

Safeguarding Policy

(Incorporating Looked After Children and the
PREVENT and Safeguarding Training Strategy)

2020-2023

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CONTROL RECORD			
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			Sponsor Chief Nurse
			Team Safeguarding
Title	Safeguarding Policy (incorporating Looked After Children (LAC) and the PREVENT and Safeguarding Training Strategy)		
Amendments	Review date extension to March 2023; approved by Governing Body on 2.2.2022		
Purpose	To ensure adherence to best practice		
Superseded Documents	Version 2.0		
Audience	All employees of Nottingham and Nottinghamshire and Bassetlaw CCGs (including those working within the organisation in a temporary capacity)		
Consulted with	Designated Drs and Nurses Safeguarding Adults, Safeguarding Children and Looked After Children		
Equality Impact Assessment	July 2020		
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<p>This is a controlled document and whilst this policy may be printed, the electronic version available on the CCG's document management system is the only true copy. As a controlled document, this document should not be saved onto local or network drives.</p>			

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Contents

	Page
1 Introduction	4
2 Purpose	5
3 Scope / Audience	5
4 Definitions	5
5 Roles and Responsibilities, including:	6
5.1 How Nottingham and Nottinghamshire and Bassetlaw CCGs take responsibility for safeguarding children and adults with care and support needs	6
5.2 How Nottingham and Nottinghamshire and Bassetlaw CCGs monitor safeguarding quality and performance of provider organisations	7
6 Equality and Diversity Statement	15
7 Communication, Monitoring and Review	16
8 Staff Training	16
9 References and Bibliography	16
10 Equality Impact Assessment	18
Appendix 1: What to do if you are worried about the safety of a child or adult with care and support needs	20
Appendix 2: PREVENT Strategy	21
Appendix 3: Nottingham and Nottinghamshire and Bassetlaw CCGs' Safeguarding Training Strategy	24
Appendix 4: Nottingham and Nottinghamshire and Bassetlaw CCGs' Safeguarding Governance Structures	25
Appendix 5: Looked After Children	26

1. Introduction

The framework for Nottingham and Nottinghamshire and Bassetlaw CCGs' safeguarding responsibilities

- 1.1 This policy applies to Nottingham and Nottinghamshire Clinical Commissioning Group and Bassetlaw Clinical Commissioning Group who is an associate member (subsequently referred to as the CCGs) which fall within Nottinghamshire and Nottingham City Local Authority Areas, (subsequently referred to as the LAs).
- 1.2 This policy describes how the CCGs discharge their safeguarding responsibilities for commissioning health services. It should be read in conjunction with:
 - Nottinghamshire and Nottingham City Safeguarding Children Partnership and Nottinghamshire and Nottingham City Safeguarding Adult Board Policies and Procedures.
- 1.3 This policy outlines how the CCGs fulfil their statutory duties to safeguard adults with care and support needs and children. It incorporates the CCGs PREVENT strategy (**Appendix 2**) Training Strategy (**Appendix 3**) and Looked After Children (**Appendix 5**) and is underpinned by legislation and best practice guidance, including amongst others:
 - The Children Act 1989 & 2004;
 - The Care Act 2014;
 - Working Together to Safeguard Children 2018;
 - Child Death Review – Statutory and Operational Guidance (England) 2018;
 - Promoting the Health and Wellbeing of Looked After Children 2015;
 - Common Core Skills and Knowledge Framework for the Children's Workforce Intercollegiate Document: Roles and Competencies for Health Care Staff 2018;
 - Intercollegiate Framework for Looked After Children 2015;
 - The health sector contribution to HM Government's Prevent Strategy: Guidance for Healthcare Workers 2011;
 - The Mental Capacity Act 2005;
 - Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework 2015 NHS England;
 - CONTEST: The United Kingdom's Strategy for Countering Terrorism, June 2018.

2. Purpose

2.1 The purpose of this policy is:

- To promote the safety and welfare of children and adults with care and support needs across all commissioned and contracted services and to ensure their voices are taken into account.
- To promote a “Think Family” approach to promote connectivity between the commissioning of adult and children’s services.
- To clarify safeguarding responsibilities of staff at all levels including contracted staff.

3. Scope / Audience

3.1 This policy applies to all employees and appointees of the CCGs and others working within the organisation in a temporary capacity. These are collectively referred to as ‘individuals’ hereafter.

4. Definitions

4.1. Children and young people are defined in law as up to the age of 18 years.

4.2. A child is looked after by a local authority if s/he is in their care by reason of a care order or is being provided with accommodation under Section 20 of the Children Act 1989 for more than 24 hours with the agreement of the parents or of the child if s/he is aged 16 or over. This includes children who are placed away from families under an Emergency Protection Order where they are accommodated by or on behalf of the local authority, also those on remand to local authority accommodation and those requiring in excess of 75 days a year short breaks/respite due to special needs.

4.3 Safeguarding duties apply to adults who:

- Have needs for care and support (whether or not the local authority is meeting any of those needs);
- Is experiencing, or at risk of, abuse or neglect;
- As a result of those care and support needs is unable to protect themselves from either the risk of or the experience of abuse and neglect (as defined in Care Act 2014).

5. Roles and Responsibilities

How the CCGs take responsibility for safeguarding children and adults with care and support needs

5.1. The Clinical Commissioning Groups will:

- a) Identify an Executive Officer and Governing Body lead for safeguarding children, young people and adults with care and support needs, to listen to their views and promote their needs across service planning and delivery.
- b) Comply with Sections 10 and 11 of the Children Act 2004 and Sections 42-46 of the Care Act 2014 and any subsequent statutory guidance relating to vulnerable groups.
- c) Contribute to the effective functioning of the Local Safeguarding Children Partnerships and the Safeguarding Adults Board or any safeguarding partnership arrangements which become effective subsequently as a result of national policy or legislation.
- d) Promote the commissioning of services which prioritise the safety and welfare of children and adults with care and support needs through local partnership arrangements and discharge their functions having regard to the need to safeguard and promote the welfare of vulnerable individuals.
- e) The CCGs will identify leads for the following functions:
 - An Executive Officer and Governing Body lead for safeguarding children and adults.
 - Named Senior Officer for Allegations Against Staff who will inform the Local Authority of any allegations and concerns of abuse made against an employee, agency worker, volunteer or contracted staff as per Local Safeguarding Children and Adult Board (LSCP and LSAB) procedures.
 - Lead for Multi Agency Public Protection Arrangements (MAPPA).
 - Lead for PREVENT the Government's counter terrorist strategy.
 - Lead for the Mental Capacity Act.
 - Designated Senior Manager Safeguarding Adults.
 - Designated Nurse and Doctor for Safeguarding Children.
 - Designated Nurse and Doctor for Looked after Children.
 - Designated Paediatrician for Unexpected Child Deaths.
 - A Named GP for Safeguarding Children.

5.2. Monitoring safeguarding quality and performance of provider organisations

As part of the quality and scrutiny role, the CCGs will monitor the following across all organisations/services for which they have a commissioning role:

- a) Ensure provider organisations have named professional safeguarding children/adult leads in place to take responsibility for safeguarding, and who report to the CCGs' Designated Professionals as outlined in "Working Together 2018" and "Promoting the health and wellbeing of LAC 2015".
- b) Safe recruitment policies as set out in six NHS standards of recruitment which include recommendations relating to relevant checks with the Disclosure and Barring Scheme.
- c) Comprehensive and effective single and multi-agency policies and procedures to safeguard children, looked after children, and adults with care and support needs which are in line with Local Safeguarding Board/Partnership (adult and children) policies and procedures.
- d) Comprehensive and effective staff training and supervision policies which equip staff with core competencies to recognise and respond to children and adults at risk of abuse, neglect and exploitation.
- e) Compliance with Care Quality Commission Fundamental Standards.
- f) Co-operation and compliance with performance indicators and inspections required by Local Safeguarding Children Partnership (LSCP), the Local Safeguarding Adult Board (LSAB) and by any other national regulatory bodies.
- g) Compliance with the Government PREVENT anti-terrorist strategy and Counter Terrorism Act 2015.
- h) Compliance with the Mental Capacity Act and deprivation of liberty safeguards.
- i) Effective incident reporting which links to LSCP and LSAB child practice review and serious case review processes where appropriate.
- j) Implement lessons learned from serious incidents or individual management reviews to inform practice and improve outcomes.
- k) Service Specifications which promote quality standards around the safety and welfare of children and adults with care and support needs including a "Think Family" approach between children and adult services and compliance with the "Dignity in Care" initiative.
- l) Health providers offering residential care under Section 85/86 of the Children Act 1989 for children and young people have appropriate standards in place

and a policy to inform the Local Authority if a child is resident in hospital or hospice care.

- m) Providers of mental health in-patient care have policies to inform NHS England and the CCG if children under 18 are housed in the same wards as adults, to ensure that they are transferred to more suitable accommodation within 48 hours, and have an appropriate policy regarding children visiting in-patients on wards.
- n) Health providers have policies in place to ensure that they submit their female genital mutilation (FGM) data for both children and adults via the Health & Social Care Information Centre. Further details can be accessed on their website: www.hscic.gov.uk/FGM

Roles	Responsibilities
Chief Nurse (Governing Body Executive Lead for Safeguarding)	<ul style="list-style-type: none"> a) Is the overall lead officer for safeguarding for the CCGs within their portfolio of responsibility. b) Represents the CCGs on Nottinghamshire Strategic Safeguarding Partnership Groups including although not exclusively: <ul style="list-style-type: none"> • Safeguarding Children • Safeguarding Adults • LAC • Domestic and Sexual Abuse Executive • MAPPA Strategic Management Boards. c) Reports to the Chief Officer and/or the Governing Body on issues in relation to changes in strategic direction, significant developments, learning from serious incidents or identified risks in relation to safeguarding children or adults. d) Is responsible for the execution of all safeguarding responsibilities on the behalf of the Chief Operating Officer and the Governing Body within their respective areas. e) Are responsible for the roles outlined in Section 5 of this document or for delegating as appropriate. f) Promotes the safeguarding of children and adults with care and support needs and LAC within commissioning arrangements to meet identified quality standards through quality scrutiny processes. g) Commissions and signs off reports for CSPRs, serious case reviews, domestic homicide reviews and other serious safeguarding learning reviews, and ensures attendance at

Roles	Responsibilities
	<p>relevant multi agency panels in relation to these.</p> <ul style="list-style-type: none"> h) Monitors the progress and outcomes of recommendations and outcomes from Serious Untoward Incidents, Individual Management Reviews, CSPRs, Serious Case Reviews and Domestic Homicide Reviews. i) Oversees the performance management of the Designated Professionals Safeguarding Children and Adults. j) Commissions safeguarding annual reports on behalf of the Governing Body. k) Ensures providers and contracted services are aware of their responsibilities in relation to reporting safeguarding incidents.
Governing Body Members (executive and non-executive)	<ul style="list-style-type: none"> a) Maintain a continued awareness of current safeguarding issues and CCG responsibilities and accountability. b) Maintain a knowledge base through mandatory training, reviewing reports, newsletters and updates. c) Promote the welfare of children and adults with care and support needs in both their personal and CCG activities, and comply with all organisational and LSCP and LSAB multi agency policies and procedures. d) Consider the requirement of safeguarding in all activities both professionally and personally, in particular through contracting and performance monitoring.
Designated and Associated Designated Nurses and Doctors for Safeguarding Children and Adult Leads	<ul style="list-style-type: none"> a) Are identified within the health economy as clinical leads with statutory roles and responsibilities for safeguarding children and adults. b) Are appropriately trained and given sufficient time to carry out their duties effectively. c) Take a strategic, professional advisory lead on all aspects of the health service contribution to safeguarding across the CCG areas, which includes all providers. d) Advise on the planning and delivery of organisational training. e) Provide clinical advice on the development and monitoring of the safeguarding aspects of CCG contracts. f) Provide supervision, advice and support to the named professionals and safeguarding leads in provider organisations. g) Provide expert professional advice to other professionals,

Roles	Responsibilities
	<p>the CCG, partner agencies, the LSCP/LSABs and associated multi-agency partnerships.</p> <p>h) Advise on serious incidents or reviews which arise as part of the Child Safeguarding Practice Review, Safeguarding Adult Review or Domestic Homicide Review processes, and monitor specific health implementation and outcomes of agreed actions.</p> <p>i) Advise on the development of organisational and multi-agency strategy, policy, procedures, audits and projects relating to safeguarding children and adults.</p> <p>j) Attend relevant multi-agency partnership forums in a professional advisory capacity for the CCG and communicate positively CCG values and strategic vision to stakeholders and partners as appropriate.</p> <p>k) Alert the CCG to situations which compromise organisational ability to discharge safeguarding responsibilities.</p> <p>l) To challenge decisions in multi-agency arena, where children or adults with care and support needs are believed to remain at risk via escalation processes outlined in local procedures.</p> <p>m) To oversee and undertake quality assurance processes to include visits to care settings and review of investigations and outcomes following serious incidents.</p> <p>n) To oversee the operational management and performance monitoring of the Nottinghamshire Multi-Agency Safeguarding Hub Health Team.</p> <p>o) To maintain links with NHSE regional safeguarding leads to ensure robust responses to local and national learning and development.</p> <p>p) To produce an annual report on safeguarding.</p>
<p>Named GP/ Professional for Safeguarding</p>	<p>a) Will support all activities necessary to ensure that the organisation meets its responsibilities to safeguard/protect children and adults with care and support needs.</p> <p>b) To work as a member of the organisation's safeguarding team.</p> <p>c) To participate in multi-agency subgroups of the local safeguarding partnership arrangements and the employing organisation safeguarding governance groups.</p>

Roles	Responsibilities
	<ul style="list-style-type: none"> d) Advise local police, children’s social care and other statutory and voluntary agencies on health matters with regard to safeguarding. e) Contribute to the planning and strategic organisation of safeguarding services. f) Work with other specialist safeguarding professionals on planning and implementing a strategy for safeguarding. g) Ensure advice is available to the full range of specialties within the organisation on the management of safeguarding concerns. h) Assess and evaluate evidence, write reports and present information to relevant meetings. i) Work closely with GP safeguarding leads and other specialist safeguarding professionals both locally and nationally from across the health community. j) Contribute to the production, dissemination and implementation of organisational safeguarding policies and procedures. k) Influence safeguarding standards across CCG GP member practices. l) Encourage case discussion, reflective practice, and the monitoring of significant events at a local level. m) Contribute to monitoring the quality and effectiveness of services. n) Disseminate lessons learnt from serious case management reviews relevant to primary care, and advise on the implementation of recommendations.
<p>Designated Nurse and Doctor Looked After Children</p>	<ul style="list-style-type: none"> a) Provide specialist knowledge in all aspects relating to looked after children across the Nottingham and Nottinghamshire health economy. b) Provide strategic and clinical leadership in relation to children in care, ensuring that organisations fulfil their statutory duties for Looked after Children and care leavers. c) Ensure processes are in place for the effective delivery of statutory health assessments and reviews to an acceptable quality standard. d) Have oversight of the performance of commissioned LAC health providers. e) Work closely with Nottinghamshire County and City local

Roles	Responsibilities
	<p>authorities to ensure an integrated approach in the best interests of Looked after Children and care leavers.</p> <ul style="list-style-type: none"> f) Ensure the Corporate Parenting Board is aware of the health needs of their looked after population and the effectiveness of the services commissioned. g) Promote integrated working with Child and Adolescent Mental Health (CAMHS) Looked after Children teams to advance emotional health and wellbeing outcomes for children in care. h) Engage with key strategic partnerships to ensure that service development is evidence based and that Looked after Children and care leavers are considered across the health economy. i) Provide specialist knowledge to commissioners. j) Work in partnership with Designated and Named safeguarding colleagues to ensure Looked after Children and care leavers are safeguarded. k) Provide specialist knowledge advice and leadership to CCGs in all aspects relating to Looked after Children and care leavers. l) Work with Nottingham City and County Children in Care Councils ensuring the voice of the child is captured when designing services. m) Work with the Regional Adoption Agency (Adoption East Midlands) and Adoption teams within Nottingham City and Nottinghamshire Local Authorities to ensure that processes are in place for local health providers to meet statutory responsibilities around adoption.
Designated Paediatrician for Unexpected Child Deaths	<ul style="list-style-type: none"> a) Undertakes lead responsibility for medical responses to unexpected deaths of children which occur within an identified area as outlined in Chapter 5 Working Together to Safeguard Children 2015. b) Oversee and contribute to a rota to provide a “rapid response” to unexpected child deaths. c) Work with the Police and Children’s Social Care to co-ordinate responses to unexpected child deaths. d) In partnership with the Police and Children’s Social Care, undertake appropriate investigations and enquiries and evaluate the reasons and circumstances of the death in

Roles	Responsibilities
	<p>agreement with the Coroner.</p> <p>e) Liaise with those who have on-going responsibility for other family members providing support to the bereaved family, and where appropriate referring on to specialist bereavement services following the death.</p> <p>f) Maintaining contact at regular intervals with family members and professionals who have on-going responsibilities for family members, to keep them up-to-date with information about the child's death.</p> <p>g) Act as clinical medical advisor as a member of the LSCB Child Death Overview Panel.</p>
Assistant Director of Nursing and Safeguarding	<p>a) Work in close partnership with the CCGs' Safeguarding Children and Adult Leads.</p> <p>b) Maintain a continued awareness of safeguarding issues and CCG responsibilities /accountability, and maintain a knowledge base by reviewing reports, newsletters and attending training/development sessions.</p> <p>c) Performance manage the Designated Nurse Professionals.</p> <p>d) Monitor that all commissioned services have robust policies and procedures embedded to safeguard and promote the welfare of children and adults with care and support needs which are in accordance with the LSCB and LSAB Procedures. (See Section 5.2 around performance monitoring standards).</p> <p>e) Promote the safeguarding and welfare of children and adults with care and support needs in all activities related to their role.</p> <p>f) Inform the Chief Nurse of any deficits in health services which may impact on inter-agency working, and potentially put vulnerable people at risk.</p>
Employees (including contracted staff)	<p>a) Comply with all CCGs and LSCP and LSAB policies procedures and guidance on safeguarding children and adults with care and support needs.</p> <p>b) Attend safeguarding training at the appropriate level to their role as outlined in the CCGs' Safeguarding Training Strategy (Appendix 3) and maintain a level of knowledge and skills appropriate to their role.</p> <p>c) Protect adults and children at risk by recognising and responding to abuse and neglect, and know what action to</p>

Roles	Responsibilities
	<p>take to make appropriate referrals, and where appropriate contribute to multi-agency activity as per LSCP and LSAB procedures.</p> <p>d) Access safeguarding advice and supervision at the appropriate level for their role as outlined in the Intercollegiate Document -Safeguarding Roles and Competencies for Health Care Staff 2014.</p> <p>e) Take part in surveys audits and evaluations regarding safeguarding as appropriate.</p> <p>f) Take immediate and appropriate action regarding allegations against people who work with children as outlined in the CCGs' Raising Concerns (Whistleblowing) / Voicing your Concerns policy.</p> <p>g) Seek advice from Designated Professionals where they are unhappy with a response to a child or adult at risk as outlined in the LSCP and LSAB escalation procedures.</p> <p>h) Comply with safe recruitment of staff in line with HR processes.</p>
<p>Governance Arrangements (see Appendix 4 for safeguarding governance and reporting arrangements)</p>	<p>a) Appendix 4 demonstrates the safeguarding governance arrangements for adults and children. The Safeguarding Assurance Group will report to the CCG Quality and Performance Committee (Nottingham and Nottinghamshire) and Quality and Patient Safety Committee (Bassetlaw) and Governing Body. Issues reported and monitored will include: -</p> <ul style="list-style-type: none"> • Safeguarding policy monitoring and ratification; • Performance and quality monitoring around safeguarding; • Monitoring of safeguarding governance arrangements; • Feedback from safeguarding meetings e.g. NSCP, NSAB, NHS England safeguarding network; • Looked after Children; • Domestic and sexual violence; • Multi-agency Public Protection Arrangements (MAPPA); • PREVENT arrangements; • Changes to statutory responsibilities; • Serious incidents and reviews and subsequent learning and improvement;

Roles	Responsibilities
	<ul style="list-style-type: none"> • Identified risks in relation to safeguarding; • Female Genital Mutilation; • Child Sexual Exploitation; • Modern slavery and human trafficking. <p>b) Terms of Reference for the Safeguarding Assurance Group will be agreed and reviewed regularly and these will reflect a clear line of reporting and governance arrangements.</p> <p>c) CCGs' Governing Bodies will receive as a minimum:</p> <ul style="list-style-type: none"> • An annual report relating to safeguarding and Looked after Children; • Reports and papers regarding any specific issues requiring Governing Body approval or decision.

6. Equality and Diversity Statement

- 6.1 Nottingham and Nottinghamshire and Bassetlaw CCGs pay due regard to the requirements of the Public Sector Equality Duty (PSED) of the Equality Act 2010 in policy development and implementation, both as commissioners and as employers.
- 6.2 As commissioning organisations, we are committed to ensuring our activities do not unlawfully discriminate on the grounds of any of the protected characteristics defined by the Equality Act, which are age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
- 6.3 We are committed to ensuring that our commissioning activities also consider the disadvantages that some people in our diverse population experience when accessing health services. Such disadvantaged groups include people experiencing economic and social deprivation, carers, refugees and asylum seekers, people who are homeless, workers in stigmatised occupations, people who are geographically isolated, gypsies, roma and travellers.
- 6.4 As employers, we are committed to promoting equality of opportunity in recruitment, training and career progression and to valuing and increasing diversity within our workforce.
- 6.5 To help ensure that these commitments are embedded in our day-to-day working practices, an Equality Impact Assessment has been completed for, and is attached to, this policy.

7. Communication, Monitoring and Review

- 7.1 This policy will be subject to regular review and, revisions will be made when a significant national guidance advocates a review. If revised, all stakeholders will be alerted to the new version.
- 7.2 This policy is issued and maintained by the Nursing and Quality Directorate (Bassetlaw CCG) and the Quality Directorate (Nottingham and Nottinghamshire CCG) on behalf of all stakeholders.
- 7.3 Any individual who has queries regarding the content of this policy, or has difficulty understanding how this policy relates to their role, should contact the document author - the Designated Safeguarding Nurse.

8. Staff Training

- 8.1 See **Appendix 3** CCG Safeguarding Training Strategy.

9. References and Bibliography (including other CCGs' Policies)

CCGs Strategies, Policies, Procedures and Practice Guidance

- CCGs' Safeguarding Strategy;
- Nottinghamshire and Nottingham City Safeguarding Children Partnership Procedures;
- Nottinghamshire and Nottingham City Safeguarding Adult Policy and Procedures;
- Nottinghamshire Multi-Agency Public Protection Arrangements Guidance;
- CCG PREVENT Strategy;
- CCG Policy and Procedure for Managing Allegations and Concerns that an Employee or Those Who Act in the Capacity of Employees may be Harming a Child, Young Person or an Adult in Need of Safeguarding 2018;
- NHS England (March 2018) Commissioning services to meet the needs of Women and Girls with FGM guidance.

HM Government: 2018 , Working Together to Safeguard Children	HMSO London
HM Government ; The Children Act 1989	HMSO London
HM Government ; The Sexual Offences Act 2003	HMSO London

HM Government: The Children Act 2004	HMSO London
HM Government: The Care Act 2014	HMSO London
Roles and Competencies for Healthcare Staff Intercollegiate Guidance: Roles and Competencies for Health Care Staff (Safeguarding Children and Adults 2018, and LAC 2015)	RCPCH / RCN / RCGP and partners
HM Government: The Mental Capacity Act 2005	HMSO London
NHS England: Safeguarding Vulnerable People in the Reformed NHS Accountability and Assurance Framework 2015	

10. Equality Impact Assessment for Safeguarding Policy

Date of assessment:	August 2020			
For the policy, and its implementation, please answer the questions against each of the protected characteristic and inclusion health groups:	Has the risk of any potential adverse impact on people in this protected characteristic group been identified, such as barriers to access or inequality of opportunity?	If yes, are there any mechanisms already in place to mitigate the adverse impacts identified?	Are there any remaining adverse impacts that need to be addressed? If so, please state any mitigating actions planned.	Are there any positive impacts identified for people within this protected characteristic group? If yes, please briefly describe.
Age ¹	No	n/a	n/a	n/a
Disability ²	No	n/a	n/a	n/a
Gender reassignment ³	No	n/a	n/a	n/a
Marriage and civil partnership ⁴	No	n/a	n/a	n/a
Pregnancy and maternity ⁵	No	n/a	n/a	n/a
Race ⁶	No	n/a	n/a	n/a
Religion or belief ⁷	No	n/a	n/a	n/a

¹ A person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds).

² A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

³ The process of transitioning from one gender to another.

⁴ Marriage is a union between a man and a woman or between a same-sex couple.

Same-sex couples can also have their relationships legally recognised as 'civil partnerships'.

⁵ Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

⁶ Refers to the protected characteristic of race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

Date of assessment:	August 2020			
For the policy, and its implementation, please answer the questions against each of the protected characteristic and inclusion health groups:	Has the risk of any potential adverse impact on people in this protected characteristic group been identified, such as barriers to access or inequality of opportunity?	If yes, are there any mechanisms already in place to mitigate the adverse impacts identified?	Are there any remaining adverse impacts that need to be addressed? If so, please state any mitigating actions planned.	Are there any positive impacts identified for people within this protected characteristic group? If yes, please briefly describe.
Sex⁸	No	n/a	n/a	n/a
Sexual orientation⁹	No	n/a	n/a	n/a
Carers¹⁰	No	n/a	n/a	n/a

⁷ Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

⁸ A man or a woman.

⁹ Whether a person's sexual attraction is towards their own sex, the opposite sex, to both sexes or none. <https://www.equalityhumanrights.com/en/equality-act/protected-characteristics>

¹⁰ Individuals within the CCGs which may have carer responsibilities.

Appendix 1:

What to do if you are worried about the safety of a child or adult with care and support needs

If someone is in danger and in immediate need of safety and protection ring the police or emergency services as appropriate on **999**.

If you have general concerns around the safety or welfare of a child or adult with care and support needs, follow the local safeguarding children and adult procedures by following the links below and seek advice as necessary from your line manager or the CCG safeguarding team.

If you have concerns that a child or vulnerable adult is being abused, contact as below: -

Nottinghamshire County

Call Nottinghamshire Multi Agency Safeguarding Hub (MASH) on **0300 500 8090** during the following hours:

8.30 am-5.00 pm - Monday to Thursday

8.30 am-4.30 pm - Friday

To submit an on line concern form, log onto:

www.nottinghamshire.gov.uk/MASH in an emergency, outside of these hours contact:

Emergency Duty Team (EDT) on **0300 456 4546**.

Nottingham City

Children

Phone Nottingham City Children and Families Direct on 0115 876 4800 during the following hours 08.30am - 05.00pm Monday to Friday.

To submit a concerns form email (from NHS.net):

candf.direct@nottinghamcity.gcsx.gov.uk

If you have concerns outside of working hours contact the Emergency Duty Team on 0115 876 4800.

Adults - Nottingham City Health and Care Point on 0300 131 0300 option 2 during the following hours Monday to Friday 09.00am to 5pm

Secure mail (from NHS.net) adult.contactteam@nottinghamcity.gcsx.gov.uk

Emergency safeguarding concerns outside of hours call 0115 8761000

Always discuss any referrals with your line manager and keep a written copy of the details of your concerns and your referral.

Appendix 2:

'PREVENT' STRATEGY

Building Partnerships, Staying Safe - The health sector contribution to HM Government's Prevent Strategy: Guidance for Healthcare Workers

Implications for the NHS - Background

As part of the Government's counter terrorism strategy (CONTEST) which was revised in June 2018, NHS England has committed to support initiatives to reduce the risk of terrorism. Nottinghamshire Clinical Commissioning Groups are committed to ensuring vulnerable individuals are safeguarded from supporting terrorism or becoming terrorists themselves as part of the Home Office counter-terrorism strategy *Prevent*.

CONTEST aims to reduce the risk from terrorism so that people can go about their lives freely and with confidence. It is made up of four work streams, or four Ps:

Prevent - stop people becoming radicalised or supporting extremist and terrorist organisations;

Protect – strengthening our borders, infrastructure, buildings and public spaces;

Prepare – where an attack cannot be stopped, to reduce its impact;

Pursue – to disrupt or stop terrorist attacks;

The first P, ***Prevent*** has been described as “the only long term solution” to the genuine threat we currently face from terrorism. The *Prevent* strategy will specifically focus on three broad objectives:

- Tackle the causes of radicalisation and respond to the ideological challenge of terrorism.
- Safeguard and support those most at risk of radicalisation through early intervention, identifying them and offering support.
- Enable those who have already engaged in terrorism to disengage and rehabilitate.

Healthcare professionals will meet and treat people who may be vulnerable to being drawn into terrorism, not just violent extremism but also non-violent extremism, which can

create an atmosphere conducive to terrorism and can popularise views which terrorists exploit.

Where there are signs that someone is being drawn into terrorism, the healthcare worker is trained to recognise those signs correctly and is aware of and can locate available support, including the Channel programme where necessary.

Prevent delivery for each provider organisation is now included within the NHS Standard Contract within Service Condition.

Healthcare workers have the potential to:

- Prevent someone from being radicalised and or supporting terrorism as it is substantially comparable to safeguarding in other areas;
- To receive information that allows them to correctly identify signs that someone has been or is being radicalised;
- Identify people who could be considered “at risk”; need to be aware of the support which is available and be confident in referring people for support;
- Meet and treat people who are vulnerable to radicalisation.

Implications for NHS Provider Services

Provider organisations must include *Prevent* in policies and procedures and comply with the principles contained in *Prevent* and the updated *Prevent* Guidance 2019 which includes:

- Nominating a *Prevent* Lead;
- Establishing mechanisms to understand the risks of radicalisation;
- Have established policies that include the principles of the *Prevent* NHS guidance and toolkit, which are set out in Building Partnerships, Staying Safe: Guidance for Healthcare Organisations;
- Have a programme to deliver *Prevent* training, resourced with accredited facilitators;
- Have processes in place to ensure that using the intercollegiate guidance, staff receive *Prevent* awareness training appropriate to their role.

Roles and Responsibilities of the Clinical Commissioning Groups

Nottinghamshire CCGs are committed to:

- Scrutinising and quality monitoring provider organisations compliance with the *Prevent* strategy;
- Raising staff awareness so that they can recognise exploitation of vulnerable individuals being drawn towards terrorist-related activity;
- Ensuring staff are aware of *Prevent* contacts within their organisation;
- Working with partners to develop and strengthen safeguarding of vulnerable individuals.

Further Information

<https://www.gov.uk/government/policies/protecting-the-uk-against-terrorism/supporting-pages/prevent>

If you have concerns about an individual patient or member of staff who may be susceptible to radicalisation and/or violent extremism or suspect of being engaged in terrorist activity, please contact the Chief Nurse or the safeguarding team via ncccg.nottsccpsafeguarding@nhs.net

You will be supported to share your concerns and the CCGs will work with partners to share information in order to reduce the risk of terrorism in Nottinghamshire.











All the package links are on the website:

- <https://www.england.nhs.uk/ourwork/safeguarding/our-work/prevent/>
 - Home office online PREVENT training
<https://www.elearning.prevent.homeoffice.gov.uk/edu/screen1.html>
- or
- <https://www.e-lfh.org.uk/programmes/statutory-and-mandatory-training/>

Appendix 3:

Mandatory Safeguarding Training Strategy for Nottinghamshire CCGs

This training strategy outlines the responsibilities and commitment of Nottingham and Nottinghamshire and Bassetlaw CCGs, to ensure that all employed staff are competent in carrying out their responsibilities to safeguard and promote children and young people and adults with care and support needs in all areas of service provision.

Staff Group	Safeguarding Children & Adults level 1&2	Mental Capacity Act Training	Update	PREVENT Home Office e-learning (one-off only)
Level 1 For all employees (clinical & non-clinical); Within a month of commencement of employment – online. Available through ESR, E-learning for health or NSCP website.		No	3 yearly	 Yes
Level 2 For clinical & non-clinical staff with regular contact with members of the public who do not have professional duty of care. (E.g. staff dealing with complaints). Available through ESR, E-learning for health or NSCP website.	 Once only level 1 3 yearly update level 2	No	3 Yearly	 Yes
Level 3 For all clinical staff with a professional duty of care for children, young people and vulnerable adults. This includes all GPs and practice nurses. E-learning levels 1 & 2 with additional taught training and/or reflective learning.	 Once only level 1&2 e-learning	 Yes	A minimum of 6 hours over 3 years. Available through CCGs PLT, LSCP, other events, practice based learning or evidence of reading journals/articles.	 Yes
Level 4 & 5 for Named and Designated Safeguarding Professionals. Specialist training and professional development and engagement with local and national safeguarding forums.	 Once only	 Yes	A minimum of 24 hours of education, training and learning over a three-year period.	 Yes

Appendix 4:

Nottingham and Nottinghamshire CCGs' Safeguarding Governance Structure



Appendix 5:

Looked After Children (LAC)

Context

Most children become looked after as a result of abuse and neglect. Although they have many of the same health issues as their peers, the extent of these is often greater because of their past experiences. For example, almost half of children in care have a diagnosable mental health disorder and two-thirds have special educational needs. Delays in identifying and meeting their emotional wellbeing and mental health needs can have far reaching effects on all aspects of their lives, including their chances of reaching their potential and leading happy and healthy lives as adults. Our increasing knowledge of adverse childhood experiences (ACEs) adds credence to the need to meet these additional health and emotional needs as soon as possible to prevent significant adult ill health.

Nottingham and Nottinghamshire CCG commissions health services for the population of Mid and South Nottinghamshire and Nottingham City, alongside Bassetlaw CCG who commissions health services for Bassetlaw.

Statutory Guidance

Promoting the health and wellbeing of Looked After Children (2015) is joint statutory guidance from the Department for Education and the Department of Health. The guidance is for local authorities, Clinical Commissioning Groups (CCGs) and NHS England and applies to England only. This guidance is issued to Local Authorities, CCGs and NHS England under Sections 10 and 11 of the Children Act 2004 and they **must** have regard to it when exercising their functions. The guidance refers to the following legislation:

- The Children Act 1989 and associated regulations;
- The Children Act 2004;
- The Mental Capacity Act 2005 – Deprivation of Liberty Safeguards;
- The National Health Service Act 2006;
- The Mental Health Act 2007;
- The Health and Social Care Act 2012;
- The Care Act 2014;
- The Children and Families Act 2014.

Roles and responsibilities of the CCG

Under the Children Act 1989, CCGs and NHS England have a duty to comply with requests from a local authority to help them provide support and services to Looked After Children.

CCGs and the officers in the local authority responsible for looked after children's services should;

- Recognise and give due account to the greater physical, mental and emotional health needs of LAC in their planning and practice;
- Give equal importance to the mental and physical health needs of LAC;
- Agree multi-agency action to meet the health needs of LAC in the area;
- Ensure that sufficient resources are allocated to meet the identified health needs of the LAC population, including those placed in their area by other local authorities;
- Take into account the views of LAC, their parents and carers, to inform, influence and shape service provision, including through Children in Care Councils;
- Arranged the provision of accessible and comprehensive information to LAC and their carers;
- Work with the Regional Adoption Agency (Adoption East Midlands) and Adoption teams within Nottingham City and Nottinghamshire Local Authorities to ensure that processes are in place for local health providers to meet statutory responsibilities around adoption.

Commissioned Services

The CCG should ensure they can access the expertise of a designated doctor and nurse for LAC to support with the commissioning of services.

Currently LAC specialist services for Nottingham and Nottinghamshire CCG are commissioned by the Children's Integrated Commissioning Hub on behalf of the CCG and the team work closely with the CCG Commissioners and contracting teams.

Working with named health professionals within health providers, the designated professionals should;

- Coordinate the provision of local health services for LAC;
- Ensure the timeliness and quality of health assessments for LAC;
- Act as a key conduit and contact point for the child and their carer, where they have difficulties accessing health services.

The Local Authority that looks after a child must arrange for them to have a health assessment as required by the *Care Planning, Placement and Case Review (England) Regulations 2010*. The initial health assessment must be undertaken by a registered medical practitioner. Review of health assessments may be carried out by a registered nurse or registered midwife. The CCG, NHS England and NHS service providers have a duty to comply with requests from local authorities in support of their statutory health requirements. Where a LAC is placed out of area, the receiving CCG is expected to cooperate with requests to undertake assessments on behalf of the originating CCG.

When LAC move placement or move into another CCG area and are currently receiving, or on a waiting list for, health services, their treatment continues uninterrupted (Promoting the health and well-being of LAC, 2015).

LAC should be seen without delay or wait no longer than a child in a local area with an equivalent need who requires and equivalent service. The length of a placement should not affect a child's access to services.

Arrangements should be in place to ensure a smooth transition for LAC and care leavers moving from child to adult health services, including the provision of a summary of health and signposting to national and local services.

Governance Arrangements

The CCG governance arrangements for LAC are monitored through the CCG Safeguarding Assurance Group. The Safeguarding Assurance Group monitors progress on national and local guidance and strategic priorities. The CCGs' LAC executive leadership is through the Chief Nurse who represents the CCG on Nottinghamshire Safeguarding Children Partnership Board and Adult Safeguarding Boards and is a member of the CCG Governing Body.

The designated LAC professionals contribute to the CCG Safeguarding Assurance Group, the two local authority Corporate Parenting Boards, the Nottinghamshire County LAC and Care Leavers Board and are members of the regional NHS England safeguarding network.

A separate annual CCG LAC annual report is written by the designated professionals for LAC and shared with the Chief Nurse (Nottingham and Nottinghamshire CCG) in line with the Intercollegiate Framework (2015) recommendations.

The designated professionals for LAC support with requests from NHS England and other regulatory bodies in relation to the health needs of LAC being met.

Monitoring Quality and Performance of Provider Organisations

Performance data relating to statutory health assessments undertaken by our health providers is reported to regular contract meetings with commissioners from within the Children's Integrated Hub/CCG (Nottingham and Nottinghamshire CCG). The designated LAC professionals have oversight. In addition, this data is currently shared with the County Local Safeguarding Children's Partnership and both Corporate local Parenting Boards.

Further Information

Statutory guidance should be read in conjunction with:

- The Children Act 1989 Guidance and Regulations Volume 2: Care Planning, Placement and Case Review;
- The Children Act 1989 Guidance and Regulations Volume 3: Transition to Adulthood;
- The Children Act 1989 Guidance and Regulations Volume 4: Fostering Services;
- Guide to the Children's Homes Regulations, including the Quality Standards;
- Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies;
- Who Pays? Determining which NHS commissioner is responsibility for payments to providers NHS, August 2020;
- National Tariff Payment System.