

STRATEGIC SAFEGUARDING CHILDREN POLICY

Authors: Designated Nurses Safeguarding Children
Fareham and Gosport Clinical Commissioning Group
North East Hampshire and Farnham Clinical Commissioning Group
North Hampshire Clinical Commissioning Group
South Eastern Hampshire Clinical Commissioning Group
West Hampshire Clinical Commissioning Group

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1. Executive Summary

This policy represents the statutory safeguarding responsibilities for North East Hampshire and Farnham Clinical Commissioning Group to ensure effective discharge of their duty to improve the health of the whole population which includes safeguarding and promoting the welfare of children and young people. It provides guidance to CCG and their Commissioning Support Services and strengthens local safeguarding assurance arrangements for services commissioned for the local children and families. The Safeguarding Children Policy also sets out a framework to underpin monitoring of safeguarding arrangements across the health economy.

The CCG is expected to ensure that clear arrangements are in place with health providers which safeguard and promote the welfare of children and young people.

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

- United Nations Convention on the rights of the child (UNCRC) 1989
- The Children Act 1989 and 2004
- The Data protection Act 1998
- The Human Rights Act 1998
- The Mental Capacity Act 2005
- 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)
- Statutory guidance on promoting the health and wellbeing of looked after children, (DH 2009)
- Working Together to Safeguard Children, (HM Govt 2013)
- When to suspect child maltreatment (NICE 2009)
- Health and Wellbeing of Looked after children and young people. Quality standards. NICE 2013
- Safeguarding Children and Young People: Roles and competencies for healthcare staff: RCPCH Intercollegiate Document.(2010).
- Looked after children: knowledge, skills and competence of health care staff, (RCPCH May 2012)
- Information Sharing Guidance (DCSF 2008)
- Letter – David Nicholson July 2009 Safeguarding Children Declarations
- 4 LSCB Child Protection Procedures and Supplementary Guidance
- The Functions of Clinical Commissioning Groups, (DH 2012)
- CQC Essential Standards for Quality and Safety (CQC, 2010)
- Safeguarding and Promoting the Welfare of Children and Child Protection Aide Memoire for Clinical Commissioning Groups (NHSL, Nov 2012).
- Safeguarding Vulnerable People in the Reformed NHS. Accountability and Assurance Framework – (NHS CB 2013).

2. Context

- 2.1 The Mandate from the Government to the NHS Commissioning Board (NHS CB) for April 2013 to March 2015 (published in November 2012) says:

“We expect to see the NHS, working together with schools and children’s social services, supporting and safeguarding vulnerable, looked-after and adopted children, through a more joined-up approach to addressing their needs.”

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

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

- Safeguarding is everyone’s responsibility: for services to be effective each professional and organisation should play their full part.
- A child-centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children.

(Working Together to Safeguard Children, HM govt 2013)

- 2.3 This means that there is a responsibility within the health economy to ensure that:

- 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 indirect 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.
- Commissioning of health services for both children and adults takes into account the safeguarding and promotion of welfare of children and young people.

Statutory Responsibility

- The Children Act (2004) section 10 places a statutory duty on CCGs and NHS England to cooperate with local authorities in making arrangements to improve the wellbeing of all children in the authority’s area, which includes protection from harm and neglect.
- The Children Act (2004) section 11 places a statutory responsibility to safeguard children upon all NHS organisations including CCGs. NHS England, NHS Trusts and Foundation Trusts.

- The Children Act (2004) section 13 requires NHS England, CCGs, NHS Trusts and Foundation Trusts to cooperate and engage fully with partner agencies as competent members of their Local Safeguarding Children's Board (LSCB).
- The Children Act (1989) section 17 requires NHS England, CCGs, NHS Trusts and Foundaton Trusts to coperate with the Local Authority in helping children in need of support.
- The Children Act (1989) section 47 requires NHS England, CCGs, NHS Trusts and Foundatoin Trusts to cooperate with Local Authorities in their enquiries regarding children at risk of significant harm.

3. Purpose of Safeguarding Chidren Policy

Clinical Commissioning Groups (CCGs) are 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.

CCGs are charged with ensuring that they commisson high quality services on behalf of their population. Although CCGs are not directly responsible for commissioning Primary Medical Care, they have a duty to support improvements in the quality of Primary Medical Care.

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

This document should be read in conjunction with:

- Working Together to Safeguard Children, HM Govt, 2013
- Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004.
- Hampshire Joint Working Protocol for Safeguarding Children
<http://www.hampshiresafeguardingchildrenboard.org.uk/resources-policies-guidance.html>
- Surrey Safeguarding Children Board (SSCB) Child Protection Procedures and Practice Guidance <http://sscb.proceduresonline.com/index.html>

3.1 Definitions

For the purposes of this policy, a child is defined as any child who has not attained the age of 18 years.

3.2 Scope of the Policy

This policy applies to all staff working within the CCG. The key principles are also applicable to all services commissioned by the CCG.

All employees of the CCG have an individual responsibility for the protection and safeguarding of children and young people.

All managers must ensure their staff are aware of, able to access this policy, and ensure its implementation in their line of responsibility and accountability.

The CCG is committed to all processes that safeguard children and young people and promote their welfare and aims to commission safeguarding services that will ensure equal access to all children and young people, regardless of:

- Race, religion, first language or ethnicity
- Gender or sexuality
- Age
- Health status or disability
- Political or immigration status

4. The Hampshire 5 CCGs' Safeguarding Responsibilities in a Reformed NHS Commissioning System

4.1 The DH (2012) stated that CCGs would be required to meet safeguarding duties, including:

- Having regard to the need to safeguard and promote the welfare of children
- Following the requirements around employing members of staff
- Being a member of the Local Safeguarding Children Board(s)

West Hampshire will be the designated CCG for safeguarding and looked after children, although accountability for safeguarding and looked after children will sit with each CCG and may be delegated by the Chief Officer to the Executive Nurse lead. Close collaboration with the NHS England Wessex area team will ensure a consistent response to the safeguarding agenda is maintained.

The CCGs must ensure that the contracts clearly specify safeguarding expectations and responsibilities for **all** health providers of services they commission as set out in this policy.

A Safeguarding Children Assurance Framework has been developed to identify the key standards required to ensure that safeguarding arrangements fit into the quality agenda and that there is a culture for improving the outcomes for children.

4.2 The CCGs will gain assurance regarding the quality of safeguarding arrangements across the Collaborative through:

4.2.1 Leadership

- The Chief Officer is the designated lead for safeguarding children within the CCG although they may delegate this authority to the Board Director/Nurse responsible for quality.

- The Director for Quality, Patient Safety and Nursing is the Executive Lead for Safeguarding Children across the Collaborative and represents the CCGs on the LSCBs.
- The Safeguarding Team consists of a Designated Doctor, Nurses and Named GPs. This team will lead on providing analytical reports for the CCGs regarding the effectiveness of safeguarding arrangements, support and challenge commissioners and providers to improve the outcomes for children across the health economy.

4.2.2 North East Hampshire and Farnham Policy Statement

The CCG will fulfil its statutory duties relating to the safety and welfare of children through the demonstration of:

- Compliance with all statutory guidance on safeguarding children.
- Active partnership and co-operation with Surrey LSCB
- Ensuring that children and young people are valued and their safety and welfare is considered at all stages of commissioning, including contracting arrangements and performance management frameworks. This will be best achieved through partnership processes across the LSCB area.

4.2.3 Roles and Responsibilities

The roles and responsibilities of all organisations and staff groups regarding safeguarding children are outlined in the statutory guidance section of '*Working Together to Safeguard Children*' (HM Government 2013). All staff and managers should be aware of those responsibilities.

The CCG has a duty under Section 11 of the Children Act 2004 to ensure that:

- Their functions are discharged having regard to the need to safeguard and promote the welfare of children; and
- Any services provided by another person pursuant to arrangements made by the person or body in the discharge of their functions are provided having regard to that need.

4.2.4 Key Roles

Designated Nurses and Doctors for Safeguarding Children

- Provide advice to ensure the range of services commissioned by the CCGs take account of the need to safeguard and promote the welfare of children.
- Provide advice on the monitoring of the safeguarding aspects of CCGs' contracts.

- Involved in contract monitoring meetings, at least bi-annually, for appropriate children and family health services.
- Provide advice, support and clinical supervision to the named professionals safeguarding lead in each provider organisation.
- Provide skilled advice to the LSCB on health issues.
- Promote, influence and develop relevant training, on both a single and inter-agency basis, to ensure the training needs of health staff are addressed across Hampshire.
- 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 the CCGs, as part of Serious Case Reviews, other multi agency or single agency health reviews following serious incidents.
- Inform the LSCB of any relevant serious incidents where social care have not been involved.
- Designated professionals will require specific safeguarding supervision.

Designated Professionals for Looked after Children

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

- Advising commissioners regarding the needs of this population;
- Monitoring the quality of the health assessments, medical, nursing and CAMHS services available to the children and young people;
- Work with Local Authorities to improve the outcomes for this group.

These professionals are currently placed in provider trusts but have a reporting line to the Safeguarding Team. The professionals will work in conjunction with the Safeguarding Team to ensure that there is effective annual and quarterly reporting for the CCGs.

Designated Paediatrician for Unexpected Child Deaths

The CCGs are required to have a Designated Paediatrician for Unexpected Child Deaths. The role of the paediatrician is to:

- Ensure that relevant professionals (i.e. coroner, police and local authority social care) are informed of the death;
- Coordinate the team of professionals (involved before and/or after the death) which is convened when a child dies unexpectedly (accessing professionals from specialist agencies as necessary to support the core team);

- Convene multi-agency discussions after the initial and final initial post mortem results are available.

Named GPs

This role is seen as good practice but has not been clearly defined nationally. The CCGs will work with the NHS England Wessex Local Area Team to develop the role for the future. The Named GPs are accountable to Designated Safeguarding Professionals within the safeguarding team but will be directly managed by the NHS England Wessex area team

Independent Contractors

Any independent contractors who deliver services directly to children, young people and their families should ensure that they:

- Access safeguarding children training in accordance with national and local guidance and competency frameworks.
- Act in accordance with the Hampshire and Surrey Safeguarding Children Board's procedures.

Responsibilities of NHS Trusts, Foundation Trusts and Private Healthcare Providers

All provider health organisations are required to have effective arrangements in place to safeguard vulnerable children and to assure themselves, regulators and their commissioners that these are working. It is not sufficient to have structures in place but to create an organisational culture that acknowledges the responsibilities of staff to identify risk factors for children and take appropriate action to reduce the level of harm. Key examples of health work to support the safeguarding of children is included in Appendix.

The CCG Board

The Chair of the CCG is the accountable officer having responsibility for ensuring that the health contribution to safeguarding and promoting the welfare of children is discharged effectively across the local health economy through the CCGs' commissioning arrangements.

Within the CCG this role is supported through the Safeguarding lead Director and the designated professionals. The CCG Board will regularly receive information relating to:

- Safeguarding performance of commissioned services
- Serious Case Reviews from Surrey Safeguarding Children Board
- Local and national safeguarding issues
- Reports and papers regarding any specific issues requiring Board approval or decision

4.2.5 Commissioning Arrangements

- Ensure commissioning arrangements work in co-operation with Local Authority, NHS England and link to the priorities of the Local Safeguarding Children Board (LSCB);
- Each CCG should assure, through a shared model of commissioning led by the Associate Director for maternity and children's commissioning that the needs of children and young people are at the forefront of local planning and service delivery;
- Ensure that clinical governance arrangements are in place to assure the quality of services commissioned by the CCGs.
- Commission secondary health care for looked after children, including those placed outside of the county.

4.2.6 Contract monitoring

- Ensure through contracts with commissioned services that health services and healthcare workers contribute to multi-agency safeguarding working.
- Include the requirement for sharing information with CCGs and LSCBs regarding safeguarding arrangements and Outcome Frameworks in all commissioning arrangements, contracts and/or service level agreements.
- Ensure that Designated professionals have been consulted on all relevant contracts and service level agreements.

4.2.7 Partnership working

North East Hampshire and Farnham CCG will ensure and fulfil the following:

- Work with Local Authorities to commission co-ordinate and, where possible, integrate safeguarding services.
- Statutory membership of the LSCBs is required of NHS CB, CCGs, and local NHS Trusts/Foundation Trusts whose hospitals and other facilities are based within the Local Authority area.
- Ensure that appropriate contributions are made to LSCB budget from the CCGs and that all providers have engaged with the LSCB to negotiate their individual responsibilities/contributions.
- 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.

- Work in collaboration with the NHS Commissioning Board to ensure that safeguarding children arrangements are in place across the health economy.
- Co-operate with the local authorities in fulfilling duties towards looked after children, including health assessment and planning.
- Work in collaboration with partner agencies to ensure the effective commissioning of services to support the development and effectiveness of the multi-agency safeguarding hubs.

4.2.8 Safe Recruitment

The CCGs and any contracted support services must comply with safe recruitment practice including efficient use of the Disclosure and Barring system with a system in place to repeat the process on a 3 yearly cycle, including CRB checks for eligible staff and enhanced level checks where appropriate. Safeguarding children responsibility to be included within all staff job descriptions.

4.2.9 Responsibilities of Employees

All employees of the CCGs, partner practices and contracted support services e.g. CSU, must be mindful of their responsibility to safeguard children. Therefore all staff must be up to date with the appropriate level of safeguarding children training as set out in the RCPCH Intercollegiate Document (2010): Safeguarding Children and Young People: Roles and competencies for healthcare staff. Designated and named professionals are available for advice and support.

4.2.10 Management of Allegations

If it is alleged that an employee of the CCG may have caused harm to a child, it must be thoroughly addressed. Concerns must be reported promptly and an immediate initial review should take place in accordance with Working Together 2013 and the CCG Operational Safeguarding Children Policy 2013

4.2.11 Whistleblowing

Safeguarding children is complex and can frequently be under review. It is important to remember that safeguarding is everyone's responsibility, and a culture exists where staff are able to raise concerns and whistleblow without fear, that there is an understanding of the need for staff support to achieve effective outcomes for vulnerable children.

4.2.12 Primary Medical Care

The Hampshire 5 CCG's will work in close collaboration with the NHS England Wessex area team to ensure clear accountability arrangements are in place to deliver the safeguarding and looked after children agenda across Primary Medical Care.

To ensure that named GP's and designated professionals are able to work effectively, service level agreements and memorandums of understanding will be in place to provide clarity on the respective roles of the CCG's and Wessex area team.

GP Practices

- GP practices must have a lead for safeguarding who must work closely with the CCG Named GP and Designated Professionals to address quality issues in relation to safeguarding children
- GP practices must maintain an up to date list of staff training in relation to safeguarding.
- GPs must ensure that they contribute effectively to children in need of support or protection, including provision of reports for child protection conferences.
- West Hampshire CCG will hold a list of all GPs trained by Designated Professionals.

5. The Vulnerable Persons Committee

Assurance regarding safeguarding arrangements across the Hampshire 5 CCGs will be monitored via the Vulnerable Persons Committee whose role it is to seek assurance that there are robust mechanisms in place in healthcare services to protect the most vulnerable persons in Hampshire

Annual and Quarterly Reporting

5.1 *Quarterly Reporting*

Systems for collecting quarterly and annual evidence are in development in conjunction with commissioners and providers across Community, Acute and Mental Health Services. This will ensure that there is a both quantitative and qualitative data available which demonstrate how providers are moving towards an outcomes based focus (Safeguarding Children Quality Assurance Framework 2013).

This is being developed in conjunction with the Quality Assurance frameworks for the LSCBs to demonstrate how outcomes have been improved for children through provider safeguarding activity.

5.2 *Annual Reporting*

The CCGs and all NHS Trusts or Foundation Trusts are required to publish an annual report of safeguarding children. These reports can incorporate section 11 assurance.

5.3 Reporting Schedule for CCGs

Safeguarding Children	
Frequency	Report title and content
Annual (September to December or be agreed)	The Safeguarding Vulnerable Persons committee must receive an Annual Report for safeguarding children. This is an overview of safeguarding practice across all providers and within commissioning.
Quarterly (September, December, March, June)	<p>The Vulnerable Persons Committee and Quality & Safety /Clinical Governance Committees will receive quarterly reports on key issues. This will include:</p> <ul style="list-style-type: none"> • Progress with the Safeguarding in Health Outcomes Framework. This report will provide an analysis of any areas needing further development by the provider. • Items that need to be put onto Risk Register. • Looked after Children reports. • Updates on serious case reviews or serious incidents involving child protection issues. • Local Safeguarding Children Board (LSCB) priorities. • LSCB Annual report. • LSCB Annual report for Child Death Overview panel. • Policies and procedures.
Exception Reports	<ul style="list-style-type: none"> • Each CCG Quality & Safety / Clinical Governance Committees will receive in quarter exceptional reporting only

6. Supervision

Supervision supports, assures and develops the knowledge, skills and values of an individual worker and provides accountability for decision-making. High quality supervision is the cornerstone of effective working with all children and young people.

There are five main functions of Safeguarding supervision (Appendix). Difficulties and failure in any area could compromise effective Safeguarding of children.

Each provider commissioned by the CCG is responsible for ensuring a robust safeguarding supervision model is in place.

The designated professionals provide supervision for named professionals. As part of this supervision process evidence submitted through the dashboard or section 11 can be triangulated. A Supervision contract will be agreed between the designated and named professional (appendix)

7. Serious Case Reviews

The CCG has a statutory duty to work in partnership with the Local Safeguarding Children Board, and/or any other Safeguarding Children Board,

Regulation 5 of the Local Safeguarding Children Boards Regulations 2006 sets out the functions of LSCBs. This includes the requirement for LSCBs to undertake reviews of serious cases in specified circumstances. Regulation 5(1) (e) and (2) set out an LSCB's function in relation to serious case reviews, namely:

5 (1) (e) undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned. (2) For the purposes of paragraph (1) (e) a serious case is one where: (a) abuse or neglect of a child is known or suspected; and (b) either — (i) the child has died; or (ii) the child has been seriously harmed and there is cause for concern as to the way in which the authority, their Board partners or other relevant (Working Together. 2013)

When the circumstances of a particular incident, including those in which a child may have died, raise serious concerns about inter-agency working to protect children from harm, the Local Safeguarding Children Board (LSCB) should undertake a Serious Case Review. The prime purpose of a Serious Case Review (SCR) is for agencies and individuals to learn lessons to improve the way in which they work both individually and collectively to safeguard and promote the welfare of children. The lessons learned should be disseminated effectively, and the recommendations should be implemented in a timely manner so that the changes required result, wherever possible, in children being protected from suffering or being likely to suffer harm in the future.

SCRs are not inquiries into how a child died or was seriously harmed, or into who is culpable. These are matters for coroners and criminal courts, respectively, to determine as appropriate. Nor are SCR parts of any disciplinary inquiry or process relating to individual practitioners. Where information emerges in the course of a SCR indicating that disciplinary action would be appropriate, such action should be undertaken separately from the SCR process and in line with the relevant organisation's disciplinary procedures. SCR may be conducted at the same time, but should be separate from disciplinary action. In some cases (for example, alleged institutional abuse) it may be necessary to initiate disciplinary action as a matter of urgency to safeguard and promote the welfare of other children (HSCB Joint Working protocol and SSCB Safeguarding Procedure)

The process of a Serious Case Review (SCR) may require each agency to undertake an Individual Management Review (IMR) of their involvement with the child and if appropriate their family, or a report if the involvement with the child and family has been limited. The Individual Management Review should include information about any recommendations and improvement actions that the agency should undertake.

The Designated Safeguarding Professionals will inform relevant agencies including the Care Quality Commission (CQC) and LAT when a Serious Case Review is commissioned.

All IMRs commissioned across the health economy will be submitted to the commissioners of service. It is expected that each provider organisation will have a robust sign off process by their board level lead and that reports received will have been subject to this scrutiny process. Designated professionals will have a role in quality assuring on behalf of the CCG.

The CCG will ensure that designated and named professionals are given sufficient time and necessary support to contribute to the SCR process.

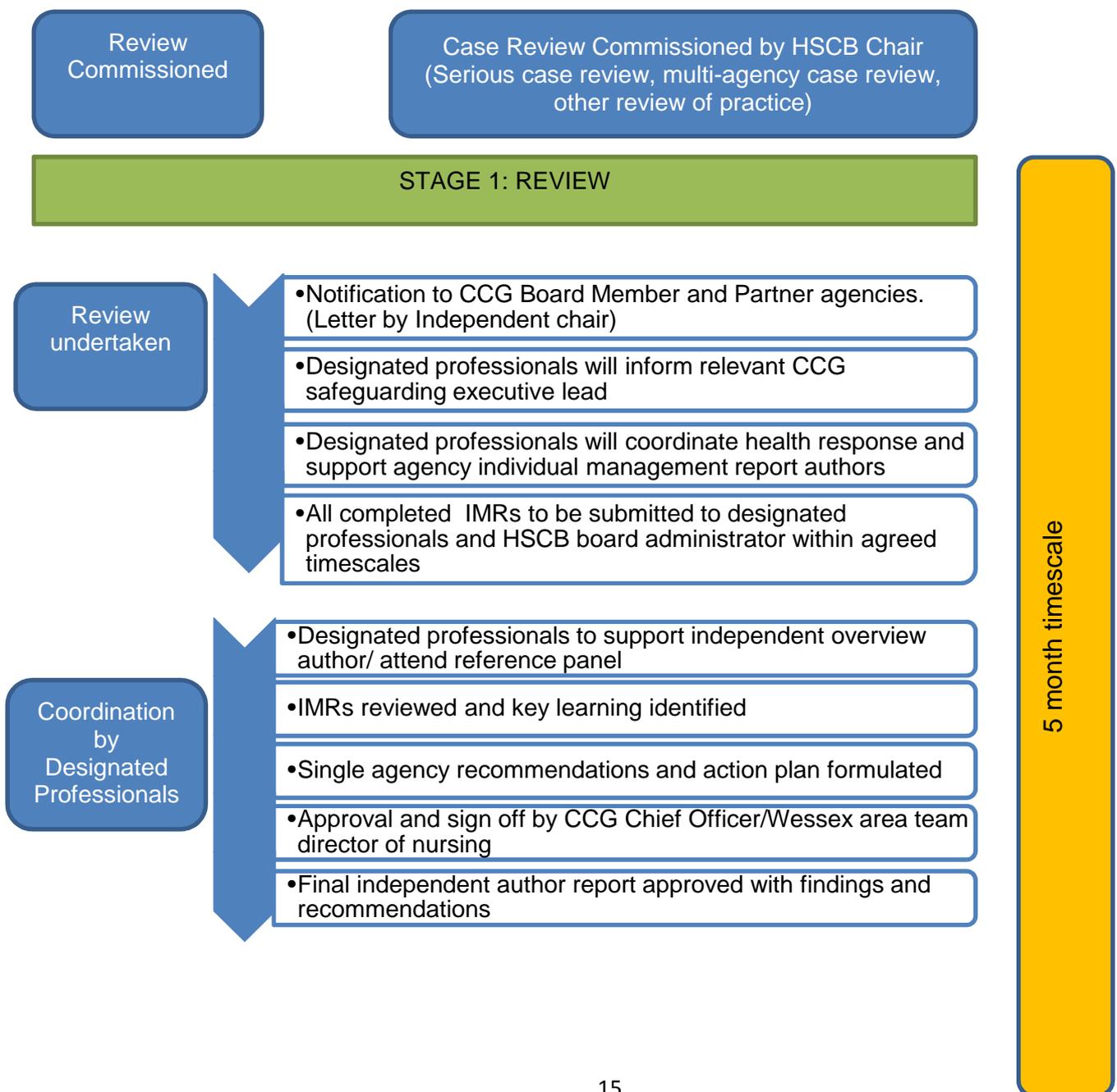
The Designated safeguarding health professionals, on behalf of the commissioners, should review and evaluate the practice of all involved health professionals, and providers commissioned by the CCG

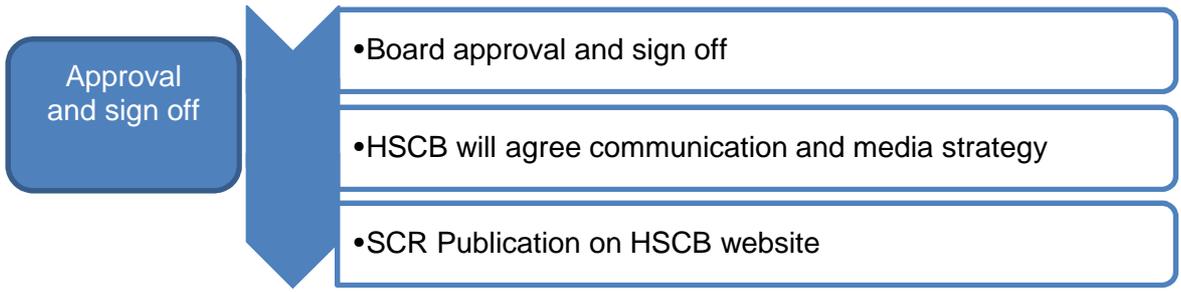
area. Designated safeguarding health professionals also have an important role in providing guidance on how to balance confidentiality and disclosure issues to ensure an objective, just and thorough approach to identifying lessons in the IMR.

The CCG must ensure that the review, and all actions following the review, are carried out according to the timescale set out by the LSCB Serious Case Review Panel scoping and terms of reference.

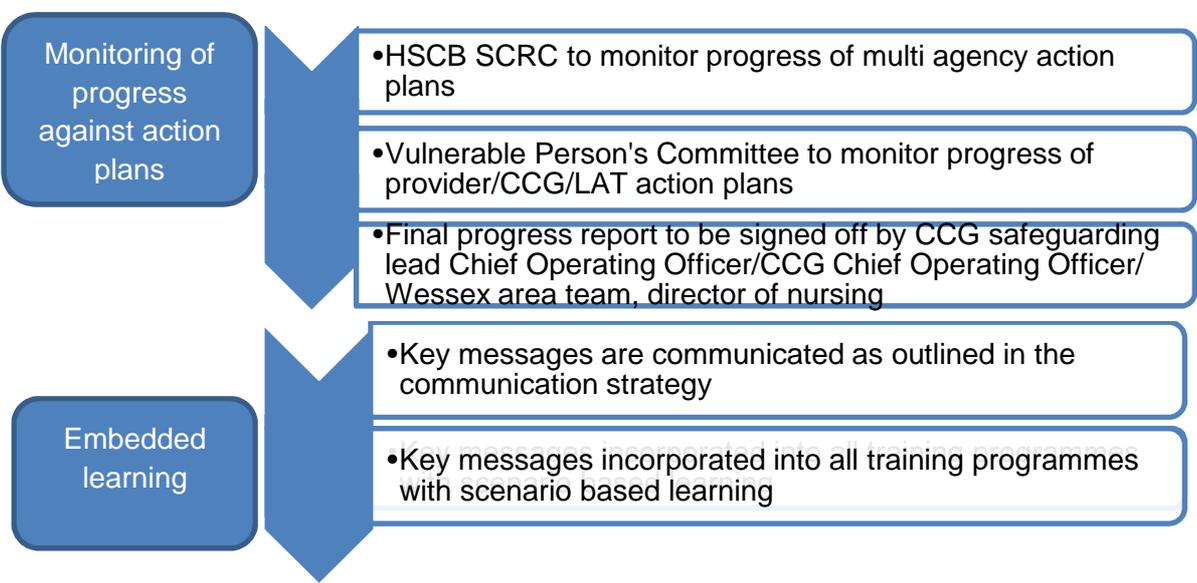
Both safeguarding Children’s Board (HSCB & SSCB) QA&E and health groups will monitor the progress of identified recommendations and supporting action plans relevant to their board.

7.1 HAMPSHIRE 5 CCG CASE REVIEW PROCESS FLOW CHART





STAGE 2: Learning and Improvement



5 month timescale

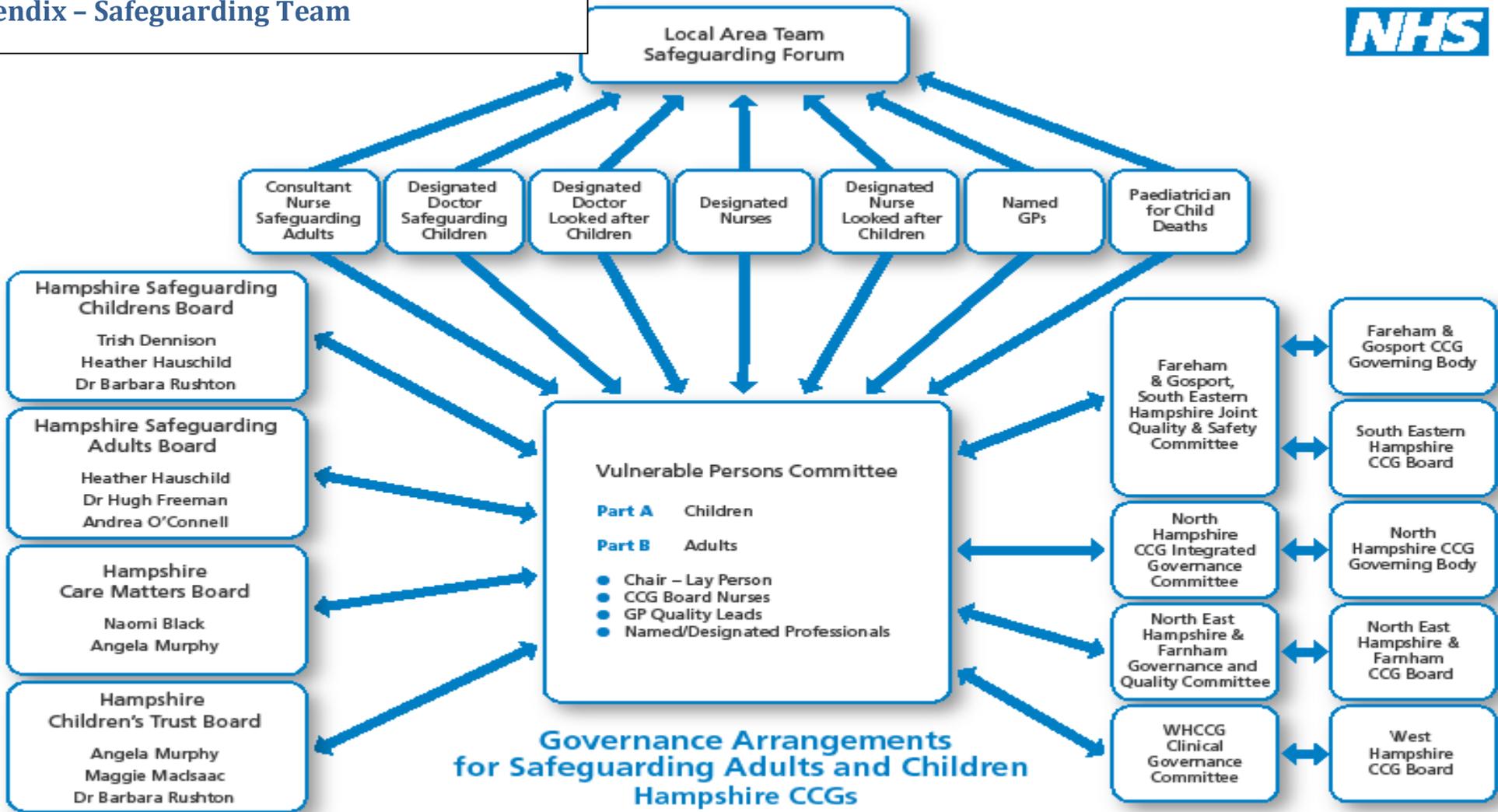
8. Dissemination and implementation

This Safeguarding Commissioning Policy is to be circulated to all staff and commissioners in Hampshire and their 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.

9. Approval and Ratification Process

The Safeguarding Children Policy to be approved by the individual CCG Quality and Patient Safety Committees and ratified by the Clinical Commissioning Governing Bodies.

Appendix - Safeguarding Team



West Hampshire Clinical Commissioning Group, North Hampshire Clinical Commissioning Group, North East Hampshire and Farnham Clinical Commissioning Group, Fareham and Gosport Clinical Commissioning Group, South Eastern Hampshire Clinical Commissioning Group