

NHS Corby and NHS Nene Clinical Commissioning Groups



SAFEGUARDING STRATEGY 2014-2019



February 2018

**Approved and ratified by the Joint Quality Committee on behalf of
the Governing Bodies of NHS Corby Clinical Commissioning Group
and NHS Nene Clinical Commissioning Group**

For Review: February 2019 (or sooner to comply with legislation)

Version Control

Version No.	Date	Who	Status	Comment
1	4.1.2014	Jane Bell	Draft	Circulated for initial comment and feedback to safeguarding designated Professionals.
2	29.3.2014	Jane Bell	Draft	Circulated to Northamptonshire NHS Safeguarding leads for comment.
3	9.5.14	Jane Bell	Draft	Circulated to Strategic Health Forum for comment.
4	25.6.14	Jane Bell	Draft	Amended following comments received.
5	30.7.2014	Jane Bell	Approved	Approved by the Northamptonshire Health Strategic Forum.
6	12.8.2014	Jane Bell	For approval	Submitted to the Quality Committee for approval. Addition of a work plan requested.
7	14.10.2014	Peter Boylan	Approved	Re-submitted to and approved by the Quality Committee with a recommendation to submit the Strategy to the Governing Bodies of NHS Nene and NHS Corby Clinical Commissioning Groups for ratification.
8	21.10.2014	Peter Boylan	Ratified	Submitted to and ratified by the Governing Body of the NHS Nene Clinical Commissioning Group for publication on the website.
9	28.10.2014	Peter Boylan	Ratified	Submitted to and ratified by the Governing Body of the NHS Corby Clinical Commissioning Group for publication on the website (published).
9.1	9.2.2016	Tracy Keats	Approved	Reviewed and amended in line with legislative changes. Approved by the Quality Committee.
9.2	16.2.2016	Peter Boylan	Ratified	Submitted to and ratified by the Governing Body of the NHS Nene Clinical Commissioning Group.
9.3	23.2.2016	Peter Boylan	Ratified	Submitted to and ratified by the Governing Body of the NHS Corby Clinical Commissioning Group.
10	23.2.2016	Administrator	Published	Published on the websites NHS Nene and NHS Corby Clinical Commissioning Groups.
10.1	13.12.2016	Tracy Keats	Approved and ratified	Reviewed and amended in line with legislative changes. Submitted to and approved and ratified by the Quality Committee on behalf of the Governing Bodies of NHS Nene and NHS Corby Clinical Commissioning Groups.
11	21.12.2016	Administrator	Published	Published on the websites of NHS Nene and NHS Corby Clinical Commissioning Groups.
11.1	13.2.2018	Tina Swain	Approved and ratified	Reviewed and amended in line with legislative changes. Submitted to and approved by the Joint Quality Committee of NHS Corby CCG and NHS Nene CCG on behalf of their Governing Bodies.
12	22.2.2018	Administrator	Published	Published on the websites of NHS Corby and NHS Nene Clinical Commissioning Groups.

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Foreword

NHS Nene and NHS Corby Clinical Commissioning Groups (CCGs) have set out in this safeguarding strategy how they plan to ensure all services they commission comply with statutory safeguarding requirements. For the first time the entire Northamptonshire NHS safeguarding economy has worked together to agree the contents of a commissioning safeguarding strategy.

The strategy is set out in the same way that the CCGs have set out their Quality Strategy. As such our view, and belief, is that every person deserves a quality and safe experience wherever they are cared for in NHS commissioned services. We believe an integrated approach between the CCGs' Quality and Safeguarding team serves to protect those most vulnerable to abuse and helps to identify where safeguarding practice can be improved to prevent and reduce the risk of abuse and neglect to both adults and children.

The strategy, together with the priorities jointly identified across the health economy, reflects learning from local and national serious case reviews and is consistent with the business plans of both the Northamptonshire Safeguarding Children's Board and Safeguarding Adults Board.

This document reflects our objective of continuing to improve safeguarding practice across the NHS, and with our partners, reflecting our commitment to prevent and reduce the risk of harm to residents and visitors of Northamptonshire.



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February 2018

1. Vision for Safeguarding

NHS Nene and NHS Corby Clinical Commissioning Groups (CCGs) hold the value that living a life that is free from harm and abuse is a fundamental right of every person. It acknowledges its statutory responsibility to promote the welfare of children and young people and to protect adults from abuse and risk of harm

People who use health and care services should be treated with dignity and respect, receive high quality, compassionate care and be safe from harm and abuse. Ensuring this happens is the prime responsibility of those who provide and commission services.

This strategy outlines the framework for ensuring that safeguarding is included in all aspects of the CCGs' commissioning responsibilities. It has been developed in agreement with all NHS providers with priorities jointly identified. This is the first Safeguarding strategy to be agreed across the entire Northamptonshire health economy. Individual organisations remain responsible and accountable for their own policy, procedural guidance and identification of their own specific safeguarding priorities and action plans.

The strategy, and priorities within it, is consistent with the principles and key priorities of the Northamptonshire Safeguarding Children Board (NSCB) and the Northamptonshire Safeguarding Adults Board (NSAB). The strategy will be shared with all NSCB and NSAB partners to reflect the shared understanding and combined approaches that are required to improve outcomes for children and young people (CYP) and adults at risk.

Northamptonshire's health and social care organisations face bigger challenges than ever before as we strive to improve health and wellbeing, improve outcomes and make sure the most vulnerable groups in our population receive appropriate, timely, safe and effective services.

The CCGs, providers and local authority are all working together to develop a countywide sustainability and transformation plan (STP), which will set out how local health and care services will transform and become sustainable over the next five years, building and strengthening local relationships and ultimately delivering the 'Five Year Forward View' (2015) vision.

The CCGs will evidence that their commissioned services achieve local priorities and demonstrate progress on improved quality and safety outcomes year on year through the use of specific contractual arrangements and metrics with provider organisations.

This would include having in place: Key Performance Indicators (KPIs), CQUIN targets, quality schedules, systems to embed learning from incidents and complaints, comprehensive single and multiagency safeguarding policies and procedures and a safeguarding training strategy and framework.

In addition the CCGs will support the recommendations from public inquiries such as: the Francis Inquiry (2013), Independent Inquiry into Child Sexual Exploitation in Rotherham (2014) and the Lampard Enquiry (2015) regarding openness, transparency, duty of candour and leadership being integral to service delivery and outcomes across the health economy.

This safeguarding strategy must be read in conjunction with the CCGs' Safeguarding Policy, Safeguarding Training Strategy and other relevant CCG policies, such as the Whistleblowing Policy and Recruitment Policy.

In term of safeguarding, this means ensuring that despite major change to how local people live, access care and how care is delivered, this is a major consideration to ensure that people continue to receive high quality and safe care.

2. Background and Context to Safeguarding in Northamptonshire

2.1 Northamptonshire Population

Northamptonshire is a rural county, and home to 691,952 residents in 2011, an increase of 62,276 (9.8%) since 2001. Northamptonshire's fast growing yet ageing population is expected to increase to 739,200 by 2016. The biggest rate of increase will be in the number of people aged 65 and over, 131,000 in total, which will put additional pressure on health and social care services. Over 14,000 people aged over 65 are predicted to be living with dementia by 2030, double the 2010 number. Most of those people will live at home and will require health and social care support. People living in part of Northampton, Corby and Wellingborough have a much lower life expectancy – 9 years lower for men – compared to people living in more affluent parts of the county. There is an even bigger gap in disability-free life expectancy of 15 years for men and 12 years for women between richest and poorest areas.

Northamptonshire also has a large and growing, young population; those aged under 16 years make up one fifth of the population of the county and 171,736 (24.8%) are under the age of twenty.

2.2 Northamptonshire Child Health Profiles

Children and young people under the age of 20 constitute 24.7% of the Northamptonshire population. 21.5% of school children are from a minority group.

The infant and child mortality rates are similar to the England average. The level of child poverty is better than the England average with 14.4% of children under 16 years living in poverty. The rate of homelessness is better than the England average.

In 2014/15 children were admitted for mental health conditions at a similar rate to that in England as a whole. The rate of inpatient admissions during the same period because of self-harm was higher than the England average.

In 2014/15, there were 15,377 A&E attendances by children aged four years and under. This gives a rate which is lower than the England average. The hospital admission rate for injury in children is similar to the England average, and the admission rate for injury in young people is higher than the England average.

2.3 Looked after Children

Northamptonshire continues to see a year on year increase in the number of children coming into care in comparison to its statistically similar neighbour. However, there has been a significant improvement in all activity related to improving the health of looked after children and care leavers both accommodated within and outside the county.

By the end of the March 2016, Northamptonshire had a LAC population of 1142. This shows an increase of 207 children from the last reporting period. Of this number:

- 228 (23%) live outside the local authority reporting area.
- 125 live in residential homes, of which 56% live outside the local authority area.
- 655 live with foster families, of whom 17% live outside of the local authority area.
- 124 children are unaccompanied asylum-seeking children.

2.4 Northamptonshire Learning Disabilities Profile

The number of adults with a learning disability known to GPs in Northamptonshire is very slightly above the England average. Similarly, children diagnosed with autistic spectrum disorder is slightly above the England average, while all other diagnoses of children with learning difficulties is below the England average in Northamptonshire. The proportion of eligible adults with a learning disability receiving a GP health check is well above the England average.

2.5 Joint Strategic Needs Assessment (JSNA) of Children and Young People in Northamptonshire January 2015

The JSNA in 2015 identifies as a county, Northamptonshire performs similarly to national and regional averages in most indicators related to health, wellbeing and education of children. However certain areas remain a concern such as the number of domestic violence incidents, teenage pregnancy and an increase in self-harm and mental ill health in children and young people. It also identifies the rate of

re-referrals to Children's Social Care Services as a concern as this could indicate either that needs are not identified effectively in the social care screening process, or that early help services are not effectively dealing with these cases.

There has been a significant increase in the numbers of Child Sexual Exploitation (CSE) cases reported in the past two years (from 28 to 149). This mirrors an increase in reporting across the country.

Children in Northamptonshire are less likely to be breast fed than in other areas across England and a looked after child less likely to be fully up to date with immunisations, receive dental checks or to perform well at school.

A key aspiration of the JSNA 2015 is to develop:

“A clear strategy to preventing risk factors and enhancing protective factors at a universal level alongside strategies for identifying high risk and vulnerable groups and implementing the evidence based interventions to address the high risk elements.”

In order to achieve this aspiration, and improve the health outcomes for all children and young people across Northamptonshire, multi-disciplinary working across universal, specialist and with all partners is essential and the health safeguarding priority action plan supporting this strategy will reflect this.

2.6 The Health and Wellbeing Board (HWB)

The Health and Wellbeing Board enables key leaders from across the Northamptonshire health and social care system to jointly work to improve the health and wellbeing of people in their area, reduce health inequalities and promote the integration of services. The Health and Wellbeing Board published their 'Supporting Northamptonshire to Flourish' strategy in 2016 with four priorities:

- Every child gets the best start
- Taking responsibility and making informed choices
- Promoting independence and quality of life in older adults
- Creating environments for all people to flourish

2.7 Healthwatch Northamptonshire Strategic Plan 2013-2018

Northamptonshire has a fast growing population with a rapid increase in the number of older people. One in five people will be 65 or over by 2019 and the number of people aged over 85 is expected to increase by around 5,000 in the next ten years, which will put additional pressure on health and social care services. Over 14,000 people aged over 65 are predicted to be living with dementia by 2030, double the 2010 number. Most of these people will live at home and will require both health and social care support.

Two of the Healthwatch 5 strategic priorities are:

- To campaign for improved health and social care outcomes for children and young people by enabling their views to be heard citing 5,000 referrals to Children's social care in 2011 (which has risen significantly 2012/13 and 13/14)
- To champion views of local people with a focus on the most vulnerable by influencing the quality of care for adults and support for carers.

3. Children

Northamptonshire has faced many challenges following various inspections in 2013, which rated the NSCB and partnership as "inadequate". Collectively the NHS across Northamptonshire has worked together with partner agencies to address the shortcomings identified in the inspection. However the number of contacts with Children's social care and referrals has continued to rise as has the number of children subject to a Child Protection plan and children becoming Looked After by the Local Authority.

Northamptonshire County Council (NCC) commissioned services were inspected by Ofsted from 8th February to 11th March 2016 and were rated as 'requires improvement to good'. The Northamptonshire Improvement Board was disbanded in September 2016. An improvement plan is in place which is updated by all partners on a monthly basis and discussed at the Executive Support group (ESG) of the Northamptonshire Safeguarding Children's Board.

The Care Quality Commission (CQC) conducted a five day review of safeguarding children and looked after children across the health economy in March 2015. Positive feedback was received regarding the multi-agency safeguarding hub (MASH), primary care and safeguarding practice in children and adolescent mental health services (CAMHS). An overall health action plan is in place where identified action is required.

4. Adults

The number of referrals for safeguarding adults has also continued to rise not only from NHS providers but there are an increasing number of safeguarding referrals from care homes and domiciliary care.

In March 2014 the House of Lords Select Committee published their report on the Post Legislative Scrutiny of the Mental Capacity Act - MCA (2005). Robust monitoring and assurance of MCA compliance has become part of the commissioning cycle alongside a number of supportive training events supported by NHS England funding.

The Deprivation of Liberty Safeguards (DoLS) is an amendment to the Mental Capacity Act (2005) and was introduced in 2009 to provide a statutory framework for the deprivation of liberty of people in hospitals and care homes. Following a landmark ruling made by the Supreme Court in March 2014, the scope of DoLS has significantly changed. The Law Commission is currently reviewing the DoLS legislation and this is to be enacted in 2017.

5. The local Framework for Safeguarding in Northamptonshire

Our local framework for delivering the NHS safeguarding strategy in Northamptonshire, although informed by national policy, is set against three main areas of work:

- Early help and prevention.
- Providing appropriate support for children and families, and adults at risk, accessing assessment and intervention into social care.
- Providing support for children and families, and vulnerable adults within social care, children on child protection plans and Looked After and Adopted children.

These three areas are consistent with the NSCB and NSAB partners.

This strategy is to be read in conjunction with:

- a) Safeguarding Children's Board Northampton Procedures:
www.northamptonshirescb.org.uk/pm
- b) Northampton Safeguarding Adults Board Procedures:
<http://www3.northamptonshire.gov.uk/councilservices/adult-social-care/safeguarding/Pages/default.aspx>

The Northamptonshire NHS economy is also committed to:

- Planning for high quality services.
- Developing and commissioning high quality services.
- Assuring the services we have commissioned deliver a quality service.

6. National Policy Drivers for Safeguarding

There are a number of key national policy drivers for Safeguarding. Our strategy, processes and procedures are based on not only delivering national standards but where possible innovating to exceed them.

A list of the key guidance, documents, reports and legislation which also govern how services should be provided, managed and monitored can be found in Appendix 2.

7. NHS Nene and NHS Corby CCGs' Responsibilities

The CCGs have a statutory responsibility to safeguard children, young people and adults who are at risk or in need of care and support. They are responsible for ensuring effective safeguarding practice by holding providers to account for the delivery of contractual obligations against quality and safeguarding standards. NHS Nene and Corby CCGs also take responsibility for working closely with providers to ensure service delivery continually improves and they have in place processes to drive this continual improvement including the adoption and sharing of innovation. This includes working closely with NHS England and all safeguarding partners to continually improve safeguarding practice across Northamptonshire.

Each provider and member practice of the CCGs remains accountable for the quality of services within their own organisation. Individual CCG members/staff have a responsibility to report incidents and respond to patient feedback in an open and transparent way in order to support improvement in our service. Safeguarding remains *Everybody's Business*.

From April 2016, responsibility for ensuring effective safeguarding in primary care transferred from NHS England to the CCGs. The Named GP function now covers both safeguarding children and adults and is supported by a Primary Care Safeguarding Lead, who has been in post since September 2016. This will enhance and contribute to the overall effectiveness of the Designated Professionals.

8. Strategic Framework

Aim

To work in partnership with statutory and other agencies to continuously develop and improve our ability to safeguard children and adults at risk and improve safeguarding outcomes across Northamptonshire

Strategic Objectives

To provide senior and board-level leadership:

- Senior leadership responsibility and lines of accountability for the CCG safeguarding arrangements are clearly outlined to employees and members of the CCG, as well as to external partners
- Provide safeguarding leadership across Northamptonshire health economy in order to provide support and advice in the on-going development of safeguarding practice and processes.

- Respond to new statutory and mandatory requirements in a timely fashion in order to ensure that the CCGs are compliant with all requirements and continuously seeking to improve outcomes for children, young people and adults
- Be an active partner in the multi-agency child and adult safeguarding arena.
- Further development of processes which ensure that all contracts contain appropriate reference to safeguarding arrangements, working in partnership with procurement and contract managers and commissioners.
- Further development in the already established monitoring processes of safeguarding arrangements in the delivery of commissioned services, to include all providers.
- The safeguarding team together with commissioning, quality and contract managers will hold services to account when there is a shortfall in the delivery of adequate safeguarding arrangements.
- Ensure that there are robust governance processes for reporting safeguarding activity including identified risks within NHS Nene and Corby CCGs.
- Promote collaborative working with relevant colleagues in order to ensure that safeguarding concerns are explored in all serious incidents that are notified to the CCGs and appropriate actions are taken, monitored and recorded.
- Ensure that the annual work plan is at the centre of identified work streams for the CCGs' safeguarding team and these are reviewed on a quarterly basis.

9. Safeguarding Governance Structure

Safeguarding is embedded within the infrastructure of the CCG's including governance and quality assurance processes. It is able to fulfil its obligations with the support of an expert safeguarding team. The CCGs' safeguarding team seek to improve outcomes across the local health economy by working with multiagency partners, providing expert advice, support and guidance and developing innovative practice.

The NSCB and NSAB are responsible for ensuring all member agencies have in place safe and effective safeguarding policies and process.

9.1 Executive Safeguarding Group (ESG)

An additional layer of governance is in place for Children's Safeguarding, due to the urgency in Northamptonshire of implementing the corrective changes to making all children safe, through a NSCB led Executive Safeguarding group (ESG). The ESG monitors progress and agrees additional necessary actions. The CCGs' Executive leads for Safeguarding represent NHS services on this group.

9.2 NHS Nene and Corby CCGs' Quality Committee

The CCGs Governing Bodies have agreed a quality assurance framework for identifying; monitoring and challenging quality, including safeguarding, in the

organisations we commission services from. Good quality information is a prerequisite to understanding current services, for gaining improvement and planning future services. It supports our role to commission the right services and best possible care for our resident population. Assurance about the quality of safeguarding provision of local providers is monitored through the Joint Quality Committee (a sub-committee of both Governing Bodies). Please refer to Appendix 3.

9.3 Northamptonshire Strategic Health Safeguarding Forum (HSF)

The strategic and operational planning, delivery and monitoring of all NHS safeguarding activity is managed through the Health Strategic Safeguarding Forum (HSF). The HSF membership comprises Executive level leads from commissioned services that are accountable for Safeguarding within their own organisations. This approach ensures all providers have ownership and commitment to driving forward the safeguarding priorities at a strategic level.

9.4 Named/Designated Forum

On an operational level all Northamptonshire's Named and Designated safeguarding professionals meet on a monthly basis to agree and operationalise the action plans associated within this strategy and other national and local work streams.

All providers have in place their own governance structure within which safeguarding activity is reported. The Designated Nurses are members of the provider committees.

10. Taking forward Safeguarding priorities across Northamptonshire

The Safeguarding professionals from across the Northampton health economy have agreed the following specific areas to focus attention for the next 5 years (please refer to Appendix 4)

These areas are considered to be critical to keeping children, young people and adults at risk, safe in Northamptonshire all of which have been identified in previous Northamptonshire Serious Case Reviews (SCRs) and recent Inspection reports:

10.1 Children/young people

- ***Looked After Children including Adoption:*** Looked after Children (LAC) outcomes are poorer than children in the general population. The services that they receive in Northampton were highlighted as a particular problem in a recent LAC Inspection report.
- ***Implementation and increased use of the Early Help Assessment (EHA) for Families:*** Low application of the EHA across agencies and failure to engage early intervention services with families in need of additional support is potentially impacting and resulting in the rising numbers of referrals to

children's social care many of which are not meeting the threshold of intervention for assessment.

- **Improving pre-birth risk assessments and information sharing:** Serious case reviews in Northampton have highlighted that pre-birth risks were not identified. Therefore relevant information was not shared between professionals which could have reduced the risk of injury to babies in Northamptonshire
- **Continuing to establish and embed the most effective management of the Multi Agency Safeguarding Hub (MASH):** Lack of partnership working was highlighted in the inspection report. The MASH was formed to enable partners to make informed decisions as to the risks to children and enable agencies through partnership working to decide on the appropriate course of action.
- **Child Sexual Exploitation (CSE):** A national and local priority across all agencies.
- **Adolescents and Self-Harm:** Identified as a local priority due to the high incidence of self-harm
- **The voice of the child:** Audits repeatedly identify a lack of documented evidence to demonstrate the child's views and wishes have influenced care plans.
- **Neglect:** This is a re-occurring theme from Local and national SCRs.

10.2 Adult Safeguarding

The Adult Safeguarding Health leads have identified as key priorities:

Mental Capacity Act (MCA) /Deprivation of Liberty Safeguard (DoL): case reviews have identified poor and inconsistent application of the MCA and DoL safeguards.

- **Self-Harm:** case reviews have identified improvements in the management of adults following episodes of self-harm can be developed.
- **Healthcare governance and safeguarding interagency procedures:** organisational change and acknowledgement that agencies could improve how they work together has resulted in a need to review process and inter-agency safeguarding adult procedures.
- **Domestic Abuse:** case reviews have identified inconsistent responses to concerns and disclosure of domestic abuse.
- **Safeguarding adult's assurance framework (SAAF):** The SAAF will continue as a vehicle for strengthening and improving safeguarding practice across all health providers.
- **Developing a safeguarding culture:** that focusses on the personalised outcomes desired by people with care and support needs who may have been abused. This ensures 'making safeguarding personal' is a key operational and strategic goal.

10.3 Training and Audit

The outcomes for the CCGs for this strategy will be when:

- People who live and work in Northamptonshire know what signs and indicators of abuse to look out for and who to contact for advice and support
- Children and adults at risk have access to the support and services that they need from health agencies
- Children and adults at risk have their voices heard within safeguarding procedures and services, which maximises their rights and choices
- Children, young people and adults at risk are protected when necessary and have improved quality of life as a result

Practice improvement through training and systematic audit programmes are essential to ensure all priorities are embedded in practice and for the identification of new areas of practice required. Training and audit are therefore included within all priority action plans.

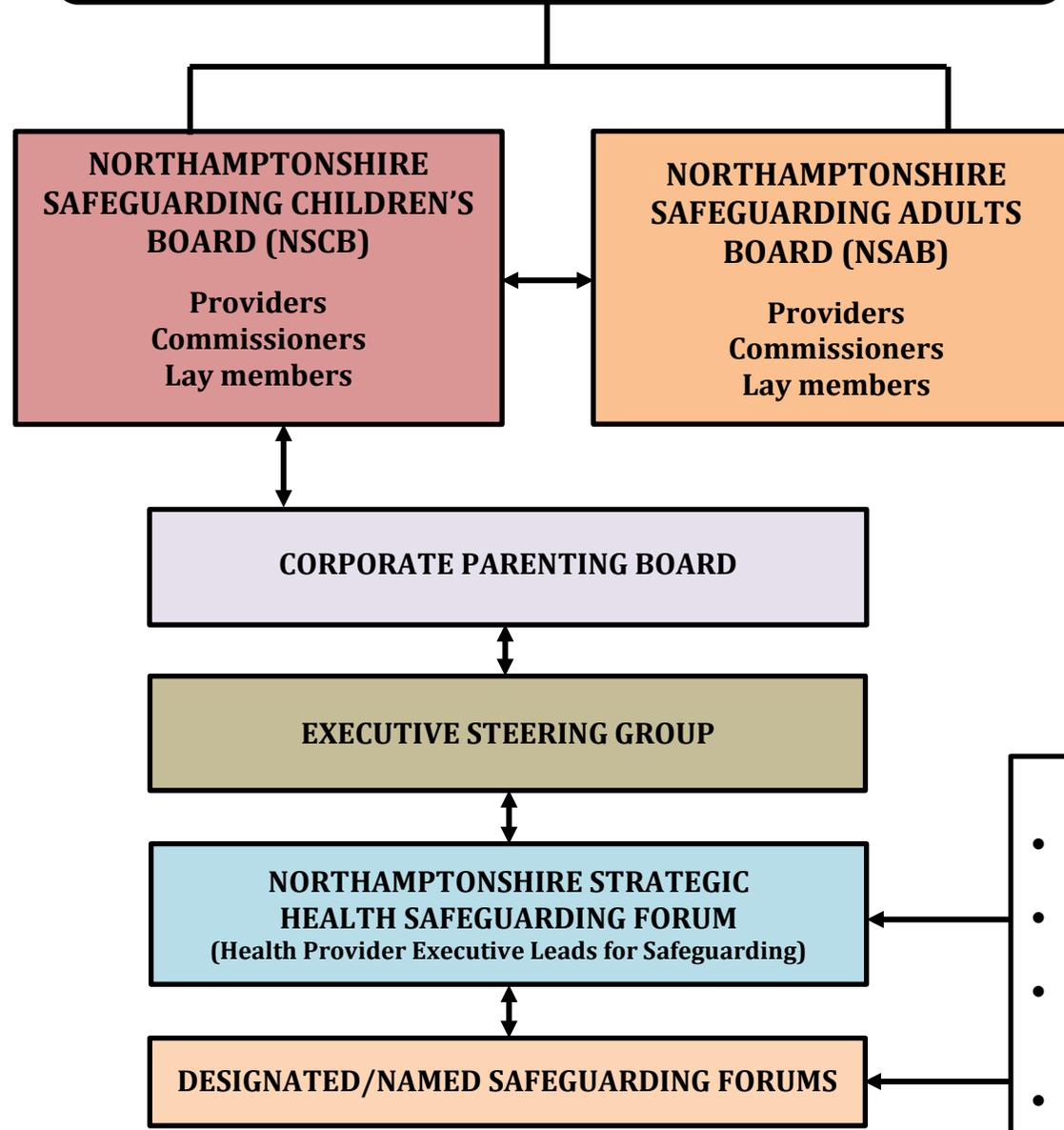
10.4 The Work Plan

A safeguarding work plan for adults and children, developed with providers and commissioners, will drive a county wide approach for safeguarding children and adults at risk

The plan will be an evolving process and as well as feeding into strategic progress reports via the NSCB and NSAB, regular reports to the CCGs' Joint Quality Committee and shared with providers own governance arrangements/committee/Boards.

SAFEGUARDING GOVERNANCE FRAMEWORK

HEALTH AND WELLBEING BOARD



OTHER KEY LINKS:

- MAPPA
- MARAC
- Healthwatch
- Provider Safeguarding Committees
- Children's Commissioning Group

PROVIDERS:

- Kettering General Hospital NHS Foundation Trust
- Northampton General Hospital NHS Trust
- Northamptonshire Healthcare NHS Foundation Trust
- St Andrew's Healthcare

Appendix 2

The following guidance, documents, reports and legislation will also govern how services should be provided, managed and monitored:

Children

- The Children Act 1989 and 2004.
- HM Government 2007. Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004. Updated March 2007. London: Department for Education and Skills.
- Working together to Safeguard Children (DoE 2015)
<http://www.workingtogetheronline.co.uk/index.html>
- Letter – David Nicholson letter July 2009 Safeguarding Children Declarations.
- When to suspect child maltreatment NICE 2009.
- Protecting Children and Young People: the responsibilities of all doctors. (GMC, 2012)
- Intercollegiate Safeguarding Children and Young People: Roles and competencies for healthcare staff (2014)

Children and Adults guidance

- Information Sharing Guidance (DCSF 2008).
- Data Protection Act 1998.
- The Functions of Clinical Commissioning Groups (DH, 2012)
- Human Rights Act 1998
- Care Quality Commission Essential Standards for Quality and Safety
- Safeguarding Vulnerable Groups Act 2006
- Equality Act 2010
- NHS England (2015) Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework
- 'Five Year Forward View' (2014) Department of Health
- Serious Crime Act 2015
- Sexual Offences Act 2003

Adults

- Care Act 2014
- Department for Constitutional Affairs (2007) Mental Capacity Act 2005 : Code of Practice, London : TSO
- Department of Health (2013) Report of Mid Staffordshire NHS Foundation Trust, Chaired by Sir Robert Francis
- Equality Act 2010
- Mental Health Act 1983
- Ministry of Justice (2008) Deprivation of Liberty Safeguards : Code of Practice to Supplement Mental Capacity Act 2005, London : TSO

NHS Corby Clinical Commissioning Group
Governing Body

Quality and Safeguarding Governance chart

NHS Nene Clinical Commissioning Group
Governing Body

Appendix 3

QUALITY COMMITTEE

To improve quality
and safeguarding

Assurance
to



To improve quality

- Minutes received from:
- Clinical Quality Review Meetings
 - Countywide Strategic Clinical Quality Review Meeting
 - Whole Health Economy Infection Prevention and Control Committee
 - Mortality Review Group
 - Countywide Patient Safety Forum
 - Serious Incident Assurance Meetings
 - Strategic Inclusion and Equality Oversight Group
 - Individual Funding Request Panel
 - Northamptonshire Health Strategic Safeguarding Forum
 - Quality Surveillance Group
 - Northants Prescribing Management Group

- Working with external stakeholders to improve safeguarding practice:
- NHS England Area Team
 - All providers
 - All Northamptonshire Safeguarding Children's Board (NSCB) and Northamptonshire Safeguarding Adult Board (NSAB) partners
 - Care Quality Commission
 - Health watch/User groups

Appendix 4

Safeguarding Work Plan 2017/18

The following tables outline the actions in the Strategy for 2017/18 together with the current status at the time of publication

Joint Safeguarding Actions	Deadline	RAG RATING
To ensure that statutory safeguarding responsibilities to make arrangements across the health economy to safeguard and promote the welfare of children and adults at risk are continued following changes in governance and staffing structures at both CCGs	June 17	Amber

Children's Safeguarding Actions	Deadline	RAG rating
To increase the use of the Early Help Assessment (EHA) across the health economy	Jul-17	Amber
To ensure a review of the Multi Agency Safeguarding Hub (MASH) is strategically reviewed by statutory partners	Mar-17	Amber
To ensure systems are in place for the early identification and support to meet the needs of children and young people who self-harm	Mar-17	Amber
To lead the health contribution and pro-actively contribute to the multi-agency approach to awareness, prevention and management of Child Sexual Exploitation.	May-17	Completed
To identify and respond to women and girls who are at risk of or have undergone female genital mutilation.	Mar-16	Amber
To improve the timeliness and quality of all health reviews for Looked After Children and children going for adoption.	Mar-17	Amber
To ensure robust pre-birth early intervention and risk assessment process is in place and used appropriately	Jan-17	Amber

Adult Safeguarding Actions	Deadline	RAG rating
To improve practice in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards.	Mar-17	Amber
To improve the initial management, treatment and experience for people who self-harm.	Mar-17	Amber
To improve the response following a disclosure of Domestic Violence	Mar-17	Amber
To develop consistent approaches within health care governance systems to align with inter-agency alerts procedures.	Feb-17	Amber

RAG rating key	Not started	Delayed	In Progress/ongoing	Completed
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