

Safeguarding Adults Policy



Policy Title: Safeguarding Adults Policy

Policy Number: SWLCLIN006

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Approved By		Senior Management Team	
Applies To		South West London ICB (ICS), ICB Members, Committee Members and all staff working for, or on behalf of the ICB.	
			Effective Date 16/10/2024
			Review Date 16/10/2027 Or earlier if legislation or guidance changes

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Target Audience	ICB Members, Committee Members and all staff working for, or on behalf of, NHS South West London ICB.
Brief Description	This policy sets out the safeguarding responsibilities for those directly employed by the South West London Integrated Care Board to ensure that, in their role of commissioning and improving the health of their population, they promote and respond to the welfare and safeguarding of adults who are in need of care and support.
Action Required	Ensure that the contents of this Policy are shared at all Team Meetings.

Glossary

An **enquiry** establishes whether any action needs to be taken to stop or prevent abuse or neglect, and if so, what action and by whom the action is taken. Previously this may have been referred to as a 'referral'

Term	Definition
Accountable Executive	ICB Executive accountable for development, implementation and review of the policy
Policy Owner	Designated Safeguarding Adult Lead
Safeguarding Adults Board (SAB)	The SAB is the main forum for agreeing strategies for organisations to work together to safeguard and promote the welfare of adults at risk.
Safeguarding Adults Review (SAR)	A SAR is an investigation commissioned by the safeguarding adult's board by an independent investigator when an adult dies or is seriously harmed and abuse or neglect is known or suspected to be a factor. It is a statutory process to establish whether there are lessons to be learnt from the case with regard to how local professionals and organisations work together to safeguard adults.
Adult at risk	A person aged 18 or over who is in need of care and support regardless of whether they are receiving them, and because of those needs are unable to protect themselves against abuse or neglect
Safeguarding Adults Enquiry	An enquiry establishes whether any action needs to be taken to stop or prevent abuse or neglect, and if so, what action and by whom the action is taken. Previously this may have been referred to as a 'referral'

Contents

1.	Introduction and Purpose	6
2.	Accountability and responsibility of the ICB	7
2.1	Introduction	7
2.2	All ICB Employees	8
2.3	Safeguarding Adults Executive and Designated Professionals:	8
2.4	Roles and responsibilities.....	8
2.4.1	All staff	8
2.4.2	ICB Governing Body:	9
2.4.3	Accountable Officer:	9
2.4.4	Executive Lead for Safeguarding:	9
2.4.5	Designated Professionals:	9
2.4.6	The designated safeguarding adults lead:	9
2.5	Training	11
3.	Definitions (Safeguarding Adults)	11
3.1	Adult at risk	11
3.2	Abuse Definitions	11
3.3	Referral/Raising Concerns	12
3.4	ICB Staff raising Safeguarding Adult Concerns	12
3.5	Escalation of Concerns	13
3.6	Participation in the Safeguarding Process	14
4.	Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).....	14
4.1	Mental Capacity Act (MCA)	14

4.2	Deprivation of Liberty Safeguards (DOLS)	15
5.	Radicalisation.....	15
5.1	Contest	15
5.2	Prevent	15
5.3	Channel	16
6.	Multi-agency/Strategic Partnerships	16
6.1	Safeguarding Adults Board	16
6.2	Safeguarding Adult Reviews (SARs).....	16
6.3	Domestic Homicide Reviews (DHR).....	17
7.	ICB Safeguarding Assurance/Quality Monitoring.....	17
7.1	Provider Trust Assurance	17
7.2	Internal ICB Reporting.....	17
7.3	Allegations of abuse within commissioned care settings	18
7.4	Allegations against ICB employees	18
8.	Serious Incidents (with Safeguarding Implications)	19
9.	Transition from Children to Adults (ICBs Statement)	19
10.	Legal Advice	20
11.	Dissemination and Implementation	20
12.	Approval and Ratification	20
13.	Process for Audit and review.....	20
14.	References.....	21
15.	Appendices - as follows.....	22

1. Introduction and Purpose

This policy sets out the safeguarding responsibilities for those directly employed by the South West London Integrated Care Board to ensure that, in their role of commissioning and improving the health of their population, they promote and respond to the welfare and safeguarding of adults who need care and support.

The policy has been developed to support the ICB in its commissioning role with providers across the health economy and any provider function undertaken by the ICB. This is not a replacement for the safeguarding adult procedures as set out in the London Multi-agency Adult Safeguarding Policy and Procedures (revised July 2019) www.adass.org.uk, therefore, ICBs employees must continue to follow and adhere to its principles.

ICBs have a responsibility to ensure that clear arrangements are in place with health providers they commission from (including those subcontracted to deliver commissioning services on behalf of the ICB) as well as any provider services delivered directly by the ICB (this does not include GP practices which are required to have their own safeguarding policies) safeguard and promote the welfare of adults at risk of abuse or neglect. It is the expectation that health providers must have their own safeguarding adults' policies and procedures which must be reflective of current national practice/guidance.

SWL ICB recognises the human rights of everyone to live in safety, free from harm or exploitation, in accordance with principles of respect, autonomy, equity and privacy. The ICB will demand a positive service culture in all settings of care delivery. Safeguarding is a key objective of the ICB, and commissioners seek to make it integral to all commissioning activities.

SWL ICB will adopt a zero-tolerance approach to adult abuse and works to ensure that its policies and practices are consistent with agreed local multi-agency procedures and meet the organisation's legal obligations.

The SWL ICB will work in partnership with all 5 Safeguarding Adults Boards across South West London which include Croydon, Kingston, Merton, Sutton, Richmond and Wandsworth and other agencies across South West London in accordance with The Care Act 2014 and associated guidance.

SWL ICB is under a duty to ensure that, in discharging its functions, it has regard to the need to safeguard and promote the welfare of adults at risk.

SWL ICB is charged with ensuring that it commissions good quality services on behalf of its population. The ICB is accountable for its own safeguarding adult structures and processes, those in agencies from which they commission services

This Policy provides support to SWL ICB by outlining local safeguarding assurance arrangements for services. It also sets out a framework to underpin monitoring of safeguarding arrangements across the health economy.

The aims of this Safeguarding Policy are:

- To demonstrate how SWL ICB meets its corporate accountability for safeguarding adults. This informed by [Safeguarding Accountability and Assurance Framework NHS 2022](#)

- To provide guidance to SWL ICB employees to enable to them to fulfil their safeguarding responsibilities.
- Specifically, to nurture the continual improvement of services for adults at risk in terms of equity, effectiveness, safety, timeliness, efficiency and person centeredness.
- To outline how SWL ICB ensures that the health needs of this group are assessed and

The ICB must ensure that, in any commissioning decisions or involvement in safeguarding adult matters, that they strive to adhere to the Care Act 2014 safeguarding adults, as follows;

- Empowerment
- Protection
- Prevention
- Proportionate
- Partnership
- Accountability

2. Accountability and responsibility of the Integrated Care System (ICB)

2.1 Introduction

ICBs are the major commissioners of local health services. ICBs need to assure themselves that the organisations from which they commission have effective arrangements in place to safeguard any adult at risk of harm

The NHS England and NHS Improvement 'Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework (2024)

<https://www.england.nhs.uk/publication/safeguarding-children-young-people-and-adults-at-risk-in-the-nhs-safeguarding-accountability-and-assurance-framework/> sets out ICBs are required to ensure that they have appropriate systems in place for discharging their responsibilities in respect of safeguarding, including:

- Plans to train their employees in recognising and reporting safeguarding issues
- A clear line of accountability for safeguarding, properly reflected in the ICB governance arrangements
- Appropriate arrangements to co-operate with local authorities in the operation of Safeguarding Adult Boards (SAB)
- Ensuring effective arrangements for information sharing

ICBs are also required to have a Designated Professional for:

- The Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLs)
- PREVENT (part of the Counterterrorism Strategy)
- Designated Adult Safeguarding Professional

2.2 All ICB Employees

[The Care Act Guidance \(DH, updated 2022\)](#) states that safeguarding is not a substitute for:

- Commissioners regularly assuring themselves of the safety and effectiveness of commissioned services
- Providers' responsibilities to provide safe care
- The Care Quality Commission (CQC) ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action
- The core duties of the police to prevent and detect crime and protect life and property.

ICB employees, involved in commissioning services, must check that safe and quality care is being provided; prior to procurement of any care package/placements or contracts, this could be done by the following, but not inclusive

- Undertaking visits with relevant partner's e.g., Local Authority Contracting Teams.
- Reviewing CQC Reports
- Healthwatch Reports

ICBs should have processes to provide assurance, as follows:

- A complaint procedure in place for patients/service users and their carers/families.
- Up to date Safeguarding, MCA and Prevent policies (reflective of local and national policy/guidance) and employees are trained as appropriate to carry out their duties in relation to this.
- Effective on-going monitoring arrangements and mechanisms in place with their Providers with regards to the quality and safety of care being provided.
- Ensure suitable attention is provided to the outcomes from any Regulatory/Statutory Inspections (such as the Care Quality Commission and Healthwatch) and implement any necessary additional contract monitoring and seek to gain assurances that safe and quality care is being provided.
- Ensure any commissioned service is safe for those in vulnerable situations and have effective systems for identifying and responding to abuse and neglect of adults and effective interagency working with local authorities, the police and third sector organisations.
- When commissioning Learning Disability and Autism service provision and/or placements, the ICBs staff must ensure that the learning and guidance should be considered such as *Building the Right Support*.

2.3 Safeguarding Adults Executive and Designated Professionals:

2.4 Roles and responsibilities

2.4.1 All staff

ICB staff are expected to fully participate in the safeguarding process (at both individual case and provider level), in particular staff who may work directly with individuals and their families as part of the ICB's NHS Continuing Care Healthcare obligations.

This may mean staff are required to;

- Attend safeguarding meetings as requested (e.g., S42 and S44).
- Carry out additional health care reviews/assessments.
- Supporting safeguarding investigations at the request of the local authority and/or the ICB Designated Safeguarding Adults Professional.

2.4.2 ICB:

The ICB and its members are responsible for safeguarding adult arrangements within the ICB; and are responsible for reviewing and maintaining an effective system of internal control, including systems and resources for managing all types of risk associated with safeguarding adults.

2.4.3 Chief Executive:

The Chief Executive for the SWL ICB holds the ultimate responsibility for health service arrangements to safeguard adults at risk in both commissioning and operational context.

The Chief Executive has overall responsibility for the strategic direction and operational management, including ensuring that process documents comply with all legal, statutory and good practice guidance requirements.

The Chief Executive is responsible for ensuring that the health contribution to safeguarding is discharged effectively across the whole local health economy through ICB commissioning arrangements.

This role is supported by the SWL Chief Nursing Officer who is the executive lead for Safeguarding Adults within the SWL ICB, and the Director of Quality who is the Senior Responsible Officer for Safeguarding. The designated safeguarding adults professional provides expert advice to the ICB on the Safeguarding Adult responsibilities, directives and concerns.

2.4.4 Executive Lead for Safeguarding:

The ICB has an executive lead for safeguarding adults who has responsibility for governance, systems and organisational focus. The ICB executive lead with responsibility for Safeguarding Adults is the Chief Nursing Officer, who is supported by the Director of Quality (SRO for Safeguarding).

2.4.5 Designated Safeguarding Adults Professionals:

Designated professionals and safeguarding leads, as clinical experts and strategic leaders, are a vital source of advice to the ICB, NHSE (NHS England), the local authority, SAB, and the health and wellbeing board.

The safeguarding professionals provide expert knowledge and are a valuable local source of professional safeguarding advice for the ICB and other stakeholders (internal/external) and give assurance that Safeguarding is embedded in all its function. They work collaboratively with

other safeguarding professionals, the local authority, education, the police and third sector agencies.

- Provides advice to ensure the range of services commissioned by the ICB take account of the need to safeguard and promote the welfare of adults at risk
- Provides advice on the monitoring of the safeguarding aspects of the ICB's contracts
- Provide advice and support to independent contractors
- Will if required, lead on a safeguarding enquiry where the concern is about health provision.
- Provides skilled advice to the safeguarding adult's board (SAB) on health issues
- Plays an important role in promoting, influencing and developing relevant training, on both a single and inter-agency basis, to ensure the training needs of health staff are addressed
- Provides skilled professional involvement in adult safeguarding processes in line with London wide and local authority procedures
- Reviews and evaluates the practice and learning from all involved health professionals and providers commissioned by the ICB's, as part of safeguarding adult reviews (SAR) and serious incidents
- Informs the SAB of any relevant serious incidents where social care has not been involved
- Provides support to the multi-agency risk assessment conferences (MARAC) and Vulnerable Adult Multi-Agency Assessment (VAMA), Channel Panel for Prevent when required.
- Maintains awareness of any changes or new developments nationally and locally across the safeguarding agenda and will ensure that these are disseminated and acted upon within the local health economy.

2.4.6 Named GP for adult safeguarding

The role of a named GP in adult safeguarding is evolving but the principal function is to promote within general practices the provision of effective primary care services to safeguard adults at risk and to improve their outcomes; to facilitate GPs and practice staff to understand their roles and fulfil their responsibilities towards the protection and safeguarding of adults.

Other functions of a named GP for safeguarding adults include:

- supporting and advising the ICB about safeguarding adults
- developing a role in quality monitoring and audit, in terms of primary care performance in relation to safeguarding adults
- undertaking the independent management review (IMR) for general practice when there is a SAR, as requested by the designated professional for safeguarding adults and SAB
- working with designated professionals when learning lessons reviews related to general practice and primary care are undertaken by the local SAB.

ICBs must have access to the services of a named GP for adult safeguarding to ensure that primary care services can meet their obligations to both adults and children and support contextualised safeguarding. [The Adult Safeguarding: Roles and Competencies for Health Care Staff sets out the competencies for the named GP.](#)

2.5 Training

The ICB will ensure delivery of adult safeguarding training to support this Policy for all staff, at a level appropriate to their role, as identified in the [Intercollegiate Guidance \(2024\)](#)

SWL ICB will:

- Ensure that staff training is provided in line with as identified in the [Intercollegiate Guidance \(2024\)](#)
- Ensure in partnership with the 6 local authorities in SW London that both mandatory and refresher training will be additionally provided at a level appropriate to role. For staff with patient facing roles, this will include Safeguarding Adults Level 3 as standard (intercollegiate guidance)
- Train all ICB staff to be alert to the signs of abuse and neglect and understand their duty to report concerns about abuse
- Provide support, and advice to staff when responding to safeguarding adult issues.
- Ensure staff are aware of their responsibilities to attend training and to provide information and support to staff to access training.
- Ensure that commissioned providers provide mandatory adult safeguarding training in line with as identified in the [Intercollegiate Guidance \(2024\)](#)

3. Definitions (Safeguarding Adults)

3.1 Adult at risk

The term 'adult at risk' has been universally used to replace 'vulnerable adult'. This is because the term 'vulnerable adult' may wrongly imply that some of the fault for the abuse lies with the adult abused.

The Care Act (2014) states that safeguarding duties apply to an adult who:

- Has needs for care and support (whether the local authority is meeting any of those needs) and:
- Is experiencing, or at risk of, abuse or neglect; and because of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

3.2 Abuse Definitions

The Care Act (2014) definitions of abuse are, as follows:

Physical abuse - assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

Domestic violence - including psychological, physical, sexual, financial, emotional abuse; so, called 'honour' based violence.

Sexual abuse - including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting).

Psychological abuse – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Financial or material abuse – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Modern slavery– encompasses slavery, human trafficking, and forced labour and domestic servitude.

Discriminatory abuse – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

Organisational abuse – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home.

Neglect and acts of omission – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Self-neglect – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

3.3 Referral/Raising Concerns

3.4 ICB Staff raising Safeguarding Adult Concerns

Under the Care Act (2014), the Local Authority remains the Statutory Lead Agency for Safeguarding Adults and is responsible for carrying out safeguarding enquiries when adults have a need for care and support. This statutory obligation remains regardless on whether the authority is meeting any of those adults needs.

ICB employees have a duty to consider referring and follow up any Safeguarding Adults Concerns to the relevant Local Authority Safeguarding Adults Team. In doing so, ICB employees must adhere to the most current version of the [London Multi-agency Policy and Procedures with regards to making a referral](#). Consideration must be given to issues of mental capacity, consent and how ICB staff communicates with those who have experienced harm and abuse, so that they are empowered, and their outcomes are improved.

Staff are expected to keep their line manager and the relevant safeguarding adult professional informed of the response to the concern.

SWL ICB staff must report any concerns about actual or suspected issues of abuse to their line manager, the Designated Safeguarding Adults Lead, the Director of Quality or the Chief Nursing Officer.

- A referral should be made to relevant local authority safeguarding referral point as appropriate, considering issues of consent and principles of information sharing. This can

be made via telephone or email but should ideally also be followed up using the local authority's referral form.

- SWL ICB staff must contact emergency services and or the police when a vulnerable adult is in immediate danger. If a crime is suspected the police should be called without delay.
- SWL ICB staff can obtain advice about the use of these procedures where necessary, from the Designated Safeguarding Adults Lead at the ICB or via the Safeguarding Adults lead within each local authority.
- Each local authority, as the lead agency for safeguarding, is responsible for the decision to undertake a Section 42 enquiry and SWL ICB has a legal duty to respond and actively engage and share information while any enquiry and to alert the senior management team of all safeguarding issues/concerns.
- SWL ICB staff have a duty to report any allegations, suspicions or disclosures of abuse or potential abuse to their line manager. When other vulnerable people may be at risk or a crime has been committed, the duty to report over-rides the responsibility to respect the confidence of the patient/carer.
- It is always essential in safeguarding to consider whether the adult at risk can give informed consent. If they are, their consent should be sought.
- Where an adult at risk with capacity has decided that they do not want action to be taken and there are no public interest or vital interest considerations, their wishes must be respected.
- If, after discussion with the adult at risk who has mental capacity, they refuse any intervention, their wishes should be respected unless:
 - there is a public interest, i.e. not acting may put children or other adults at risk
 - there is a duty of care to intervene, for example, a crime has been or may be committed
- It is inappropriate to give assurances of absolute confidentiality in cases where there are concerns about abuse or when other vulnerable people may be at risk. Difficulties in working within the principles of maintaining the confidentiality of an adult should not lead to a failure to take action to protect the adult from abuse or harm
- It is recognised that confidential patient information may need to be disclosed in the best interests of the patient.
- Informed consent should be obtained but if this is not possible and if the risk is severe, or other vulnerable adults are at risk, it may be necessary to override this requirement, following discussion with line managers.

3.5 Escalation of Concerns

If the ICB employees do not feel assured that the Local Authority are appropriately addressing the concerns raised, then they should escalate their concerns to the SWL ICB Safeguarding Team in order that a plan can be devised to address this with the respective Local Authority or, where required the respective Safeguarding Adult Boards.

3.6 Participation in the Safeguarding Process

The ICBs employees are expected to fully participate in the Safeguarding Process (at both case and Provider Level Concern), in particular, employees who may work directly with individuals and their families, as part of the ICBs continuing care function.

This may mean the ICBs employees are required to;

- Attend safeguarding meetings as requested (e.g. strategy meetings, case conferences, provider level concern).
- Carrying out additional health care reviews/assessments.
- Fully participate in any required protection planning
- Supporting safeguarding enquiries at the request of the Local Authority and/or the ICB Safeguarding Adults Professional.

4. Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS)

4.1 Mental Capacity Act (MCA)

The Mental Capacity Act 2005 provides a statutory framework to empower and protect people (aged 16 and over) who may lack capacity to make decisions for themselves and establishes a framework for making decisions on their behalf. This applies whether the decisions are life-changing events or everyday matters.

All decisions taken in the Safeguarding Adults process must comply with the principles of the MCA (including the DoLS) and include the referral to and use of an Independent Mental Capacity Advocate (IMCA) where required. ICB staff must ensure that they are assured that services being commissioned are adhering to the legislation as well as following the principles when providing services directly.

Both ICB employees and any commissioned service must adhere to the 5 key principles underpinning the Act:

These are:

1. Every adult has the right to make his or her own decisions and must be assumed to have capacity to make them unless it is proved otherwise.
2. A person must be given all practicable help before anyone treats them as not being able to make their own decisions.
3. Just because an individual makes what might be seen as an unwise decision, they should not be treated as lacking capacity to make that decision.
4. Anything done, or any decision made on behalf of a person who lacks capacity must be done in their best interests.
5. Anything done for or on behalf of a person who lacks capacity should be the least restrictive of their basic rights and freedoms.

4.2 Deprivation of Liberty Safeguards (DOLS)

The MCA permits restrictions and restraint to be used, but only if they are in the best interests of a person who lacks capacity to make the decision themselves.

In the event a form of restraint may be required, the supervisory body (local authorities) appoints assessors to see if the conditions are met to allow the person to be deprived of their liberty under the safeguards, these include that:

- The person is 18 or over
- The person lacks capacity to decide for themselves about the restrictions which are proposed so they can receive the necessary care and treatment.
- The restrictions would deprive the person of their liberty.
- The proposed restrictions would be in the person's best interests.
- Consideration whether the person be considered for detention under the Mental Health Act.

If any of the conditions are not met, deprivation of liberty cannot be authorised. This may mean that the care home or hospital must change its care plan. For example, if it would be in the person's best interests to be supported in a less restrictive way.

Failure to adhere to these principles and procedures is grounds for a safeguarding alert.

Please refer to SWL ICB MCA/DOLS Policy

5. Radicalisation

5.1 Contest

Contest is the United Kingdom's Counterterrorism strategy and aims to reduce the risk to the UK and its interests overseas from international terrorism.

Contest has four work streams named 4 Ps:

Prevent: to stop people becoming terrorists or supporting terrorism

Pursue: to stop terrorist attacks

Protect: to strengthen the UK's protection against a terrorist attack

Prepare: to mitigate the impact of a terrorist attack

5.2 Prevent

The Department of Health has pledged by the Prevent Duty Guidance updated March 2024 it is from the Home Office rather than the Department of Health

www.gov.uk/government/publications/prevent-duty-guidance the health sector support in terms of identifying those who may be susceptible to (or are already) being drawn into terrorism and onward referring for expert support.

The ICBs must pledge to fulfil their Prevent duties by:

- Raising their employee's awareness of Prevent (including Channel).

- Carry out their commissioning responsibilities to oversee how organisations from which they commission from meet their Prevent obligations as set out in the National NHS Standard contract.
- Engage with the London Region wide approach to Prevent in ensuring that there is awareness, training, and an effective response to concerns.

5.3 Channel

Health employees should refer those they may be concerned are/or at risk of becoming radicalised (not limited to patients) to a multi-agency panel known as Channel.

ICBs Employees must;

- Support any referral to Channel in accordance with the national guidance available
- Notify the ICBs safeguarding/ PREVENT Designated Professional when they have made a Channel referral
- Attend a Channel Panel upon request by the Chair (lead agency local authority)

6. Multi-agency/Strategic Partnerships

6.1 Safeguarding Adults Board

The Care Act (2014) sets out the statutory framework that requires all Local authorities to institute a Safeguarding Adults Board (SAB) to help and protect adults in its area. The ICBs are statutory members of the Board and are required to ensure health engagement with the Board's work.

The way in which an SAB must seek to achieve its objective is by co-ordinating and ensuring the effectiveness of what each of its members does.

The ICB is represented at the Local Safeguarding Adult Board at Executive Level and Safeguarding Adult Board by the Director for Quality and Designated Professional Safeguarding Adults

6.2 Safeguarding Adult Reviews (SARs)

The Care Act (2014) sets out the requirement for the SABs to commission safeguarding adult reviews to identify lessons to be learnt from a particular case and to apply those lessons to reduce the risk of future reoccurrence.

The ICBs (and other members of the SAB) will be expected to participate in any review process, as appropriate and in sharing any learning across the local health and social care economy.

The Chief Nursing Officer, Directors of Quality and the Designated Professional Safeguarding Adults will ensure that the following people are notified within the relevant ICB (and kept updated) when a SAR has been commissioned e.g.:

Place Executive Lead

Chief Executive

ICB Communications Lead

NHS England London

6.3 Domestic Homicide Reviews (DHR)

Domestic Homicide Reviews were established on a statutory basis under Section 9 of [the Domestic Violence, Crime and Victims Act \(2004\)](#). The provision came into force in April 2011 and carries statutory duties for agencies, including Health, to contribute to domestic homicide reviews.

The Chief Nurse will nominate a ICB representation to participate in the review process on behalf of the health economy and ensure implementation of any actions arising from the learning.

The Act defines a DHR as a review of the circumstances in which the death of a person aged 16 or over and has, or appears to have, resulted from violence, abuse or neglect by a perpetrator:

- who were related or with whom they were or had been in an intimate personal relationship with, or;
- who was a member of the same household as the victim.

Where victims of domestic homicide are aged between sixteen and eighteen, a child Serious Case Review should take precedence over a DHR, however, any elements of domestic violence relating to the homicide are addressed fully and the review includes representatives with a thorough understanding of domestic violence.

7. ICB Safeguarding Assurance/Quality Monitoring

7.1 Provider Trust Assurance

Each provider organisation is responsible for ensuring compliance with relevant safeguarding requirements and legislation as outlined in the NHS contract. The ICB contract managers for individual Trusts should ensure that the Safeguarding team is fully consulted in relation to the ICB contract requirements for safeguarding, and identified framework and other contractual requirements are embedded into ICB contracts.

The ICB is responsible for monitoring SWL NHS providers compliance, this will take place through a number of mechanisms, including attendance by Safeguarding Designate leads at the main SWL NHS provider safeguarding meetings, dashboards etc . The monitoring of safeguarding compliance for SWL ICB of SWL providers is carried out by the Safeguarding Delivery Group, and Quality Operational Management Group on behalf of the Quality Performance and Oversight Committee.

This is informed by [Safeguarding Accountability and Assurance Framework NHS 2022](#)

7.2 Internal ICB Reporting

The Designated Safeguarding Adults professional will provide an analysis of the Trusts Safeguarding Adults and MCA reports within their reports for the ICBs Quality Performance and Oversight Committee (QPOC), highlighting any exceptions in compliance. The Safeguarding

team will submit their annual reports for approval to the QPOC as a sub-committee of the ICBs board.

7.3 Allegations of abuse within commissioned care settings

SWL ICB requires all commissioned services to follow [London Multi-agency Policy and Procedures with regards to making a referral](#).

All incidents of possible or actual abuse which are brought to the attention of a SWL ICB employee should be reported immediately to the line manager who must ensure that the safeguarding procedure with local authority, as lead agency is followed.

Senior ICB Managers should be informed, as soon as possible of any incident of abuse or possible abuse within ICB commissioned services.

Steps must be taken in conjunction with the police to secure any evidence of abuse as required or requested.

7.4 Allegations against ICB employees

Allegations may be made about members of the ICB employees, this includes all employees, contractors, agency employees and anyone else engaged to work in the ICB, as well as volunteers.

Under the Care Act (2014) originally ICBs are specifically required to have a Designated Adult Safeguarding Manager/Lead who would coordinate when allegations are made, or concerns raised, about a person, whether a ICB employee, volunteer or student, paid or unpaid and monitor the progress of allegations made across health organisations.

Consideration must be given to ensure the employee/contractor, volunteer or student, paid or unpaid is treated fairly but that immediate protection to patients must be considered pending any investigation outcomes.

All incidents of possible or actual abuse involving ICB staff or volunteers should be reported immediately to the line manager who must ensure that procedures in relation to safeguarding are followed. If the allegation concerns a Senior Manager, it should be reported to the relevant Director.

ICB managers should seek immediate guidance as necessary from the quality/safeguarding team and the HR department, when staff are implicated in abuse. Relevant ICB HR processes such as disciplinary procedures, should be followed. Depending on the nature of the allegation, it may be necessary to suspend staff from duty or change their duties to ensure the safety of service users whilst an investigation takes place. ICB managers should ensure that staff who are subject to disciplinary procedures receive appropriate support and representation as advised by the HR department.

The adult at risk and any other witnesses, should not be interviewed by ICB staff, until there has been a strategy discussion or meeting with the police and the local authority safeguarding team to plan the next steps. Please seek guidance from the Local Authority Designated Officer when appropriate. Senior managers must remember that any documentation pertaining to the

interviewing and investigation of potential and/or actual witnesses may be subject to a police request for information and that the withholding of such information constitutes an impeding of police procedures and will be subject to further investigation and/or action separate to that of the actual incidence of abuse.

In the instance that staff employed by SWL ICB are dismissed, as a result of concerns that they have harmed or placed an adult at risk, the ICB must consider what further actions, if any should be taken to protect the adult at risk. Appropriate investigation and review should take place to ensure learning takes place to ensure risk of future cases is reduced.

8. Serious Incidents (with Safeguarding Implications)

In the event of a potential Serious Incident the ICB staff must follow the SWL ICB Patient Safety Incident Response Framework.

Managers and staff must ensure that risks in relation to safeguarding practice are reported promptly, following the ICB Risk management process.

Designated Professionals should be involved in review of incidents which may relate to safeguarding concerns, in line with the SWL ICB PSIRF (Patient Safety Incident Response Framework). The SWL ICB Safeguarding Team will ensure that any safeguarding learnings which may arise following the undertaking of a patient safety review are shared appropriately.

Should safeguarding matters arise (as part of the incident) it would be expected that investigations into these matters may require coordination with (but not limited to) the following teams;

- PLACE Safeguarding Teams
- Quality Team
- ICB Safeguarding Team
- Providers (where appropriate)
- Police (if there are potential criminal investigations)

9. Transition from Children to Adults (ICBs Statement)

Individuals known to Children's Social Care Services or subject to existing safeguarding children's arrangements (e.g. Children Looked After) when reaching maturity (at 18 years) must not be placed at risk during the transition to adult services. The ICB expects plans to be in place from 14 years, or as appropriate, to ensure a smooth transition from children to adult services.

The ICBs must comply with Section 66 of the Care Act 2014 in commissioning the continuation of the children's plan if the transition has not been achieved.

Think Family: It is recognising that families are complex systems and if family members want to make changes that are helpful and long lasting this need to be done with all members of the family as a whole. We need to recognise how the needs and outcomes of each person in the

family affect each other. Further information can be found at [the SWL ICB Children Safeguarding Policy](#)

10. Legal Advice

In complex situations it may be necessary to seek legal advice and guidance on specific legal matters pertaining to adult safeguarding issues (such as the Mental Health Act and/or Mental Capacity Act). Advice should be sought from a Senior Manager or Director within the ICB where legal advice is required.

11. Dissemination and Implementation

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

12. Approval and Ratification

This Safeguarding Adults Policy to be approved by the Senior Management Team and ratified by SWL ICB Safeguarding Delivery Group.

13. Process for Audit and review

Audit of understanding and compliance with this policy will be undertaken by reviewing annual training figures, feedback from staff 1:1 meeting, information gathered in the annual report, completion of actions within the annual report.

This policy will be reviewed in two years from the date of issue. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation / guidance, as instructed by the senior manager responsible for this policy.

References

- London multi-agency adult safeguarding policy and procedures (December 2015)
- Female Genital mutilation act (2015)
- Prevent and Channel Duty – Counter Terrorism and Security Act (2015)
- Safeguarding children, young people and adults at risk in the NHS Safeguarding accountability and assurance framework 2024
- Serious Incident Framework - Supporting learning to prevent recurrence NHS England (2022)
- The Care Act (2014)
- Statement of Government Policy on Adult Safeguarding (DH May 2011)
- Safeguarding adults: The role of Health Practitioners (DH March 2011)
- Safeguarding adults: The role of NHS Commissioners (DH March 2011)
- NHS Information sharing Policy (Updated 2019)
- Care Quality Commission Safeguarding Statement 2022
- Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DOLS 2007)
- Social Care Institute for Excellence (SCIE 2022): Safeguarding Adults Documents
- Data Protection Act 2018
- Human Rights Act 1998
- Modern Slavery Act 2020

14. Appendices - as follows

APPENDIX 1

How to raise a concern about an adult at risk

If the adult is at immediate risk, contact police / summon medical assistance as appropriate call 999

If the adult is not in immediate danger and you have a concern that they may be being abused or at risk of abuse.

Speak to your line manager, ICB Designate professional for Adult Safeguarding or the ICB Director for Quality and governance for advice.

To raise a concern (previously known as raising an alert) please contact the safeguarding team in the local authority where the allegation has taken place. Details of the boroughs are in appendix 9

Information needed when raising concern

1. **Details of Service Provider** – only if the concerns relate to the provision of care or the alleged abuse took place in an establishment
2. **Details of Adult** - Name, Address, and if available / known Ethnic Origin, Communication Access and Cultural Needs, next of kin and GP
3. **Details of alleged abuse, incident or allegation** – type of alleged abuse, summary of alleged abuse, incident or allegation, any injury sustained, and if known concerns regarding capacity
4. **Others involved** – include confirmation if you know that the police been contacted and if an Independent mental Capacity Advocate (IMCA) is involved.
5. **Is the Adult aware that concerns are being shared with another agency** - Has the Adult agreed to participate in the investigation
6. **Details of person alleged responsible to have caused harm** – Name and if known / Available their ethnic origin and if they as the alleged perpetrator may be a vulnerable adult.
7. **Is any other adult of a child thought or known to be at risk?** – Cite any action that you are aware may have been taken as well as any taken to ensure the Adult at risk's safety
8. **Details of Referrer** – your details

APPENDIX 2

Types of adult abuse and description and supporting guidance Disability

Hate Crime

The Criminal Justice System defines a disability hate crime as any criminal offence, which is perceived, by the victim or any other person, to be motivated by hostility or prejudice based on a person's disability or perceived disability. The Police monitor five strands of hate crime, Disability; Race; Religion; Sexual orientation; Transgender

Discriminatory abuse

Discrimination on the grounds of race, faith or religion, age, disability, gender, sexual orientation and political views, along with racist, sexist, homophobic or ageist comments or jokes, or comments and jokes based on a person's disability or any other form of harassment, slur or similar treatment. Excluding a person from activities on the basis they are 'not liked' is also discriminatory abuse

Domestic abuse

The Home Office (March 2013) defines domestic abuse as: Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse: Psychological; Physical; Sexual; Financial; Emotional. Domestic Abuse includes controlling and coercive behaviour

Female genital mutilation (FGM)

Involves procedures that intentionally alter or injure female genital organs for non-medical reasons. The procedure has no health benefits for girls and women. The Female Genital Mutilation Act (2003) makes it illegal to practise FGM in the UK or to take girls who are British nationals or permanent residents of the UK abroad for FGM whether it is lawful in another country.

Financial or material abuse

Theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Forced marriage

Is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties' consent to the assistance of a third party in identifying a spouse. In a situation where there is concern that an adult is being forced into a marriage they do not or cannot consent to, there will be an overlap between action taken under the forced marriage provisions and the adult safeguarding process. In this case action will be co-ordinated with the police and other relevant organisations. The police must always be contacted in such cases as urgent action may need to be taken.

The Anti-social Behaviour, Crime and Policing Act 2014^{xli} make it a criminal offence to force someone to marry. In addition, Part 4A of the Family Law Act 1996 may be used to obtain a Forced Marriage Protection Order as a civil remedy. Registrars and registry staff need to be supported through relevant training to know the signs of possible forced marriage.

Honour-based violence

Will usually be a criminal offence and referring to the police must always be considered. It has or may have been committed when families feel that dishonour has been brought to them. Women are predominantly (but not exclusively) the victims, and the violence is often committed with a degree of collusion from family members and/or the community. Some of these victims will contact the police or other organisations. However, many others are so isolated and controlled that they are unable to seek help. Adult safeguarding concerns that may indicate honour-based violence include domestic violence, concerns about forced marriage, enforced house arrest and missing person's

reports. If an adult safeguarding concern is raised, and there is a suspicion that the adult is the victim of honour-based violence, referring to the police must always be considered as they have the necessary expertise to manage the risk.

Human trafficking

Is actively being used by Serious and Organised Crime Groups to make considerable amounts of money. This problem has a global reach covering a wide number of countries. It is run like a business with the supply of people and services to a customer, all for the purpose of making a profit. Traffickers exploit the social, cultural or financial vulnerability of the victim and place huge financial and ethical obligations on them. They control almost every aspect of the victim's life, with little regard for the victim's welfare and health. The Organised Crime Groups will continue to be involved in the trafficking of people, whilst there is still a supply of victims, a demand for the services they provide and a lack of information and intelligence on the groups and their activities.

Mate Crime

A 'mate crime' as defined by the Safety Net Project is 'when vulnerable people are befriended by members of the community who go on to exploit and take advantage of them. It may not be an illegal act but still has a negative effect on the individual.' Mate crime is often difficult for police to investigate, due to its sometimes-ambiguous nature, but should be reported to the police who will make a decision about whether or not a criminal offence has been committed. Mate Crime is carried out by someone the adult knows and often happens in private. In recent years there have been a number of Serious Case Reviews relating to people with a learning disability who were murdered

Modern slavery

Slavery, servitude and forced or compulsory labour. A person commits an offence if:

- The person holds another person in slavery or servitude and the circumstances are such that the person knows or ought to know that the other person is held in slavery or servitude, or
- The person requires another person to perform forced or compulsory labour, and the circumstances are such that the person knows or ought to know that the other person is being required to perform forced or compulsory labour.

There are many different characteristics that distinguish slavery from other human rights violations, however only one needs to be present for slavery to exist. Someone is in slavery if they are:

- Forced to work - through mental or physical threat;
- Owned or controlled by an 'employer', usually through mental or physical abuse or the threat of abuse;
- Dehumanised, treated as a commodity or bought and sold as 'property';
- Physically constrained or has restrictions placed on his/her freedom of movement.

Contemporary slavery takes various forms and affects people of all ages, gender and races. Adults who are enslaved are not always subject to human trafficking. Recent court cases have found homeless adults, promised paid work opportunities enslaved and forced to work and live in dehumanised conditions, and adults with a learning difficulty restricted in their movements and threatened to hand over their finances and work for no gains. From 1 November 2015, specified public authorities have a duty to notify the Secretary of State of any individual identified in England and Wales as a suspected victim of slavery or human trafficking, under Section 52 of the Modern Slavery Act 2015^{xlvi}.

Neglect and acts of omission

Ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, social care or educational services, and the withholding of the necessities of life such as medication, adequate nutrition and heating. Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the mental capacity to assess risk for themselves.

Organisational abuse

Is the mistreatment, abuse or neglect of an adult by a regime or individuals in a setting or service where the adult lives or that they use. Such abuse violates the person's dignity and represents a lack of respect for their human rights.

Physical abuse

Assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

Psychological abuse

Emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Restraint

Unlawful or inappropriate use of restraint or physical interventions. In extreme circumstances unlawful or inappropriate use of restraint may constitute a criminal offence. Someone is using restraint if they use force, or threaten to use force, to make someone do something they are resisting, or where an adult's freedom of movement is restricted, whether they are resisting or not.

Restraint covers a wide range of actions. It includes the use of active or passive means to ensure that the person concerned does something, or does not do something they want to do, for example, the use of keypads to prevent people from going where they want from a closed environment.

Sexual abuse

Rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

Sexual exploitation

Involves exploitative situations, contexts and relationships where adults at risk (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of

them performing, and/or another or others performing on them, sexual activities. It affects men as well as women. People who are sexually exploited do not always perceive that they are being exploited.

In all cases those exploiting the adult have power over them by virtue of their age, gender, intellect, physical strength, and/or economic or other resources. There is a distinct inequality in the relationship. Signs to look out for are not being able to speak to the adult alone, observation of the adult seeking approval from the exploiter to respond and the person exploiting the adult

These Definitions are taken from the London Multi Agency Safeguarding Policy and Procedures 2015

Appendix 3

How to respond to an allegation of abuse

Do Not

Stop the person recalling significant events: allow them to share whatever is important to them

Show signs of shock or disbelief

Ask questions or press the person for more details

Contact the abuser

Promise to keep secrets

Be judgemental ("why didn't you stop them?") Remember that people who disclose abuse want it to stop

Seek to deal with this alone, however do not... THINK, ACT and REPORT

When you become aware of a concern you must share information at the earliest opportunity.

Share the information with other staff – Refer the concern to the appropriate Local discuss only with your adult safeguarding Authority Safeguarding Team lead and / or line manager.

Do

Be prepared to accept the possibility of abuse when you don't expect it

Always listen and believe those who tell you they have been abused.

Know your organisation's safeguarding adults' procedures and adhere to this process.

Discuss with your Adult Safeguarding Lead and Line Manager

Never allow any abusive behaviour to go unchallenged.

WHAT MAKES ABUSE MORE LIKELY TO OCCUR

This is not a definitive list and as such should only be considered as a guide

- Having Mental health issues or a learning disability.
- Unequal power relationships
- Social isolation
- The effects of past relationships - abuse of the carer by the now 'cared for '
- Capacity to consent and make decisions
- Inadequate understanding, training or supervision □ Inadequate oversight and structures
- Poor management (in the case of a care setting)

Appendix 4

THE MENTAL CAPACITY ACT – SUMMARY

The five principles that underpin the Mental Capacity Act 2005:

In order to protect those who lack capacity, and to enable them to take part as much as possible in decisions that affect them, the following statutory principles apply:

1. You must always assume a person has capacity unless it is proved otherwise
2. You must take all practicable steps to enable people to make their own decisions
3. You must not assume incapacity simply because someone makes an unwise decision
4. Always act, or decide, for a person without capacity in their best interests
5. Carefully consider actions to ensure the least restrictive option is taken

Assessment of capacity: There is a two-stage test for capacity:

Stage one: Does the person have an impairment of the mind or brain (e.g. mental illness, learning disability, brain injury etc – can be temporary or permanent)? If Yes:

Stage two: Is the person able to:

- Understand the decision they need to make and why they need to make it?
- Retain the information with regard to that decision?
- Use and weigh the information relevant to the decision therefore ensuring that they understand the consequences of making, or not making, this decision?
- Communicate their decision by any means (this does not need to be verbally)?

Failure on any point may indicate lack of capacity, but....

1. Do not make assumptions about capacity based on age, appearance or medical condition
2. Encourage the person to participate as fully as possible
3. Consider whether the person will in the future have capacity, which can fluctuate anyway, in relation to the matter in question – so can it wait?

Acting in someone's "Best Interests":

1. Consider the person's past and present beliefs, values, wishes and feelings
2. Consider the views of others – i.e. carers, relatives, friends, advocates
3. Consider the least restrictive options
4. Is there a Lasting Power of Attorney (LPA) or an Advanced Decision (AD)? (see below)
5. Should an IMCA be appointed (see below)

Other Information:

MCA code of practice:

Professionals and carers must have regard to the code and record reasons for assessing capacity or best interests. If anyone decides to depart from the code, they must record their reasons for doing so.

Lasting Power of Attorney (LPA):

An LPA is an important legal document that allows a person to choose other people to make decisions on their behalf, when they are unable to make them themselves.

Advance Decision (AD):

Advanced decisions, made when the person had capacity, should under most circumstances be honoured. Only in the case of refusal of life saving or life sustaining treatment does this need to have been made in writing and witnessed.

The Independent Mental Capacity Advocacy (IMCA):

The Mental Capacity Act sets up IMCA services to help vulnerable people who lack capacity and are facing important decisions –including serious healthcare treatment. The service can help where there are no family or friends, apart from paid carers, who can be consulted as part of making a best interest decision.

Appendix 5

DEPRIVATION OF LIBERTY SAFEGUARDS - SUMMARY What are they?

The Deprivation of Liberty Safeguards 2009 (DoLS) provide a legal protective framework for those aged 18 years and over who lack the capacity to consent to the arrangements for their treatment or care. DoLS may be applied for if, by reason of dementia, mental illness, learning disability or brain injury, the levels of restriction or restraint required to deliver treatment and/or care in order to protect the person from risk or harm are so extensive that they potentially deprive the person of their liberty.

Who do they apply to?

The safeguards only apply to people who:

- lack capacity to consent to care/treatment they receive
- are over 18 years of age
- are receiving care in a hospital, hospice or a care home setting
- are living at home being deprived of their liberty by restrictions provided by the state
- are not otherwise detained under the Mental Health Act 1983

“Cheshire West” Ruling 2014

This case law resulted in a new “acid test” being used to define if an individual should be considered as having had their liberty restricted and therefore requiring a DoLS.

(1) Is the person subject to continuous supervision and control?

“Continuous” has not been defined and as such, practitioners should consider seeking advice from the Local Authority if intensive levels of support are being provided to any person as part of a package of care or treatment.

(2) Is the person free to leave?

The focus is not on the person’s ability to express a desire to leave, or attempt to do so, but on what those with control over their care arrangements would do if they sought to leave. In the event of someone being wholly incapacitated (for example at end of life) the question clinicians could ask in relation to this would be:

“If a member of their family said they wanted to take them home (to die) would I allow them to”?

Other Important Information

Sometimes a Deprivation of Liberty (DoL) is required to provide care and treatment and protect people from harm, but every effort should be made to prevent a DoL by making provision to avoid placing restrictions (least restrictive principle and proportionality principle of safeguarding). Where the Safeguards apply, there is a legal duty on the hospital or care home to request that the local authority, authorise the depriving of someone’s liberty. If DoL cannot be avoided, it should be for no longer than is necessary – a DoL must be reviewed after a period of a year by the Supervisory Body.

Restrictions and restraints do not solely mean “locked doors” or physical restraining by a third person. The use of sedating medication, 1:1 supervision, bed rails, mittens, and the positioning of furniture / use of recliner chairs can either individually or as a sum of their parts, result in liberty being deprived.

Appendix 6

Making safeguarding personal

It is important that all safeguarding partners take a broad community approach to establishing safeguarding arrangements. It is vital that all organisations recognise that adult safeguarding arrangements are there to protect individuals.

Making safeguarding personal means it should be person-led and outcome-focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. Nevertheless, there are key issues that local authorities and their partners should consider if they suspect or are made aware of abuse or neglect.

Appendix 7

PREVENT

Prevent is part of the Government's national counter terrorism strategy, which is called CONTEST. CONTEST aims to reduce the risk to the United Kingdom and its interests overseas from international terrorism. The strategy has four work streams one of which is to prevent people from becoming radicalised to support terrorism. The Department of Health is clear that the NHS is required to comply with the Prevent Strategy in terms of identifying those who may be more susceptible to being drawn into terrorism¹⁵. This should include a referral into PREVENT related multi-agency panels such as CHANNEL¹⁶.

The ICB will undertake to:

Carry out its commissioning responsibilities to oversee how organisations from which its commissions from are complying with the requirements of the National NHS contract on prevent.

Engage with the London Region wide approach to PREVENT in ensuring that there is awareness, training, and an effective response to concerns

Appendix 8

Commissioned services adult safeguarding responsibilities

All provider Trusts and commissioned services must have in place:

- A board executive lead for safeguarding adults who takes responsibility for governance, systems and organisational focus on safeguarding adults and works closely with the safeguarding adults lead professionals
- A board lead who is a senior manager who is informed about, and who takes responsibility for the actions of staff in safeguarding and promoting the of vulnerable adults
- Lead professionals who have a key role in promoting good professional practice within their organisation and provide advice and expertise for fellow professionals including advice about the MCA and DoLS
- Lead professionals who support the organisation in its clinical governance role, by ensuring audits on safeguarding are undertaken and that safeguarding issues are part of the Trust's clinical governance system. They also have a key role in ensuring a safeguarding training strategy in place and is delivered within their organisation
- Lead professionals who are able to write clear, concise reports for provider board and prepare IMR for SAR and other case reviews
- A Lead professional for PREVENT

Audits

Each health provider should have a safeguarding audit schedule setting out what is to be audited, by whom, at what frequency. Who sees the results and who is responsible for remedial action. This ensures that the correct information informs assurance process. Audits should be aligned to SAR action plans and any other action plans developed by the KSAB. In addition, the quarterly reporting to SWL ICB will include demonstrating quality of safeguarding activity as part of the audit programme. Multi-agency audits will be carried out in collaboration with the KSAB to scrutinise how partner agencies work with audit social care services and other agencies.

Compliance with CQC regulations

Evidence of compliance by health providers will be included in the annual report to SWL ICB– Outcome 7, Regulation 11 of the health and social care act 2008 (Regulated activities, regulations 2009).

Employment practice

- All provider trust and independent contractors must ensure that they have in place safer recruitment policies and practices including enhanced Disclosure and Barring Service (DBS) checks for all staff, including agency staff, students and volunteers working with vulnerable adults. Employers must comply with the vetting and barring scheme and have mechanisms in place for reporting to the Independent Safeguarding Authority.
- There should be a system in place to ensure that managers who are interviewing for posts involving working with adults at risk have attended 'Safer Recruitment Training'.
- All job descriptions should reflect the requirements for staff to have due regard for safeguarding adults.
- A Named Senior Officer (NSO) must be identified who will lead on allegations against staff working with adults at risk. The NSO must ensure any allegations involving vulnerable adults in work or personal life are reported to the ICB's executive lead for safeguarding adults.

Policies and procedures

All health providers must demonstrate that they have in place:

- National, London and local safeguarding adults at risk policies and procedures in place, that are in line with the London Safeguarding Adults Policy and Procedures (2015) updated and accessible to all staff. Evidence of this should be demonstrated to the commissioner and included and recorded in the health provider's annual reports
- A process for following up referrals to adult social care
- A process that demonstrates adherence, staff training, referral and follow up to the anti-terrorist national PREVENT strategy (see appendix 3 for further information)
- Professionals contribute and participate in safeguarding processes in the borough by attendance at safeguarding adult enquiry, planning and review meetings and provide reports and information for conferences and assessments when applicable
- A process for ensuring that adult patients are routinely asked about dependents, such as children or caring responsibilities
- A process for the identification of children/young people who may be at risk from their contact with adults at risk and how to act on those concerns
- A system for flagging safeguarding adult concerns
- Procedures for sharing of information in line with local multi-agency guidance where there are concerns for the welfare of an adult at risk. Senior managers should promote good practice in information sharing according to the published national cross government guidance
- The organisation has carried out an equalities impact assessment on their safeguarding adult's policy
- The annual report must make reference to how safeguarding adults' policies and procedures are adhered to specific safeguarding adult policies and procedures areas:

Acute sector

- A process for ensuring that adults at risk, where there has been concerns about their safety or welfare, are not discharged until their consultant is assured that there is an agreed plan in place that will safeguard their welfare
- A process for resolving cases where health and other professionals have a difference of opinion

Mental Health Trusts

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

Referrals must be made:

- If service users express delusional beliefs involving their children and/or
- If services users might harm their child as part of a suicide plan
- A consultant psychiatrist should be directly involved in all clinical decision making for service users who may pose a risk to children
- To protect adults at risk through vetting and barring procedures for staff and volunteers and takes all necessary measures to protect service users.

Appendix 9

Useful Contacts

Organisation	Address	Telephone/email
Kingston Local Authority Safeguarding Adults Team	Safeguarding adults team Guildhall Kingston KT1 1EU	Telephone 0208 547 5005 adult.safeguarding@kingston.gov.uk
Richmond Local Authority Safeguarding Adults Team	Second Floor, Civic Centre 44 York Street Twickenham Middlesex TW1 3BZ	Telephone 0208 891 7971 adultsocialservices@richmond.gov.uk
Wandsworth Local Authority Safeguarding Adults Team	Wandsworth Council The Town Hall Wandsworth High Street London SW18 2PU	Telephone: 020 8871 7707 accessteam@wandsworth.gov.uk
Merton Local Authority Safeguarding Adults Team	London Borough of Merton Civic Centre London Road Morden SM4 5DX	Telephone: 0845 618 9762 safeguarding.adults@merton.gov.uk
Sutton Local Authority Safeguarding Adults Team	Sutton Council, Civic Offices, St. Nicholas Way, Sutton SM1 1EA	Telephone: 020 8770 4565 referralpoint@sutton.gov.uk
Croydon Local Authority Safeguarding Adults Team	Bernard Weatherill House 8 Mint Walk Croydon CR0 1EA	Telephone: 020 8726 6500 referral.team2@croydon.gov.uk
Hounslow Local Authority Safeguarding Adults Team	London Borough of Hounslow Civic Centre Lampton Road Hounslow TW3 4DN	Telephone: 0208 583 3100 adultsocialcare@hounslow.gov.uk

Surrey County Council Safeguarding Adults Team (Covers Elmbridge Borough)	Surrey County Council Contact Centre Room 296-298 County Hall Penrhyn Road	Telephone 0300 200 1005 contactcentre.adults@surreycc.gov.uk
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Organisation	Address	Telephone/email
Your Healthcare	Your healthcare Hollyfield House 22 Hollyfield Road Surbiton KT5 9AL	Telephone: 020 8339 8057
Southwest London & St. George's Mental Health Trust	Safeguarding adults team Springfield University Hospital 61 Glenburnie Road London SW17 7DJ	Telephone: 020 3513 6391
Kingston Hospital NHS Trust	Safeguarding adults team Galsworthy Road Kingston-upon-Thames Surrey KT2 7QB	Telephone: 0208 546 7711 Bleep 656
Hounslow & Richmond Community Healthcare NHS Trust	Safeguarding adults team Thames House 180 High Street Teddington TW11 8HU	Telephone: 020 8714 4183
West Middlesex University Hospital	Safeguarding adults team Twickenham Road Isleworth Middlesex TW7 6AF	Telephone: 020 8560 2121
St. George's Healthcare NHS foundation Trust	St George's hospital Blackshaw Road London SW17 0QT	Telephone: 020 8725 1624
Chelsea & Westminster Healthcare Trust	369 Fulham Road London SW10 9NH	Telephone: 020 3315 8000

