# Safeguarding Children Policy

**Sutton CCG**

**A Whole Organisation Approach to Safeguarding**

**Safeguarding is Everyone’s Business**

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Revision: Anna Cassin – Head of Safeguarding/Designated Nurse Safeguarding Children (2015)

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1. Executive Summary

This policy represents the safeguarding responsibilities for Sutton Clinical Commissioning Group (SCCG) to ensure effective discharge of the duty to improve the health of the whole population which includes safeguarding and promoting the welfare of children and young people. This Safeguarding Children Commissioning Policy is in conjunction with the London Child Protection Procedures 2015.

There is extensive guidance, national regulations, reports and legislation that govern how services should be provided, managed and monitored including:

- The Children Act 1989 and 2004
- When to suspect child maltreatment NICE 2009.
- Information Sharing Guidance (DfES 2015)).
- Data Protection Act 1998.
- Intercollegiate Safeguarding Children and Young People: Roles and competencies for healthcare staff (2014)
- CQC standards
- NHS Assurance and Accountability 2013 (revised in 2015)
- Promoting the Health of Looked after Children (2015)
- NHS Assurance and Accountability for Safeguarding Children and Vulnerable People (2015)¹

2. Introduction

All health professionals working directly with children and young people have a clear responsibility to ensure that safeguarding and promoting children and young people’s welfare is a central and integral part of the care they offer.

Health professionals, who come into ind-direct contact with children, through working with parents or carers also need to be fully informed about their responsibilities to safeguard and promote the welfare of children and young people.

This Safeguarding Children Commissioning Policy focuses on the assurance frameworks and contractual arrangements with health providers which ensure that safeguarding procedures, training and responsibilities are in place and operating appropriately.

Sutton CCG is the lead commissioner for Looked after Children and commissions specialist nursing and paediatric provision for Looked after children. SCCG is the responsible commissioner for Looked after Children who are the responsibility of LBS. ²

This policy demonstrates commitment to create a positive culture of respect for all individuals, including staff, patients, children, their families and carers as well as stakeholders. 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,

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² Who Pays – Responsible Commissioner Guidance – revised 2013
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.

2.1 Corporate Responsibility:

- Section 13, also requires NHS Trusts to cooperate and engage fully with partner agencies as competent members of their Local Safeguarding Children’s Board (LSCB).
- Section 14 (1) of the Children Act (2004) stipulates that all agencies must ensure the effectiveness of what is done by each representative member or body.

3. Purpose of Safeguarding Children Commissioning Policy

SCCG is under a duty to make arrangements to ensure that, in discharging their functions, they have regard to the need to safeguard and promote the welfare of children.

SCCG is charged with ensuring that they commission good quality services on behalf of their population. SCCG is accountable for its own safeguarding children structures and processes, those in agencies from which they commission services and in General Practice.

This Safeguarding Children Commissioning Policy provides support to SCCG and its Commissioning Support Unit and strengthens local safeguarding assurance arrangements for services commissioned for the local children and families. The Safeguarding Commissioning Policy also sets out a framework to underpin monitoring of safeguarding arrangements across the health economy.

The aims of this Safeguarding Commissioning Policy are:

- To demonstrate how SCCG meets its corporate accountability for safeguarding children.
- To provide guidance to SCCG employees to enable to them to fulfil their safeguarding children responsibilities.
- The policy is specifically aimed at the continual improvement of services for children in terms of equity, effectiveness, safety, timeliness, efficiency and child centeredness.
- To outline how the SCCG ensures that Looked after Children’s health needs are assessed and that they receive health and support to optimise their health.

SCCG recognises the need to have in place effective systems and a professional culture which promotes the sharing of concerns. The London Child Protection Procedures set out a conflict resolution process for when there are concerns or disagreements over another professional’s decisions, actions or lack of actions. The Sutton LSCB also has an Escalation procedure.
4. Roles and Responsibilities

4.1 SCCG Safeguarding Responsibilities


The pan London Child protection Procedures (revised 2015) also outline the role of CCG, commissioners and health providers in London.

SCCG Accountable Officer has the responsibility for ensuring the contribution by health services to safeguarding and promoting the welfare of children is discharged effectively across the whole local health economy. Central to discharging this responsibility is ensuring that SCCG commissioning arrangements clearly specify safeguarding expectations and responsibilities. This is operationally delivered through local commissioning arrangements. Board accountability is discharged to the Clinical Lead for Children (currently also SCCG Chair)

The Clinical Lead for Children is responsible for ensuring that the monitoring of safeguarding across Sutton takes place through the Safeguarding Assurance Committee a subcommittee of the Quality Committee; a sub-committee of the SCCG Governing Body and the Sutton Local Safeguarding Children Board; report any appropriate safeguarding children risks or achievements to the Accountable Officer.

SCCG will ensure that all health providers of services they commission – including Foundation Trusts, NHS Trusts, Independent Contracts, Third Sector and Social Enterprises – have comprehensive single and multi-agency safeguarding policies and procedures. These safeguarding policies and procedures must be in line with and informed by the Local Safeguarding Children Board (LSCB) guidelines and easily accessible for staff at all levels within each organisation. NHS Standard Contracts require providers to comply with the local Commissioner’s Safeguarding Policies. Where providers sub contract parts of provision SCCG will require assurance that the organisation is Sec11 Children Act 2004 compliant and has the required policies and structures to safeguard children.

SCCG is responsible for ensuring that safeguarding and promoting the welfare of children is integral to clinical governance and audit arrangements. SCCG has developed a Safeguarding Assurance Strategy with priorities for overall assurance and children’s safeguarding. This strategy is updated annually to ensure priorities are reviewed and are addressing safeguarding needs in the health economy in Sutton.

With providers Sutton CCG has developed an assurance report for the health economy and this will be used as a report to the CCG Board and Local Safeguarding Children’s Board. Providers will be asked to complete a dashboard a minimum of 6 monthly to support the assurance report.

Safeguarding Children Assurance Frameworks have been developed by all providers to identify the key areas required to ensure that safeguarding arrangements are robust. These areas relate to clear service standards for safeguarding and promoting the welfare of children which is, consistent with LSCB procedures. By monitoring the Safeguarding

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4. http://www.londoncp.co.uk/chapters/roles_respons.html#two_eleven
Assurance Frameworks of all providers, SCCG will assure itself that the required standards are being met.

**SCCG will:**

- Work with London Borough of Sutton (LBS) to commission co-ordinated and, where possible, integrated safeguarding services.
- Identify a senior commissioning lead for children and young people to ensure their needs are at the forefront of local planning and service delivery.
- Ensure through contracts with commissioned services that health services and healthcare workers contribute to multi-agency safeguarding working.
- Have identified a Board Executive Lead for Safeguarding Children who is accountable for assuring that appropriate systems for the safeguarding are in place across all contracted service and providers. They are also required to manage and appraise the designated professionals.
- Ensure a Designated Nurse and Designated Doctor has been appointed with overarching responsibility across the CCG area which includes all health providers.
- Ensure that appropriate contributions are made to LSCB budget from the CCG and that all providers have engaged with the LSCB to negotiate their individual responsibilities/contributions.
- Include Safeguarding Assurance Frameworks in all commissioning arrangements, contracts and/or service level agreements.
- Ensure that clinical governance arrangements are in place to assure the quality of services commissioned by SCCG.
- Monitor the commissioned services for the health component of serious case reviews as outlined in Working Together 2015 and its revisions.
- Ensure that all commissioned health providers are linked to the local LSCB and deliver appropriately senior representation as required.
- Work with Public Health and the Health and Wellbeing Boards to contribute to the Joint Strategic Needs Assessment and use this to inform commissioning of local services to meet the needs of the child population in Sutton.
- Ensure SCCG is represented on the LSCB.
- Work in collaboration with the NHS England and the public health team for the London Borough of Sutton to ensure that safeguarding children arrangements are in place across the health economy.

### 4.2 Designated Nurses and Doctors

Designated professionals are employed (either directly or via a service level agreement) by SCCG to act as a vital source of professional advice on safeguarding children matters to SCCG Governing Body (via the Accountable Officer and SCCG Clinical Lead for Children), health professionals, particularly named safeguarding health professionals, local authority and children’s services departments and the Local Safeguarding Children’s Boards (LSCBs). They provide expert advice, to ensure the range of services commissioned and contracted by SCCG take account of the need to safeguard and promote the welfare of children and to the monitoring of the safeguarding aspects of the contracts.

The job descriptions for designated professionals meet the standards and requirements outlined by the Royal College of Paediatrics and Child Health and Royal College of Nursing.

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5 Safeguarding Children and Young People: roles and competences for health care staff (2014)
The commissioning aspects of the role of the Designated Doctor for Safeguarding children and Designated Doctor for Looked after Children in Sutton are delivered via a service level agreement with their employer – currently Epsom and St Helier NHS Trust.

The role of doctor for unexpected death in childhood is delivered via a service level agreement with Epsom and St Helier NHS Trust.

Designated professionals will be performance managed and supported in their role by the Board Executive Safeguarding Lead (the Clinical Lead for Children). They will also be involved in contract monitoring meetings, at least annually, for appropriate children and family health services.

**Designated Professionals:**

- Provide advice to ensure the range of services commissioned by SCCG take account of the need to safeguard and promote the welfare of children.
- Provide advice on the monitoring of the safeguarding aspects of SCCG contracts.
- Provide advice, support and clinical supervision to the named professionals in each provider organisation.
- Provide skilled advice to the LSCB on health issues.
- Play an important role in promoting, influencing and developing relevant training, on both a single and inter-agency basis, to ensure the training needs to health staff are addressed.
- Provide skilled professional involvement in child safeguarding processes in line with LSCB procedures.
- Review and evaluate the practice and learning from all involved health professionals and providers commissioned by SCCG, as part of Serious Case Reviews and serious incidents.
- Inform the LSCB of any relevant serious incidents where social care has not been involved.
- Designated professionals will require specific safeguarding supervision.
5. Safeguarding Through Performance Monitoring Assurance Frameworks and Annual Reporting

Performance Monitoring Assurance Frameworks are part of the contracts with local health providers.

5.1 Quarterly Monitoring of Provider Organisations

Systems for collecting quarterly monitoring data are in development in conjunction with commissioners and providers across Community, Acute and Mental Health Services. Quarterly reporting via the Clinical Quality Review Groups will include:

- Safeguarding activity e.g. number of referrals to social care, number of cases discussed at psycho social meetings, number of child protection medicals completed, number of case conferences attended and child protection list children attending A&E,
- Safeguarding training
- Safeguarding governance
- Risk management action plans

With providers Sutton CCG has developed an assurance report for the health economy and this will be used as a report to the CCG Board and Local Safeguarding Children’s Board. Providers will be asked to complete a dashboard a minimum of 6 monthly to support the assurance report.

This will be developed in conjunction with the LSCB Quality Assurance framework to demonstrate how outcomes have been improved for children through provider safeguarding activity.

6. Safeguarding Children Annual Reporting

Safeguarding Annual Reports will be submitted by the Designated Professionals to inform the CCG annual report which will be presented to the Safeguarding Committee and SCCG Board. The Annual Report incorporates section 11 assurance and will outline:

- Safeguarding Professionals and Board Executive Lead
- LSCB Participation
- Education & Training
- Safeguarding Children Supervision
- Clinical Governance & Risk Management
- Compliance with CQC Regulations
- Employment Practice
- Policies & Procedures

6.1 Safeguarding Professionals and Board Executive Lead

All provider Trusts must have in place:

- A Board executive lead for safeguarding children who takes responsibility for governance, systems and organisational focus on safeguarding children and works closely with the named professionals.
- A Board lead who is a senior manager who is informed about, and who takes responsibility for the actions of staff in safeguarding and promoting the welfare of children, young people and vulnerable adults.
• Named professionals who have a key role in promoting good professional practice within their organisation, and provide advice and expertise for fellow professionals.
• Named professionals who support the organisation in its clinical governance role, by ensuring that audits on safeguarding are undertaken and that safeguarding issues are part of the Trust's clinical governance system. They also have a key role in ensuring a safeguarding training strategy is in place and is delivered within their organisation.
• Named Professionals who are able to write clear, concise reports for provider Board and prepare Internal Management Reviews for Serious Case Reviews and other case reviews.

6.2 LSCB Participation

Statutory guidance stipulates that there should be a Designated Nurse and Doctor in place for each Local Safeguarding Children Board/CCG area.

Provider organisations must cooperate with the local authority in the operation of the LSCB as statutory partners share the responsibility for the effective discharge of its functions in safeguarding and promoting the welfare of children.

Provider organisations should ensure that there is appropriate representation at the LSCB and any subgroups.

6.3. Education and Training

Staff will be trained and competent to be alert to potential indicators of abuse and neglect in children, know how to act on their concerns and fulfil their responsibilities in line with the London Child Protection procedures.

It is expected that Provider organisations will ensure that they have staff who:

• Understand risk factors and recognise children and young people in need of support and/or safeguarding.
• Recognise the needs of parents who may need extra help in bringing up their children, and know where to refer for help and use the Common Assessment Framework [CAF] to access support as appropriate for them.
• Work with partner agencies to deliver the Early Help Strategy and undertake early help assessments with children and families.
• Recognise the risks for abuse or neglect to an unborn child.
• Communicate effectively with children and young people and stay focused on the child’s safety and welfare.
• Liaise closely with other agencies, including other health professionals, and share information as appropriate.
• Assess the needs of children and the capacity of parents/carers to meet their children’s needs, including the needs of children who display sexually harmful behaviours.
• Plan and respond to the needs of children and their families, particularly those who are vulnerable.
• Contribute to child protection conferences, family group conferences and strategy decisions.
• Contribute to planning and commissioning support for children who are suffering, or likely to suffer, significant harm, for example, children living in households with domestic violence or parental substance misuse.
• Help ensure that children who have been abused or neglected and parents under stress have access to services to support them.
• Be alert to the strong links between adult domestic violence and substance misuse and child abuse and recognise when a child is in need of help, services or at potential risk of suffering significant harm.
• Where appropriate, play an active part, through the child protection plan, in keeping the child safe.
• Be alert and aware of Child Sexual Exploitation and ensure that staff understand the multi-agency approach to CSE and are competent to seek advice and referral for vulnerable young people.
• As part of generally safeguarding children and young people, provide on-going promotional and preventative support, through proactive work with children, families and expectant parents
• Contribute to child death and Serious Case Reviews and implementation of the lessons learned.
• Carry out the role of Lead Health Professional for Looked after Children\(^6\) and contribute to the assessment of their health needs and monitor outcomes of health care plans with Designated Professionals for LAC and social care professionals.

To achieve this standard all organisations should have a training strategy and plan in place informed by a training needs analysis. This should be in accordance with:

• Levels in the intercollegiate document, Child Protection Roles and Competencies for Health Staff 2014.
• Ensure an effective database is in place detailing the uptake of all staff training by appropriate level so employers can be alerted to unmet training needs and training provision can be planned. Frequency of training should be tracked.
• Have in place a training programme which links to the LSCB and is appropriate to the role of staff.
• Staff are supported by managers and through safeguarding supervision in identifying learning and development and attending the relevant training.
• Ensure staff are aware of any new guidance or legislation and any recommendations from Local and National Serious Case Reviews and Internal Management Reviews.

6.4 Safeguarding Children Supervision

• Organisations providing services should have a policy and arrangements in place to provide staff with safeguarding children supervision and support to promote good practice.
• The level of supervision provided should be in accordance with the degree and nature of contact that staff have with children, young people, vulnerable adults and families.
• Named professionals must access safeguarding supervision from Designated Professionals.
• Compliance with Safeguarding Supervision Policies and arrangements are monitored quarterly and shared with the CCG and LSCB.

6.5 Clinical Governance & Risk Management

6.5.1 Serious Incidents

Part of the monitoring process will include reviewing the numbers of serious incidents involving children. This will be highlighted in the quarterly reporting and in the annual report.

\(^6\) Promoting the Health and Well Being of Looked after Children (2015)
Annual reporting will include trends, learning and actions taken to improve practice (SI Framework NHS England 2015). All serious incidents involving children must be reported to the Designated Nurse.

Once a serious incident has been identified, it must be reported to the Director of Quality and the Accountable Officer who will monitor the progress and outcomes.

**6.5.2 Serious Case Reviews (SCRs)**

Some serious incidents will be identified as a serious case review (SCR). The Designated Nurse and Doctor hold the responsibility for the local management of SCRs for the health economy. The Designated professionals will work closely with SCCG Governance leads and the LSCB throughout the process to ensure that the case is co-ordinated properly and reported appropriately.

- The Designated Professionals will specifically monitor SCR recommendations and safeguarding children serious incidents.
- SCCG should ensure that their procedures for dealing with serious incidents are aligned to the LSCB serious case review process.
- Incidents that constitute a SCR include those where a child aged 0-18 has died or has been significantly injured or impaired as a result of abuse or neglect. The abuse or neglect can be attributed to the child’s family, extended family, or social network but equally applies to significant harm from organisational abuse and neglect for example caused by those who are caring for children in a professional capacity, including health professionals, teachers and care workers.
- SCCG Designated Professionals for safeguarding children must be involved in, and immediately informed of any incident that triggers a SCR, and they will coordinate and evaluate the health services inputs into the SCR as laid out in Working Together to Safeguard Children (HM Gov. 2015).
- The provider boards must ensure that the actions arising from recommendations are completed to timescales and SCCG Designated Professionals and LSCB are kept updated.
- Once a SCR is triggered, SCCG Designated Professional must report to the CCG Executive Lead for Safeguarding Children and ensure that the Lead is kept updated with regard to:
  - The progress of the SCR.
  - Any Court activity (dates and outcome).
  - Any implications for staff involved.
  - Any media attention and media management plans.

The Executive Lead and Designated Nurse will be expected to liaise with the Safeguarding Lead at NHS England – London Region.

**6.5.3 Audits**

Each organisation should have a safeguarding audit schedule setting out what is to be audited, by whom, at what frequency, who sees the results and who is responsible for remedial action. This ensures that the correct information informs the assurance process.

Audits should be aligned to SCR action plans and any other action plans developed by the LSCBs. In addition the quarterly reporting to CCGs will include demonstrating quality of safeguarding activity as part of the audit programme.

Multi-agency audits will be carried out in collaboration with the LSCB to scrutinise how partner agencies work with Children and Families Services and other agencies. As part of
this GP practices will be audited around case conferences with regard to their attendance and submission of reports.

7. **Compliance with CQC Regulations**

Evidence of compliance will be included in the Annual Report to the CCGs Outcome 7, Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009.

8. **Employment Practice**

- All provider trusts and independent contractors must ensure that they have in place safe recruitment policies and practices including enhanced Criminal Records Bureau (CRB) checks for all staff, including agency staff, students and volunteers working with children.
- Employers must comply with the vetting and barring scheme
- There should be a system in place to ensure that Managers who are interviewing for posts involving working with children have attended Safer Recruitment Training.
- All Job Descriptions should reflect requirements for staff to have due regard for safeguarding and welfare of children.
- A Named Senior Officer (NSO) must be identified who will lead on allegations against staff working with children. The NSO must ensure any allegations involving children in work or personal life are reported to Local Authority Designated Officer (LADO) and Designated Nurse.

9. **Safeguarding Children Policies and Procedures for all Provider Organisations**

9.1 All providers must demonstrate that:

- National, London and local Safeguarding Children policies and procedures are in place, updated and accessible to all staff. Particular these should be listed within the annual report.
- A process for following up referrals to children’s social care.
- A process for the identification of children/young people who are at risk from domestic abuse and for recognising/acting on concerns.
- A process for following up children who miss appointments.
- Contribute and participate in safeguarding processes in the borough by attendance at child protection conferences and core groups/children in need meetings and providing reports and information for conferences and assessments when applicable.
- Process for ensuring that adult or adolescent patients are routinely asked about dependents, such as children or caring responsibilities.
- System in place for flagging safeguarding children concerns.
- System in place for identifying children subject to a Child Protection Plan.
- Specialist paediatric advice available at all times to A&E departments and all units where children receive care.
- Have in place procedures for responding when allegations are made against staff that work with children and young people and comply with LSCB procedures. Also have in place a named senior officer/s that has overall responsibility for ensuring the organisation operates procedures for dealing with allegations and informs the Local Authority Designated Officer/s and the Designated Professionals.
- All provider trusts and independent contractors should have in place or adopted local policies and procedures for sharing of information where there are concerns for the welfare of a child, young person or vulnerable adult. Senior Managers should promote
good practice in information sharing according to the published national cross government guidance.

- The organisation has carried out an equalities impact assessment on the child protection policy.
- The annual report must make reference to how safeguarding children policies and procedures are adhered to.

9.2 Specific Safeguarding Children Policies and Procedures Areas

9.2.1 Acute Sector

- A process for ensuring that children or young people for whom there have been concerns about their safety or welfare are not discharged until their consultant paediatrician is assured that there is an agreed plan in place that will safeguard the children’s welfare.
- A process for handling suspected fabricated or induced illness as per HM Gov. Guidance 2007
- A process for resolving cases where health professionals have a difference of opinion. Internal escalation procedures that are aligned with LSCB and LCPP escalation procedures
- Implement with the CP-IS programme and keep the CCG commissioners and Designated Professionals informed of progress.

9.2.2 Mental Health Trusts

All assessment, Care Programme Approach monitoring, review and discharge planning documentation and procedures should prompt staff to consider if the service user is likely to have or resume contact with their own child or other children in the network of family and friends even when the children are not living with the service user.

Procedures to include guidance that referrals must be made:

- If service users express delusional beliefs involving their child and/or
- If services users might harm their child as part of a suicide plan.
- A consultant psychiatrist should be directly involved in all clinical decision making for service users who may pose a risk to children.

10. Reporting Mechanisms for SCCG

The Safeguarding Assurance Committee will scrutinise performance and quality information from providers and report into the Quality Committee.

There will be mechanisms in place for the Quality Committee to exception report to SCCG board. SCCG Board and LSCB will receive an annual report which reflects safeguarding children arrangements in the CCG and for commissioned services identifying the challenges to be addressed.

11. Contract Monitoring

11.1 Provider Trusts

Designated Professionals need to ensure that there are mechanisms in place for monitoring compliance through quarterly scrutiny of the performance frameworks for all provider trusts.

This will be achieved through:

- Working together with commissioners at contract monitoring meetings.
Contract monitoring meetings will include safeguarding assurance as an agenda item and this will be tabled a minimum of annually for providers.

- Attendance at Safeguarding Committees.
- Analysis of data provided by the performance frameworks.

11.2 Independent contractors

The Designated professionals will work in collaboration with the LSCB and NHS England to ensure that there is an effective process for monitoring the safeguarding activity of Independent Contractors e.g. GP’s/Dentists. If providers and independent contractors are unable to provide adequate assurances within the safeguarding children framework described in section 4, the designated professionals will ensure that the commissioners are aware and a clear escalation plan with timescales will be put in place.

12. Dissemination and Implementation

This Safeguarding Commissioning Policy is to be circulated to all staff and commissioners in SCCG and the Commissioning Support Service. It will also inform the contracting process with commissioned services. The policy will be included in the documents library on the intranet.

13. Approval and Ratification Process

The Safeguarding Commissioning Policy to be approved by the Quality Committee and ratified by SCCG Board. The policy will be noted by the One Sutton Board and LCSB.

13.1 Process for Review

The policy should be reviewed for compliance with statutory guidance in September 2016 and tabled at the Quality Committee a sub committee of the governing body for approval.
Appendix 1

Safeguarding Children responsibilities

SCCG Executive Lead for Safeguarding: Director of Quality – Mary Hopper
SCCG Board Lead for Safeguarding Clinical Lead for Children Dr Brendan Hudson

Designated Nurse for Safeguarding Children/Head of Safeguarding – Anna Cassin

Designated Doctors for Safeguarding Children:
Dr Benedicta Ogeah

Designated Doctor for Child Deaths
Dr Benedicta Ogeah

Designated Doctor for Looked after Children
Dr Desmond Fitzpatrick

Designated Nurse for Looked after Children
Vacant

Named GP for Safeguarding Children
Vacant
Appendix 2

SUTTON CLINICAL COMMISSIONING GROUP
Children Safeguarding Board Lead
ROLE OUTLINE

THE ORGANISATION

Sutton Clinical Commissioning Group is an organisation coterminous with the London Borough of Sutton comprising 27 GP Practices. The CCG became a statutory body responsible for NHS commissioning locally from April 2013.

THE ROLE

Sutton CCG has a statutory duty to make arrangements to safeguard and promote the welfare of children and young people, and to co-operate with other agencies to protect individual children and young people from harm.

The Children Safeguarding Board Lead has the Statutory responsibility for safeguarding children and young people, ensuring appropriate safeguarding arrangements in place, working in partnership with London Borough of Sutton, other agencies and designated professionals in promoting good professional practice within the organisation, and providing advice and expertise for Sutton CCG.

The main purpose of this post is to provide leadership to Sutton CCG and its member practices prior to, and following, full authorisation as a statutory body.

The main areas of focus are:

- The Safeguarding Children Board Lead holds responsibility for assuring that Sutton CCG discharges its safeguarding duties relating to children and young people effectively across all CCG functions and services
- Support The Children and Community Services Commissioning Lead to fulfil effective management responsibility for children and young people safeguarding in ensuring that the CCG as a whole discharges its safeguarding functions
- Support all activities necessary to assure that the organisation meets its statutory responsibilities to safeguard children and young people
- Work with London Borough of Sutton (LBS) in operation of Sutton Safeguarding Children Board to assure commissioning co-ordinated and integrated safeguarding services through multiagency working
- Work in collaboration with the NHS Commissioning Board to assure that children and young people safeguarding arrangements are in place across the health economy

ACCOUNTABILITY & TENURE

The role is accountable and responsible to the Chair. The envisaged length of tenure is for one year and may be renewable. The Board has the authority to re-assign this role at their discretion with two weeks’ notice

SALARY AND HOURS OF WORKING
The post is of a part-time nature to ensure a practising clinician can perform the role. The expectation is that an individual would work a minimum of one day per month (or two clinical sessions defined as 3.75 hours per session) or the role could be shared by two clinicians. The salary for the post will be determined by the Remuneration Committee in line with any emergent national guidance. However, as a minimum, the salary level must not lead to a loss of income for the individual or practice in comparison with the clinicians existing clinical role. Subject to Chair’s agreement, additional hours worked above the one day per week will be remunerated on a pro-rata basis and on submission of the appropriate invoices.

PRINCIPAL DUTIES AND RESPONSIBILITIES

a) Accountable for assuring that appropriate systems for the safeguarding are in place across all contracted service and providers.

b) Support and advise Sutton CCG Board as Clinical lead for Safeguarding Children in collaboration with the Community and Children Services Commissioning Lead and Designated Professionals.

c) Assure that safeguarding and promoting the welfare of children is integral to clinical governance and audit arrangements.

d) Assure that the monitoring of safeguarding across Sutton takes place through the Safeguarding Assurance Committee and the Quality Committee; a sub-committee of the SCCG Governing Body and the Sutton Local Safeguarding Children Board; report any appropriate safeguarding children risks or achievements to the Accountable Officer and the Board.

e) Assure robust planning, strategic direction and organisation of safeguarding/child protection services in line with national guidance, legislation and best practice.

f) Assure appropriate support and appraisal of the designated professionals with overarching responsibility across the CCG area which includes all health providers.

g) Assure effective monitoring of the commissioned services for the health component of serious case reviews as outlined in Working Together 2015 and its revisions.

h) Assure that all commissioned health providers are linked to the local LSCB and deliver appropriately senior representation as required.

i) Assure that Public Health and the Health and Wellbeing Boards are appropriately supported to contribute to the Joint Strategic Needs Assessment and the use of this to inform commissioning of local services to meet the needs of adult population in Sutton.

j) Contribute, as clinically appropriate, to serious case reviews/case management reviews/significant case reviews, and individual management reviews/individual agency reviews/internal management reviews.

k) Assure dissemination of lessons learnt from serious case reviews/case management reviews/significant case reviews, and advise on the implementation of recommendations.

l) Participate in LSCB, the health group and other subcommittees of the LSCB/ the safeguarding panel of the health and social care trust/the child protection committee.

m) Assure that advice is available for local police, children’s social care and other statutory and voluntary agencies on health matters with regard to safeguarding/child protection.

PERSON SPECIFICATION

- must be a Sutton CCG Board member
- must have undergone safeguarding training
Appendix 3: Safeguarding Structure SCCG

- Board Leads – Children and Adults
  - Executive Lead
    - Director of Quality
  - Designated Doctor SG Children
    - 0.2 wte
  - Designated Doctor Looked after Children
    - 0.3 wte
  - Head of Safeguarding/Designated Nurse SG Children
    - 1wte

- Designated Adults
  - Safeguarding Manager
    - 1WTE

- Designated Nurse Looked after Children
  - 0.8 wte (vacant)

- Named GP (vacant)
  - (NHS E)
  - 0.2wte

- Designated Doctor CDOP
  - 0.1 wte