical Quality Committee	Merton Clinical Quality Committee is a sub-committee of the Governing Body: • Ensure clinical engagement in contract performance, negotiations and agreements • Review and recommend to MCCG Governing Body, courses of action which will enable the improvement in the quality and standards of services. • Assure NHS England that the services it commissions, operates within national, regional and local parameters of expected quality and safety standards.
MCCG Safeguarding Executive Group	• Convened to assure the Clinical Quality Committee and Governing Body that the CCG is functioning according to its statutory duties, • Has the strategic and operational overview of safeguarding across the whole local health economy. It is a sub-committee of the Merton CCG Clinical Quality Committee. • Scrutinises safeguarding arrangements including: Standards (KPIs and quality indicators), Grade 2 Serious Incidents, serious case reviews, individual management reviews and Sec 11 Audits. • Oversees the development and implementation of safeguarding commissioning policy and practice
NHS England (London)	The Director of Nursing (Commissioning and Health Improvement) will have a Clinical Lead for Safeguarding. This post holder will lead on behalf of the Chief Nursing Officer for NHS England: • The implementation of the safeguarding assurance framework across the NHS England and CCGs • Provision of leadership support to safeguarding professionals – including working with Health Education England (HEE) on education and training of both the general and the specialist workforce • Work across health and social care to improve standards of practice, especially in commissioning.
NHS England (Pan-London) Designated Professionals Safeguarding Children Group	A Pan-London Forum that provides expert advice and policy to the strategic work of NHS England (nationally and locally) and peer support for colleagues.

5. Safeguarding Children Standards through Commissioning

5.1 Contracts and Service Level Agreements

5.1.1 NHS Standard Contract

The following clauses within the NHS Standard Contract 2013/14 relate specifically to safety and safeguarding:

Section SC32 (NHS Standard Contract - Conditions)

- The provider has adopted and must comply with the safeguarding policies.
- The safeguarding policies must be amended from time to time to comply with the local multi-agency policies and any commissioner safeguarding requirements.
- At the reasonable written request of the co-ordinating commissioner and 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 relevant multi-agency reporting systems.
- 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.
- The provider must comply with the principles of the multi-agency Prevent strategy.
- It should be noted that Commissioning Support Units may oversee or monitor SLA/Contracts on behalf of CCGs.

Section SC35 (NHS Standard Contract - Conditions)

- Duty of Candour by provider organisations is outlined in this enables full co-operation between commissioning and provider organisations.

Patient Identifiable Data

- Following the creation of CCGs Patient Identifiable Data without consent except when a patient is at risk of harm.

Breaches of Policy

- This policy is mandatory. Where it is not possible to comply with the policy or a decision is taken to depart from it, this must be notified to the MCCG Chief Officer (CO), so that the level of risk can be assessed and follow-up actions agreed.

- Where MCCG is a host commissioner and breaches occur, this will be escalated to the Merton CO, so that the risk can be assessed and follow-up actions and escalation requirements agreed.

5.1.2 Service Level Agreements

Any local service level agreement or service specification that does not conform to the NHS Standard Contract 2013/14 should embed/include this policy. It is not acceptable to include just a generic reference to safeguarding, or limit safeguarding requirements to the Disclosure and Barring Services (Home Office, 2012).

5.1.3 Commissioned Services Safeguarding Children Standards

The following service standards (5.1.3 – 5.2.2) should be adhered to by all organisations providing services that have been commissioned by CCGs - except where otherwise indicated.

These organisations include:

- the main providers of
    - mental health services,
    - acute hospital services,
    - community health services
- providers in the independent sector, third sector and social enterprises.

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

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

See Schedule 4 in the Local Quality Requirements of the contract for Merton CCG Safeguarding Children Standards which need to be completed year end March, annually by all commissioned provider services.

5.1.4 Views of Children and Young People

Effective safeguarding systems are child centred; failings in safeguarding systems are often the result of losing sight of the needs and views of children. Anyone working with children should:

- see and speak to the child; listen to what they say; take their views seriously and work with them collaboratively when deciding how to support their needs (Working Together, 2013).
- the NHS Standards Contract (section SC12) also outlines the importance of engagement, liaison and communication with service users.
- use the views and experiences of children and young people to inform quality and service development in commissioning and provider services.

5.1.5 Equality and diversity

It is expected that all contracts/service level agreements require providers to understand and implement the requirements of the Equality Act (2010) and ensure training promotes cultural competence of all their staff. In addition, providers are required to have interpreting and translating services in place.

All provider organisations are required to undertake an Equality Impact Assessment on all policies which cover the safeguarding children and young people agenda. Continued work to address these areas should be reflected within training programmes, supervision and audit.

5.1.6 Safer Recruitment and Employment

Commissioned organisations should:

- Have a policy document in place for safe recruitment practices that covers employment history and checks on criminal records, occupational health, registration and qualifications, and right to work. In NHS organisations the document should follow guidance issued by NHS Employers
- the document should cover all staff - whether permanent, temporary, agency, contracted, self-employed or volunteer – and all roles including estates staff, staff granted practising privileges and volunteers (including celebrities) who have contact with the people who use their service or who are undertaking a regulated activity as defined in the *Safeguarding Vulnerable Groups Act* 2006 and the findings from the Yewtree Report 2012.
- have audit arrangements in place that check the policy is being implemented
- ensure that at least one interview panel member is 'appropriately experienced and trained in safer recruitment' *(Recruiting safely - Safer recruitment guidance helping to keep children and young people safe* Children's Workforce Development Council 2009) and Home Office: Disclosure and Barring Service 2012

The Disclosure and Barring Service (DBS) replaces the Criminal Records Checks Bureau and Independent Safeguarding Authority.

They are responsible for:

- processing requests for criminal records checks

- deciding whether it is appropriate for a person to be placed on or removed from a barred list
- placing or removing people from the DBS children's barred list and adults' barred list for England.

5.1.7 Procedures for responding to allegations against staff

Commissioned organisations should:

- have in place a procedural document that complies with the London Child Protection Procedures 4th Edition for responding when allegations are made against people who work with children and young people
- have a named senior officer who has overall responsibility for:
  - ensuring the procedure is implemented
  - resolving any inter-agency issues
  - liaising with the LSCB
- inform the Local Authority Designated Officer (LADO) within one working day **and** the relevant designated professionals safeguarding children at Merton CCG immediately an allegation is made. Working Together 2013 Chapter 2.4

6. Risk to particularly Vulnerable 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 always seek advice from the named or designated professionals on becoming aware of risks to children and young people in these circumstances.

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

- Children Sexually Exploited
- Female Genital Mutilation
- Forced marriage and honour-based violence
- Children with disabilities
- Children living away from home including looked after children
- Transition

Further examples and guidance can be found in the London Child Protection Procedures.

6.1 Looked After Children (LAC)

MCCG must have arrangements in place for a Designated Doctor and Nurse for Looked After Children who will take a strategic lead in the health aspects of children in care, including :

- advising commissioners regarding the needs of this population,
- monitoring the quality of the health assessments, medical, nursing and CAMHS services available to the children and young people,
- work with Local Authorities to improve the outcomes for this group.
- These professionals are currently placed in provider trusts but have a reporting line to the designated professionals. The professionals will work in conjunction with the designated professionals to ensure that there is effective annual and quarterly reporting for the CCGs.

7. Transition of vulnerable children to adult services

All young people, aged 14 – 25 and likely to require support in adult life, should experience safe transition to adulthood as a positive, exciting albeit a challenging time. MCCG and provider health organisations should assist young people to ensure they reach their full potential as adults. The transition process should be driven by the young person and their family and not by the agencies surrounding them. The guiding principles of process, participation and working practices are expected:

- Transition is more than a series of assessments and reviews; it is a clear, coherent, continuous process not an event. An evolving process that supports transition at the appropriate time, assisted by agreed clear decisions at significant points.
- Ensure that the voice and experience of young people and their families inform strategic planning and commissioning.
- Professionals working with vulnerable young people will need to ensure they experience safe transition and that services safeguard and promote their welfare particularly young people:
    - with complex disabilities
    - Looked after Children (LAC)
    - Mental health issues
    - Learning disabilities
    - Subject to a Child Protection Plan
    - Young people experiencing gender reassignment

8. Strategy, Policies and Procedures

8.1 Framework

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

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

Working Together (2013)

- the *London Child Protection Procedures* 4th Ed (2011)
- any relevant Care Quality Commission guidance
- any relevant NHS England guidance
- good practice guidance from any relevant professional body
- Children Acts (1989/2004)

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

8.2 Training

'All healthcare staff working with children and adults who are parents or carers should attend training in safeguarding and promoting the welfare of children, and have regular updates as part of continuing professional development.' (*Working Together* 2013 Chapters 2 and 4).

NHS England and CCGs will be responsible for seeking assurance that the provider services it directly commissions should carry out an assessment of their staff's competences and needs - as set out in the intercollegiate guidance *Safeguarding Children and Young people: roles and competencies for healthcare staff* (September 2010) - and ensure any gaps are met within their Personal Development Plan process.

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

It is good practice for all professionals to receive a basic awareness session in domestic abuse, the Mental Capacity Act (2005), Deprivation of Liberty Safeguards and the management of resistant/ non compliant and hard to reach families.

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

All organisations should:

- have a policy document easily accessible to staff at all levels within the organisation that details required skills and competencies for staff commensurate with their roles and responsibilities. The document should cover all staff - permanent, temporary, agency, contracted, self-employed or volunteers
- have a strategy document describing how this policy is to be achieved. This should be consistent with:
    - the NHS England (London) Training Strategy
    - *the Common Core of Skills and Knowledge for the Children's Workforce* (2010)
    - the intercollegiate document, *Safeguarding Children and Young People: roles and competencies for healthcare staff* (September 2010)
    - information sharing guidance for practitioners and managers which includes the LSCB escalation policy.

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

- hold a database detailing the uptake of all staff training so employers can be alerted to unmet training needs and training provision can be planned
- have in place a training programme that is appropriate to the role of staff and ensure that staff are released to attend the relevant training
- ensure that at least 80% of relevant staff are up to date with the level of training they need at any one time (David Nicholson letter on Safeguarding Declaration, 2009)
- enable and ensure that staff have an annual update and a 3-yearly repeat of training as a minimum (RCPCH, 2010)
- 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

9. Accountability

9.1 Safeguarding Children Leads in Provider Organisations

9.1.1 Chief Executive

The chief executive of any provider organisation takes ultimate responsibility for safeguarding within the organisation.

There should be:

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

9.1.2 Safeguarding Board Lead

Appoint a Board lead and named professionals staff who address issues around children in need as well as those in need of protection on behalf of their organisation.

9.1.3 The Named Professionals for Safeguarding

All commissioned organisations providing health 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. Named professionals have a key role in promoting good professional practice within their organisation, providing advice and expertise for fellow professionals and ensuring that safeguarding training is in place. They should work closely with their organisation's safeguarding lead and their host CCG designated professionals Working Together 2013, Chap 2, section 9.0 – 12. Clinical Forums can provide an opportunity for sharing best practice and peer support.

The roles, functions, competencies and pay scales of named professionals are described in the intercollegiate document, *Safeguarding Children and Young people: roles and competencies for healthcare staff* (September 2010)

Organisations should enable access for their named staff to the 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. This includes protected time for report writing/serious case reviews.

9.1.4 Named GP role

NHS England now commission Named GPs. The Named GP is vital for providing advice and leadership to GP Services and writing the GP Service Individual Management Review as part of Serious Case Reviews. Delivering training, helping to develop service improvement and working with the Designated Dr for Safeguarding Children is also part of the remit.

9.1.5 Designated Professionals for Looked After Children

The Statutory Guidance on Promoting the Health and Well-being of Looked After Children (2009) requires that arrangements are in place for there to be a designated doctor and nurse for looked after children (LAC).

The roles require the promotion and facilitation of a multi-agency approach to healthcare planning to improve the health of LAC. To ensure that health assessments are carried out within the required timescales and contribute to the oversight of LAC placed out of borough and those leaving care with partner agencies.

9.1.6 Designated Paediatrician for unexpected deaths in childhood

(Applies to specified NHS Trust acute providers by arrangement only)

For each Local Safeguarding Children Board (LSCB) there should be in place a designated paediatrician for unexpected deaths in childhood and a multiagency Child Death Overview Panel (CDOP), Working Together 2013, Chap 5.

10. Quality Assurance

Commissioned organisations should:

- present to their Boards regular performance and activity reports as well as an annual report on safeguarding children that is published as a public document.
- by the 1st September provider organisations should make available their Safeguarding Children Board Annual Report and Looked After Children Annual Report to the relevant MCCG contract manager and Designated Professionals Safeguarding Children. Information within the provider annual reports will be used to inform MCCG's annual report and the LSCB (Appendix B).
- make a public declaration of safeguarding children arrangements posted on its website and update this every 12 months (NHS Trusts only)
- submit a complete performance monitoring dashboard or other performance management data to the CCG on a quarterly basis and in a timely manner. This dashboard can be developed on a local basis and must ensure that key safeguarding children statutory requirements and best practice standards are being followed. A copy of the data collated for Merton Local Safeguarding Children Board should be sent quarterly to the designated nurse safeguarding children.
- where applicable, provide assurance that organisations 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. Demonstrate compliance with the NHS and Social Care Act 2012
- comply with any requirements by the Department of Health, CQC or NHS England to make performance management information publicly available
- inform the designated professionals at the CCG about any requirements imposed on them by the CQC.
- provide the designated professionals at the CCG with the details of any referrals of allegations against staff to the Local Authority Designated Officer (LADO). Working Together to Safeguard Children 2013 Chapter 2 sets out organisational responsibilities and procedures for managing allegations against people who work with children, for example, those in a position of trust, including volunteers.

- be able to demonstrate that they are working towards meeting Standards 3 and 5 of the National Service Framework for Children and Young People and Maternity Services - with full compliance being achieved by 2014
- undertake regular audits on:
    - safer recruitment practice
    - the standard of record keeping
    - attendance at core groups and case conferences
    - child protection referrals
    - the impact on dependent children of treatment provided for adults
    - Sec 11 Self-Assessment/MCCG Safeguarding Children Standards

11. Managing Serious Incidents

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

- a requirement to inform the senior management lead for safeguarding within the organisation
- a requirement to inform the relevant named nurse and named doctor and also an agreed threshold for informing the relevant designated professionals where the child resides.
- a process for staff to follow if they think an incident may meet the definition of a Serious Incident (SI). Where the incident does meet the criteria, it must be immediately reported to NHS England (London) via STEIS.

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

12. Record Keeping

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

- safeguarding children supervision sessions
- staff eligible for and up to date with the relevant level of safeguarding training
- staff trained in safer recruitment practices

- numbers of staff, caseload and vacancy rates in key clinical groups
- presentations and admissions
- audit calendar
- details of Serious Case Reviews, Domestic Homicide Reviews and Serious Incidents involving children
- quality of clinical record keeping
- allegations against staff and referrals to the Local Authority Designated Officer (LADO)
- safeguarding children Board reports
- safeguarding children issues raised on the corporate risk register

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

Commissioned organisations should comply with Department of Health records retention schedules.

There should be a clear process for transferring records when a child changes their address.

12.1.1 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
- a child sustains a potentially life-threatening injury or serious and permanent impairment of physical and/or mental health and development through abuse or neglect; or
- a child has been seriously harmed as a result of being subjected to sexual abuse; 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.

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

- Report new SIs to NHS England (London) within agreed timescales after the SI has occurred (within 48 hours of identification of the incident occurring)

- Report all new SIs as a saved report on STEIS (Appendix 4)

SCRs are conducted in accordance with Chapter 8 of Working Together to Safeguard Children (2013) and chapter 19 of the London Child Protection Procedures (2010). The purpose of SCRs is for agencies and individuals to learn lessons to improve the way in which they work both individually and collectively to safeguard and promote the welfare of children. There are strict timetables which need to be adhered to.

The designated professionals lead and co-ordinate the health component of a serious case review. They review and evaluate the practice of all involved health professionals, including GPs, the private sector and any qualified provider. Completion of SCR recommendations against timescales forms part of NHS England (London) commissioners' performance monitoring arrangements.

Organisations have a responsibility to cooperate with any serious case review and contribute to the evidence gathering and analysis and to act on their relevant recommendations and embed the learning.

12.1.2 Domestic Homicide Reviews

Domestic Homicide Reviews (DHRs) were established on a statutory basis under section 9 of the Domestic Violence, Crime and Victims Act (2004). This provision came into force on 13th April 2011.

DHR means a review of the circumstances when in which a person aged 16 or over has, or appears to have died, resulted from violence, abuse or neglect by

- a person to whom he/she was related or whom he/she was or had been in an intimate personal relationship, or

- a member of the same household as him/herself held with a view to identifying the lessons to be learned from the death

12.1.3 Child Death Reviews

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 (2013).

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 (2013) , NHS Standard Contract, and the London Child Protection Procedures (2011). 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.

12.1.4 Partnership Working

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

- Local Safeguarding Children Board policies and procedures
- Children & Young People's Strategic Plan
- the NHS England *Safeguarding Children Strategy*
- local multi-agency arrangements for delivering services to children, young people and families across all levels of need.
- Section 10, Children Act 2004

An example of this is the new multi-agency approach to providing early help and the right level of intervention for vulnerable children and young people. This co-located multi-agency safeguarding hub (MASH) requires partner agencies to share information which is timely and appropriate, using the legislation and guidance on information sharing for professionals Merton MASH.

12.1.5 Local Safeguarding Children Board (LSCB)

- 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 main board or on one of the sub-groups - whichever is most appropriate.
- Trusts are required to send representatives to appropriate LSCB health subgroups and to participate in other relevant LSCB subgroups. Designated Professionals need to advise on the health membership of LSCB subgroups to ensure that appropriate representation and skill set is in place.

12.1.6 Information Sharing

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

Organisations should either have signed up to the LSCB Information Sharing Protocol or have in place a policy or procedure for sharing information where there are concerns for the welfare of a child or young person. They are therefore expected to share appropriate and relevant personal information in line with the provisions of this protocol. They may also need to consider in some instances setting up service specific information sharing protocols.

12.1.7 Safeguarding Children Supervision

Commissioned organisations should have a document that describes arrangements to provide staff with safeguarding children supervision and support as per the NHS provider organisation's supervision policy to:

- enable them to manage stresses within their work
- promote and disseminate research-based good practice, including risk assessment tools
- enable challenge and support of staff
- 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

12.1.8 Consent

Section SC9 of the NHS Standard Contract (service conditions) notes that '*the Provider must publish, maintain and operate a Service User consent policy which complies with Good Practice and the law.'*

12.1.9 Sub-Contracts

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

13. Primary Care Services

Primary care services are now commissioned by NHS England including:

- Primary medical services provided by GP practices (including out of hours services and NHS walk-in centres)
- Dentistry and dental services
- Community pharmacy services
- Eye care services

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

Additionally, all providers of health and adult social care 'regulated activities' are to be required to register with the Care Quality Commission (CQC). These include primary medical services provided by GP practices, dentistry and dental services with the proposed registration of community pharmacy services or eye care services in the future. Providers have to comply with a set of registration requirements that establish essential levels of safety and quality, including standards relating to safeguarding and safety.

Providers of dentistry and dental services have been required to register with CQC since April 2011.

GP practice providers of primary medical services and GP out-of-hours services were required to register by April 2013.

13.1 Primary Medical Services provided by GP Practices

NHS England has a statutory responsibility to performance manage GP practices in relation to safeguarding children and CCGs have the role of service development. This requires close working and co-operation. NHS England should ensure GP practices and their staff have robust systems and practices in place to ensure they can fulfil their role in safeguarding and promoting the welfare of children (*Working Together* paragraph. 2.57) and the Royal College of General Practitioner's Safeguarding Children Toolkit (2011), and GMC Guidance – Protecting Children and Young People, July 2012.

GP practices safeguarding children responsibilities and standards are set out in guidance as follows:

Working Together places a statutory duty on all agencies working with children including GPs with the responsibility of keeping them safe and comply with the Intercollegiate Guidance (RCPCH, 2010) and Section 11 of the Children Act 2004.

13.2 Primary Medical Services provided by Dentistry and Dental Services, Community Pharmacy Services and Eye Care Services

NHS England has a statutory responsibility to performance manage dental practices, pharmacy services and eye care services in relation to safeguarding children. CCGs have the role of service development. This requires close working and co-operation. The intercollegiate identifies the need for all clinical staff who have contact with children and families to be trained to level 2 and 3 and non clinical staff to be trained at level 1.

As stated in 10.0 above, providers of dentistry and dental services are required to register with the Care Quality Commission (CQC). This involves their complying with a set of standards relating to safeguarding and safety (see Regulation 11 of the *Health and Social Care Act 2008 (Regulated Activities) Regulations 2010*).

14. Sexual Assault Referral Centre (SARC)

The Sexual Assault Referral Centre (SARC) is based at King's College Hospital. It is jointly funded by the Metropolitan Police and NHS England. This joint commissioning approach to form a Sexual Assault Referral Services (SARS) care pathway is encouraged.

Staff at the SARC should know 'their local services and be clear about the different agencies' roles and responsibilities.'

The SARC should comply with the standards for paediatric forensic medical services in the following:

- *Service Specification for the Clinical Evaluation of Children and Young People who may have been sexually abused* (RCPCH, 2009)
- The Children's National Service Framework, (Dept. Of Health 2004)
- *Quality criteria for young people friendly health services* (Dept. of Health 2011)
- *A Resource for Developing Sexual Assault Referral Centres* (Dept. of Health 2009)

15. Monitoring, Audit and Evaluation

What standards / safeguarding children clinical indicators will you use to confirm this document is working / being implemented	Method of monitoring	Monitoring information prepared by	Minimum frequency of monitoring	Monitoring reported to
Safeguarding children service standards are included within all contracts, service level agreements and service specifications *These standards are based upon the Sec 11 Audit (Sec 11 of the Children Act, 2004)*	*Audit* MCCG Safeguarding Children Standards_A	*Provider organisations*	***Annually*** ***(Sept)***	*Designated Professionals Merton CCG*
Performance quality indicators reflect statutory requirements and best practice and metrics showing if key safeguarding children statutory requirements and best practice are being followed by: • *acute, community health and mental health service providers* • *independent contractors (to be developed by NHS England)*	*Comparison of dataset with guidance and best practice* Merton CCG FINAL Safeguarding Childrer	*Provider organisations*	***Quarterly*** ***(September, December, March and June)***	*Designated Professionals Merton CCG*
A wide variety of standards and indicators set by the LSCB to confirm that in discharging their functions, NHS trusts have regard for the need to safeguard and promote the welfare of children	*MSCB Multi-agency Key Performance Indicators*	*Provider organisations*	***Quarterly*** ***(September, December, March and June)***	*MSCB* *Designated Professionals* *MCCG Clinical Quality Committee*

Merton Clinical Commissioning Group

APPENDIX 1

EQUALITY ANALYSIS TEMPLATE

Name of the policy / function / service being assessed

Safeguarding Children Through Commissioning Policy 2013

……

Name of Organisation

……Merton CCG……

Date: November 2013

Equality Analysis Checklist

An Equality Analysis is a review of a policy, function or service which establishes whether there is a negative effect or impact on particular social groups. In turn this enables the organisation to demonstrate it does not discriminate and, where possible, it promotes equality.

This check list is a way to help staff think carefully about the likely impact of their work on equality groups and take action to improve services and projects for local people where it has a positive or negative impact.

Name of the policy / function / service development being assessed:	Safeguarding Children Through Commissioning Policy 2013
Briefly describe its aims and objectives:	To ensure that any new policies or services do not cause a negative impact on service users. That a culture of respect and learning is embedded throughout organisations and at the frontline. As a result of undertaking equality analysis gaps and obtaining feedback from clients the policy is actively considering and meeting the different needs of vulnerable children.
Directorate lead:	Jenny Kay, Director of Quality
Is the Equality statement situated in the first three sections of the document? If no, you may wish to use the Equality statement below	Yes ☑ No ☐ if no, do not proceed with Equality Analysis (EA)

Equality Statement:
"This document demonstrates the organisation's commitment to create a positive culture of respect for all individuals, including staff, patients, their families and carers as well as community partners**.** The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief**,** and marriage and civil partnership. It is also intended to use the Human Rights Act 1998 and to promote positive practice and value the diversity of all individuals and communities".

If you are conducting an EA on a procedural document please identify evidence sources and references, who has been involved in the development of the document, process or strategy, and identify positive or negative impacts. It is the discussion regarding the equality impact of the document that is important.

Equality Analysis Checklist
Go through each protected characteristic below and consider whether the policy / function / service could have any impact on groups from the identified protected characteristic, involve service users where possible and get their opinion, use demographic / census data (available from public health and other sources), surveys (past or maybe carry one out), talk to staff in PALS and Complaints.

Please ensure any remedial actions are Specific, Measureable, Achievable, Realistic, and Timely (SMART)

Disclaimer: Provider organisations need to ensure that an Equality Impact Assessment is undertaken on all their policies

1. Equality Group	2. What evidence has been used for this analysis?	3. What engagement and consultation has been used	4. Identify positive and negative impacts	5. How are you going to address issues identified?	6. Lead and Timeframe
Age Think about different age groups and think about the policy / function / service and the way the user would access, is it user friendly for that age?	• NHS & Social Care Act 2012 • Working Together 2013 • Evidence from Joint Chief Inspectors Report • Home Office data – higher rates of under 1 year olds at risk, and 16-18 years • Brandon et al SCR Biannual Analysis 2011 • The CQC Transition Review identified areas needed strengthening including at the interface between health and social care.	• The policy has been shared with Merton Clinical Quality Commission (MCQC). • This Equality and Impact Assessment (EIA) will be shared with young people through Healthwatch to obtain feedback and used to inform the policy and services delivered.	• No negative impacts foreseen • Positive impact with include the development of services that meet the needs of all age groups particularly during the transition phase.	• CQC Transition Action Plan. • Engaging with organisations who seek the views of children and young people e.g. Healthwatch. • Provider organisations to address.	Leads and timescales for this EIA to be agreed at the Safeguarding MCCG Executive Group.
Disability Think outside the box, you may not be able to see the disability. It could be physical (hearing, seeing) or a learning disability (Autism). • Accessibility – venue, location, signage, furniture, getting around • Disability awareness	• Working Together 2013 • Safeguarding disabled children: Practice Guidance • The Children's Society 2009 • NSPCC CYP with disabilities (physical and learning)	• South London Commissioning Support Unit (CSU) Director of Nursing met with Designated Nurses to discuss content of induction and influence the general safeguarding children training.	• Safeguarding children with disabilities is included within the Level 1 safeguarding children for all staff. • NHS Trusts have interpreting services in place (Language Line). • Translating services	• Policy shared with Communications Manager • Equality & Diversity Lead • Patient & Public Involvement • MCCG Safeguarding Children Through Commissioning	

1. Equality Group	2. What evidence has been used for this analysis?	3. What engagement and consultation has been used	4. Identify positive and negative impacts	5. How are you going to address issues identified?	6. Lead and Timeframe
• training for staff • Actively involve the service user and talk it through with them	are 4 times more likely to suffer child abuse and neglect	• Ensure that contracts/service level agreements require providers to have interpreting and translating services in place.	are much less available; cost has been cited as a barrier.	Policy 2013 includes children with disabilities. • Contact local charities which serve non-English speaking communities to ascertain whether they could provide translation services. • Provider organisations to address.	
Gender Reassignment Think about creating an environment within the service / policy or function that is user friendly and non-judgemental. If the policy / function / service are specifically targeting this protected characteristic, think carefully about training, confidentiality and communication skills.	• GIRES is a national transgender charity provides advice on legal issues http://www.gires.org.uk/localauthorities.php • Guides to care for gender-variant children and young people http://www.gires.org.uk/varyoung.php http://www.gires.org.uk/treatment.php	• This is an area that requires more work. • This will form an area of work within the Named Safeguarding Professionals Group.	This group is very vulnerable and a child who is transitioning to adult services may be even more so.	• This policy will require provider organisations to complete an EIA on all policies which cover safeguarding of children and young people. • Continued work to address these areas should be reflected within training programmes, supervision and audit. • Provider organisations to address.	
Marriage and Civil Partnership Think about access and confidentiality, the partner may	N/A				

1. Equality Group	2. What evidence has been used for this analysis?	3. What engagement and consultation has been used	4. Identify positive and negative impacts	5. How are you going to address issues identified?	6. Lead and Timeframe
not be aware of involvement or access to the service. Staff training.					
Pregnancy and maternity The policy / function / service must be accessible for all e.g. opening hours. Are the chairs appropriate for breast feeding, is there a private area? Are there baby changing facilities and is there space for buggies?	• This section is covered by the acute maternity units. However, with regards to safeguarding there is a wealth of evidence that the unborn child can be at risk from vulnerable mothers who are: substance misusing (alcohol and drugs), experiencing domestic violence. • Women who have experienced Female Genital Mutilation are often identified during pregnancy. It is vital that midwives seek advice and support these women and help to protect any female infants from this illegal practice in the future. • Teenage pregnancies have poorer outcomes for the child	All midwives have to cover the potential indicators for harm that have been highlighted. There are processes in place which include single and interagency working to improve the outcomes for both the unborn child and mother.	• There are robust processes in place to address the negative impacts of the highlighted issues.	• Multiagency FGM Strategy • Check all Policies and procedures include equality analysis across the health economy. • Family Nurse Partnership Programme (FNP) • Provider organisations to address.	

1. Equality Group	2. What evidence has been used for this analysis?	3. What engagement and consultation has been used	4. Identify positive and negative impacts	5. How are you going to address issues identified?	6. Lead and Timeframe
	and mother. • Working Together to Safeguard Children (2013) • London Child Protection Procedures (2011) 4th Ed.				
Race You need to think carefully about the local demographics of the population who will be accessing the policy / function / service. Talk to public health. Think about: • Cultural issues (gender, clothing etc) • Languages • Support to access • Staff training on cultural awareness, interpreting	• 2011 Census - 51% BAME identified • Joint Strategic Needs Assessment for Merton Borough is informing the work plan for the Local Safeguarding Children Board (MSCB).	• MSCB Away Day included a presentation and workshop on the cultural diversity and the implications for services and improvement. • MCCG has held Patient and Public Engagement workshops which have sought public views on the current services and the changes to the demographics of Merton. Third sector charities which represent different cultural groups attended.	• Racism • Non-English speaker less access to services • No translation service for leaflets • FGM • Muslim girls ability to voice their views • LBGT • Taboo areas – Mental Health, Sexual Transmitted Diseases • Lack of staff training on cultural competence • Mixed race children & young people over-represented on Child Protection Plans. • Capturing the views of non-English speaking children and young people with regards to their experiences within the safeguarding systems.	• Training • KPIs • Supervision • Policies & Procedures s • Case audits • Collect data from seldom heard groups. • Provider organisations to address.	

1. Equality Group	2. What evidence has been used for this analysis?	3. What engagement and consultation has been used	4. Identify positive and negative impacts	5. How are you going to address issues identified?	6. Lead and Timeframe
Religion or Belief As above, think about local population and what religion or belief they may have. Think about: • Staff training on respecting differences, religious beliefs • Are you trying to implement during a time of religious holidays e.g. Ramadan • Is there an area for prayer times?	• MSCB Faith and Culture subgroup engaging with leaders of Faith Groups and weekend schools. • London Child Protection Procedures 2011 • London Safeguarding Children Board Culture and Faith: Practice Guidance • Biennial Analysis of SCRs	• MSCB Faith and Culture subgroup engaging with leaders of Faith Groups and weekend schools.	Increase awareness in staff groups of abuse and neglect through faith and culture e.g. Victoria Climbé • Inform staff on flagellation and risk to children and young people during religious periods. • Ensures CYP religious views if not harmful to them or others.	• During assessments frontline staff are required (best practice) to consider the religion and beliefs of the child, parents/carers. • The London Child Protection Procedures (2011) 4th Ed have supplementary guidance on faith & culture. All London boroughs have signed up to these procedures. http://www.londonscb.gov.uk/culture_and_faith/ • Provider organisations to address.	
Sex This is the impact on males / females. For example same sex accommodation, are their areas for privacy? Is it accessible for both taking into account working service	Girls and boys can be sexually exploited (CSE). A number of recent high profile cases nationally on CSE have led to focused multiagency work in Merton. Research by the NSPCC has highlighted the numbers of young people	• Child Sexual Exploitation subgroup for the MSCB identifies children and young people at risk of or who are being sexually exploited. This is a multiagency group	- Children sexually exploited tend to be mostly girls - DV girls and women most affected by serious DV		

1. Equality Group	2. What evidence has been used for this analysis?	3. What engagement and consultation has been used	4. Identify positive and negative impacts	5. How are you going to address issues identified?	6. Lead and Timeframe
users? Would it be a venue they would go to?	involved in domestic violence within their relationships. Further information can be accessed from: • Children's Society • Working Together 2013 • London Child Protection Procedures 2011 • Banardos	which puts in place a protection plan for the young person and includes the police.			
Sexual Orientation Don't make assumptions as this protected characteristic may not be visibly obvious. Providing an environment that is welcoming for example visual aids, posters, leaflets. Using language that respects LGB&T people. Staff training on how to ask LGB&T people to disclose their sexual orientation without fear or prejudice.	• NSPCC – Safe Network • Stonewall http://www.stonewall.org.uk/at_school/ The link above has information on preventing and tackling bullying against gay pupils in school settings.	• This area will be factored into the work to capture the views of children and young people.	• Equality and decrease bullying • Group recognised	• Increase awareness with provider health organisations • Training and induction • Leaflets • LSCB webpage and CCG internet • Provider organisations to address.	
Carers Does your policy / function / service impact on carers? Ask them. Do you need to think about venue, timing? What support will you be offering?	• Young Carer's Strategy	• Meeting between designated nurse safeguarding children and Young Carers Lead for Merton. • Numbers of young carers included as a quality indicator in	• recognise health needs of young carers	• Ensure all providers ask adults and CYP if young carers are in the household. • Provider organisations to address.	

1. Equality Group	2. What evidence has been used for this analysis?	3. What engagement and consultation has been used	4. Identify positive and negative impacts	5. How are you going to address issues identified?	6. Lead and Timeframe
		the safeguarding performance			

For all negative impacts, please ensure there are SMART actions to identify how you will address these (in section 5 of template).

Please send to the Equality/Governance Lead for publication on website (this is a legal requirement).

Responsible Officer: _____ **Date**: _____

Team/Organisation: _____

Equality Analysis approved by: _____ **Date:** _____

Team / Organisation: _____

Date submitted to Equality Lead: _____

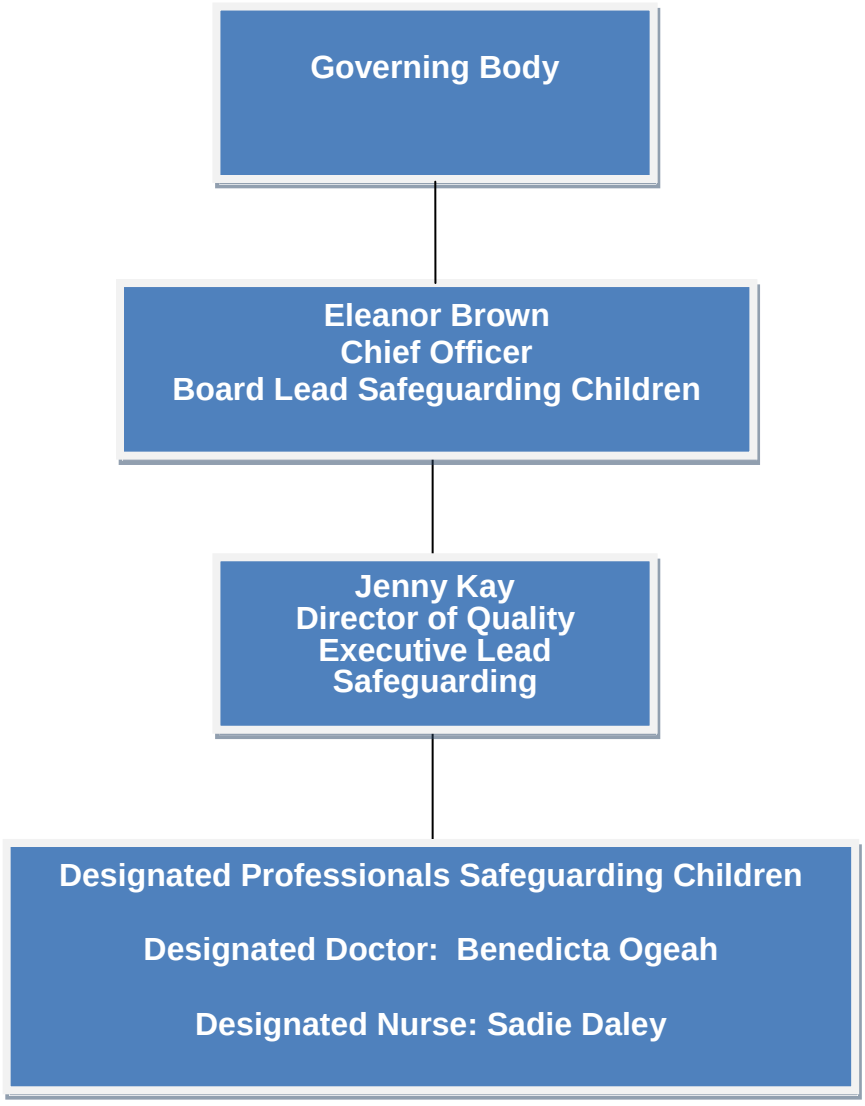
For Croydon CCG, Lewisham CCG and SLCSU
Valerie Richards, Equality and Diversity Lead
Tel: 020 3049 4167
Email: valerierichards@nhs.net

For Merton CCG, Sutton CCG and SLCSU
Wasia Shahain, Equality and Diversity Lead
Tel: 020 8251 0510
Email: w.shahain@nhs.net

Screening overview

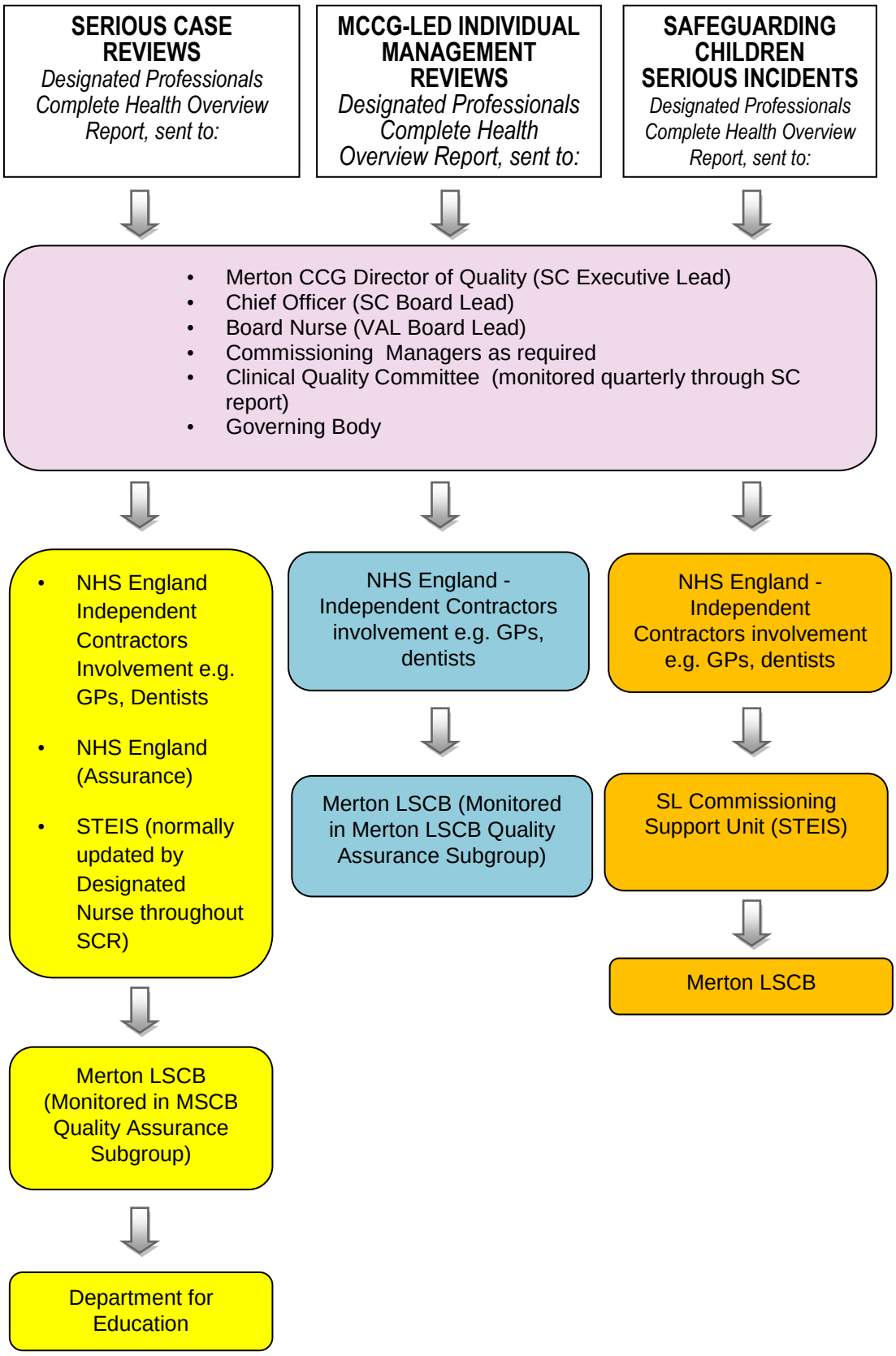
Screening completed by (please include everyone's name)	Organisation	Date

APPENDIX 2
Merton CCG Safeguarding Children Structure and Accountability Chart



APPENDIX 3

MCCG Safeguarding Children Assurance Flowchart For Serious Case Reviews/MCCG-led Individual Management Reviews/Serious Incidents



APPENDIX 4

Annual Report Template for Provider Organisations

Merton CCG recommended components for Annual Reports:

Summary (including key priorities, progress, achievements and challenges)
Governance and accountability arrangements

Monitoring and evaluation/quality assurance activity

Progress on priority policy areas

Priorities for the following year

Within the annual report there are additional safeguarding children matters that should be reported on e.g.:

- **Safeguarding Professionals and Board Executive Lead**
- **Compliance with CQC Regulations and section 11 responsibilities**
- **Employment Practice and Safer Recruitment**
- **LSCB participation**
- **Policies and Procedures**
- **Safeguarding training and supervision**
- **Serious Incidents (Safeguarding Children)**
- **Serious Case Reviews**
- **Inspections relating to children services**
- **Looked After Children (LAC)**

Note: Merton CCG requires provider organisation's to submit their safeguarding children annual report by the 1st September to inform the commissioning safeguarding children annual report.

REFERENCES

Care Quality Commission (2009) *Registration Regulations*
Internet link: http://www.legislation.gov.uk/uksi/2009/3112/contents/made

Care Quality Commission (2010) *Guidance about compliance - Essential standards of quality and safety Outcome 7: Safeguarding people who use services from abuse*
Internet link: http://www.cqc.org.uk/sites/default/files/media/documents/gac_-_dec_2011_update.pdf
College of Optometrists (2011) *Code of Ethics and Guidelines for Professional Conduct: C1 Examining the younger child*
Internet link: http://www.college-optometrists.org/en/utilities/document-summary.cfm/docid/618B0C9A-9949-4D9C-A184481FF504622E
Committee of Postgraduate Dental Deans and Directors (2006) *Child Protection and the Dental Team - Internet link: http://www.cpdt.org.uk/f_info/dload/Childprotectionandthedentalteam_v1_3_Jan09.pdf*

CWDC (2005) *Common Core Skills and Knowledge for the Children's Workforce*
Internet link: http://www.cwdcouncil.org.uk/common-core
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