

SAFEGUARDING ADULTS

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Policy statement:	<p>The CCG has a responsibility to ensure there are effective safeguarding arrangements within the organisation and for services which they commission, including effective systems for reporting abuse and neglect. Many of these requirements constitute statutory responsibilities for the CCG.</p> <p>For all staff the first priority is to ensure the safety and protection of vulnerable adults and it is the responsibility of all staff to act on any suspicion or evidence of abuse and neglect.</p> <p>The purpose of the document is to reflect the CCGs statutory requirements, making explicit the roles and responsibilities of the CCG and all staff members who work within in with regard to responding to concerns about abuse or neglect.</p>
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Resource implications	Revision of all training materials Training for staff New approaches to reviewing concerns or allegations in response to the Care Act-.Care and Support Statutory Guidance (October, 2014)-this means that a range of staff may be more involved in making enquiries about safeguarding concerns.
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3	May 2016	13	Inclusion of Serious Crime Act	May 2016
4	May 2016	14	Updated financial abuse section	May 2016
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7	May 2016	25	Clarity on SARs Clarity on Safeguarding Adults Advocacy	May 2016
8	May 2016	25	Inclusion on the role of the Designated Professional in the CCGs	May 2016
9	May 2016	26	Updated role of CCGs Inclusion of Intercollegiate Document Changes to the role of the DASM	May 2016
10	May 2016	27	Clarity on the responsibilities in relation to MCA and DoLS	May 2016
11	May 2016	28	Additional responsibilities of the safeguarding adults team	May 2016
12	May 2016	29	Additional responsibilities of the Continuing Healthcare Team	May 2016
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SAFEGUARDING ADULTS

1. INTRODUCTION AND PURPOSE

Safeguarding should be firmly embedded within the wider duties of all organisations across the health system, but there is a distinction between providers' responsibilities to provide safe and high quality care and support, and commissioner's responsibilities to assure themselves of the safety and effectiveness of the services they have commissioned (NHSE, 2015).

All NHS organisations need to ensure that there is sufficient capacity in place to fulfil their statutory duties and should regularly review their arrangements to assure themselves that they are working effectively. Organisations need to come together to mitigate risks and develop workable local solutions based on local need. Some of the issues that must be considered include:

- The size and geography of the 'patch'
- The deprivation of the population served and the numbers of children and adults in need, including looked after children
- The evidence and advice from recent inspections, reviews, audits and case reviews of safeguarding
- The number of providers and the complexity of the provider landscape

The Government has issued a policy statement on adult safeguarding which sets out six principles for safeguarding adults. Whilst not legal duties, these do represent best practice and provide a foundation for achieving good outcomes:

- Empowerment - presumption of person led decisions and consent
'I am asked what I want as the outcomes from the safeguarding process and these directly informs what happens'
- Protection - support and representation for those in greatest need
'I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to
- Prevention of harm or abuse
'I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help'
- Proportionality and least intrusive response appropriate to the risk presented

I am sure that professionals will work in my interest, as I see them and they will only get involved as much as needed'

- Partnerships - local solutions through services working with their communities

'I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me'

- Accountability and transparency in delivering safeguarding

I understand the role of everyone involved in my life and so do they'

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances. Organisations should always promote the adult's wellbeing in their safeguarding arrangements. People have complex lives and being safe is only one of the things they want for themselves. Professionals should work with the adult to establish what being safe means to them and how that can be best achieved.

1.1 The Care Act (2014) and Safeguarding Adults

The new Care Act (2014) repeals the guidance contained within No Secrets (DH, 2000) under which safeguarding arrangements have previously worked. The Care Act underpins a significant shift in safeguarding through its fundamental principles which must now reinforce the care and support system. It also sets common expectations for how Local Authorities should approach and engage with people when assessing need and providing support as explained below:

- The principle of promoting wellbeing including the support provided in the context of adult safeguarding
- People must be supported to achieve the outcomes that matter to them in their life with practitioners focusing on the needs and goals of the person concerned, and this applies to safeguarding practice
- The importance of beginning with the assumption that the individual is best placed to make judgments about their own wellbeing. Building on the

principles of the Mental Capacity Act 2005, practitioners should assume that the person themselves knows what is in their best interests in relation to outcomes, goals and wellbeing

- The centrality of a preventive approach because wellbeing cannot be achieved through crisis management. By providing effective intervention at the right time, risk factors may be prevented from escalating
- The emphasis of the individual participating as fully as possible in decisions about them and being given the information and support necessary to consider options and make decisions rather than decisions being made from which the person is excluded
- Co-production with individuals, families, friends, carers and the community to promotes resilience and self-reliance and independence, as well as ensuring that services reflect what the people who use them want
 - The importance of considering a person in the context of their family and wider support networks, taking into account the impact of an individual's need on those who support them, and take steps to help others access information or support
 - The need to protect people from abuse and neglect. In carrying out any care and support functions the Local Authority and its partner agencies should consider how to ensure that the person is and remains protected from abuse or neglect. This is not confined only to safeguarding issues, but should be a general principle applied in every case
 - The need to ensure that any restriction on the individual's rights or freedom of action is kept to the minimum necessary. Where action has to be taken which places restrictions on rights or freedoms, the course followed must be the least restrictive necessary

Therefore, the new statutory adult safeguarding framework requires a fundamental shift in approach and practice to supporting adults at risk. A shift in culture and practice is necessary to achieve the vision of the Care Act 2014 for adult safeguarding in which:

- Safeguarding is the responsibility of all agencies
- A whole system approach is developed
- Safeguarding responses are proportionate, transparent and outcome focused
- The adult's wishes are at the centre of safeguarding enquiries and these drive the process
- There is an emphasis on prevention and early intervention
- People are supported in their recovery from abuse or neglect

This essentially means that many safeguarding activities will now be undertaken within core business, and safeguarding work less frequently being undertaken using multiagency meetings, unless the case is of significant concern which requires this approach.

Safeguarding activity is not a substitute for;

- Providers' responsibilities to provide safe and high quality care and support
- Commissioners regularly assuring themselves of the safety and effectiveness of commissioned services
- 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

1.2 The aims of adult safeguarding.

The aims of adult safeguarding are to:

- stop abuse or neglect wherever possible
- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- safeguard adults in a way that supports them in making choices and having control about how they want to live
- promote an approach that concentrates on improving life for the adults concerned
- raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect
- provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult; and address what has caused the abuse or neglect

Where someone is 18 or over but is still receiving children's services and a safeguarding issue is raised, the matter should be dealt with through adult safeguarding arrangements.

1.3 Whose business is it?

The Care Act 2014 establishes that safeguarding is everybody's business with Local Authorities, Police and NHS partners playing a key role in preventing, detecting, reporting and responding to abuse, neglect or exploitation. The CCG is clear that it does not tolerate abuse or neglect.

It does not matter whether or not the adult is receiving services or in what setting they live. If the above criteria are met a safeguarding alert should be made.

An alert is a concern that a person with care and support needs is experiencing, or is at risk of abuse, neglect or exploitation by a third party, or where a person at risk may be being harmed by others usually in a position of trust, power or authority. Alerts may be made to Adult Service by anyone and should be made when:

- The person has needs of care and support and there is a concern that they are being or are at risk of being abused, neglected or exploited
- There is concern that the adult has caused or is likely to cause harm to others
- The adult has capacity to make decisions about their own safety and wants this to happen
- The adult has been assessed as not having capacity to make a decision about their own safety, but a decision has been made in their best interests to make a referral
- A crime has been or may have been committed against an adult who lacks the mental capacity to report a crime and a 'best interests' decision is made
- The abuse or neglect has been caused by a member of staff or a volunteer
- Other people or children are at risk from the person causing the harm
- The concern is about organisational or systemic abuse
- The person causing the harm is also has care and support needs

However, if there is an overriding public interest or vital interest, or if gaining consent would put the adult at further risk, an alert must be made. This can include the following situations;

- Other people or children could be at risk from the person causing harm
- It is necessary to prevent crime
- Where there is a high risk to the health and safety of the adult

- The person lacks capacity to consent
- The adult would normally be informed of the decision to refer and the reasons, unless telling them would jeopardise their safety or the safety of others
- If the adult is assessed as not having mental capacity to make decisions about their own safety and to consent to a referral being made, the alerter must make a decision in their best interests in accordance with the provisions set out in the Mental Capacity Act 2005.

1.4 What constitutes a safeguarding alert?

The criteria used to identify whether an issue should be raised as a safeguarding alert are as follows:

- Does the adult have needs of care and support?
- Is abuse or neglect by a third party alleged?
and
- Is adult unable to take care of him or herself?
or
- Is the adult unable to protect him or herself against significant harm or exploitation?

If the answer is YES, then you should raise a 'safeguarding alert'.

1.5 CCG Staff responsibilities- Making the Alert.

All CCG staff have a responsibility to be alert to the potential indicators of abuse and neglect and know how to act on those concerns in line with local and national guidance.

Not all alerts will result in safeguarding activity, but where there is a concern or an allegation the local authority should be contacted on the numbers below to raise the concern;

Hampshire Multiagency Safeguarding Hub; 01329 316192

The Safeguarding Adults Team for the CCGs can be accessed by calling Omega House on 02380 627444.

CCG staff also have a responsibility to;

- Participate in training so that they maintain their skills and are familiar with arrangements aimed at safeguarding children
- Understand the principles of confidentiality and information sharing in line with local and national guidance
- Seek advice and guidance from the safeguarding adults team if unsure how to handle
- Escalate issues to relevant operational and senior managers when professional disagreements arise in relation to the management of a safeguarding concern
- Keep accurate, contemporaneous records in accordance with professional requirements and organisational policy.

2. SCOPE AND DEFINITIONS

SCOPE

- 2.1 This policy applies to all CCG staff, volunteers and students, paid and unpaid. CCG staff should also be aware that safeguarding responsibilities lie with all employees within the NHS and volunteers and students, whether paid or unpaid. Should they have concerns that these groups have not raised a concern which should be reported, they should discuss this with the Safeguarding Adults Team.

DEFINITIONS

- 2.2 Abuse and neglect can take many forms and the Care Act (2015) presents the new categories of abuse for use in practice.

Exploitation- in particular, is a common theme in the following list of the types of abuse and neglect.

Physical abuse – including 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.

The Home Office announced changes to the definition of domestic abuse following the Serious Crime Act 2015;

- Incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse... by someone who is or has been an intimate partner or family member regardless of gender or sexuality
- Includes: psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence; Female Genital Mutilation; forced marriage
- Age range extended down to 16
- The offence will impose a maximum of five years imprisonment, a fine or both.

Many people think that domestic abuse is about intimate partners, but it is clear that other family members are included and that much safeguarding work that occurs at home is, in fact is concerned with domestic abuse. This confirms that domestic abuse approaches and legislation can be considered safeguarding responses in appropriate cases.

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, 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.

This category has been expanded to include scamming and the role of Trading Standards in responding to these issues. Internet scams and doorstep crimes are more often than not, targeted at adults at risk and all are forms of financial abuse, and these scams are becoming increasingly more sophisticated.

Modern slavery – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

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, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

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.

In the majority of cases where there are concerns of self-neglect by a vulnerable adult, the best route to provide an appropriate intervention is via community care assessments, care programme approach, and/or risk assessment, risk management and review.

- Safeguarding arrangements will apply where a person at risk has been identified as experiencing serious self-neglect which could result in significant harm to themselves or others
and
- There are concerns about the person's capacity to make the relevant decisions, and/or they have refused an assessment
and
- They have refused essential services, without which their health and safety needs cannot be met
and/or
- The person has terminated services which had been arranged as a result of an assessment of health or social care needs
and

- The care management process/care programme approach has not been able to mitigate the risk of this 'serious self-neglect which could result in imminent significant harm' because the person is no longer able to protect themselves by controlling their own behaviour and a safeguarding process is required. In these circumstances, all agencies must consider a response under the local multi-agency safeguarding arrangements. Every attempt must be made to include the person at risk in this process and to apply the principles set out in the adult safeguarding procedures

Abuse or neglect may be deliberate, or the result of negligence or ignorance. Incidents may be one-off or multiple, and affect one person or more. Repeated incidents of poor care may be an indication of a more serious problem and constitute the new term 'Organisational Abuse' (previously termed institutional abuse).

Importantly, patterns of abuse vary and include:

- Serial abusing in which the perpetrator seeks out and 'grooms' individuals. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse
- Long-term abuse in the context of an ongoing family relationship such as domestic violence between spouses or generations or persistent psychological abuse
- Opportunistic abuse such as theft occurring because money or jewellery has been left lying around

2.3 Contexts in which abuse might take place

Abuse and crimes against adults may occur in different contexts. Actual or suspected abuse of persons at risk in any of the contexts set out below will trigger a safeguarding response in accordance with this policy.

Hate crime is defined as any crime that is perceived by the victim, or any other person, to be racist, homophobic, transphobic or due to a person's religion, belief, gender identity or disability. It should be noted that this definition is based on the perception of the victim or anyone else and is not reliant on evidence.

Mate crime happens when someone is faking a friendship in order to take advantage of a vulnerable person. Mate crime is committed by someone known to the person. They might have known them for a long time or met recently. A

'mate' may be a 'friend', family member, supporter, paid staff or another person with a disability.

Domestic abuse is defined 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

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour. Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim." Family members are defined as mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws or step-family (*Association of Chief Police Officers 2004*). If one or both adults (including 16-17 year olds) involved can be regarded as an adult(s) at risk, then the safeguarding procedures should be used. If a person at risk is not involved, then these guidelines will not normally apply. The Local Government Association has published national guidance on Domestic Abuse and Adult Safeguarding (2nd Edition, 2015) which can be accessed via the link provided in Section 3 of this Policy and Guidance.

Honour based violence is a crime or incident, which has or may have been committed to protect or defend the honour of the family and/or community. It is a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code.

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 their parents or a third party in identifying a spouse. Forced marriage can be a particular risk for people with learning difficulties and people lacking capacity.

Female genital mutilation (FGM) involves procedures that include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is new born, during childhood or adolescence, just before marriage or during the first pregnancy. FGM constitutes a form of child abuse and violence against women and girls, and has severe physical and psychological consequences. In England, Wales and Northern Ireland, the practice is illegal under the *Female Genital Mutilation Act 2003*.

Human trafficking is defined as the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation.

Modern Day Slavery

Modern Slavery is an international crime, affecting an estimated 29.8 million slaves around the world^{**}. It is a global problem that transcends age, gender and ethnicities, including here in the UK. Victims found in the UK come from many different countries. Poverty, limited opportunities at home, lack of education, unstable social and political conditions, economic imbalances and war are some of the key drivers that contribute to trafficking of victims. What's more victims can often face more than one type of abuse and slavery, for example if they are sold to another trafficker and then forced into another form of exploitation. Forms include;

- *Forced Labour*- Victims are forced to work to pay off debts that realistically they never will be able to. Low wages and increased debts mean not only that they cannot ever hope to pay off the loan, but the debt may be passed down to their children. Victims are forced to work against their will, often

working very long hours for little or no pay in dire conditions under verbal or physical threats of violence to them or their families. It can happen in many sectors of our economy, from mining to tarmacking, hospitality and food packaging

- *Sexual exploitation*- Victims are forced to perform non-consensual or abusive sexual acts against their will, such as prostitution, escort work and pornography. Whilst women and children make up the majority of victims, men can also be affected. Adults are coerced often under the threat of force, or another penalty
- *Criminal exploitation*- Often controlled and maltreated, victims are forced into crimes such as cannabis cultivation or pick pocketing against their will
- *Domestic Servitude*- Victims are forced to carry out housework and domestic chores in private households with little or no pay, restricted movement, very limited or no free time and minimal privacy often sleeping where they work

The Modern Slavery Act (2015) puts new statutory requirements onto the NHS;

- Clause 42: contains a provision for guidance to be issued to front line professionals (local authority/NHS/Police) to help identification of those subject to modern slavery, but also how to assist and support
- Clause 44: provides a statutory duty for specified public bodies to notify the National Crime Agency about potential victims of modern slavery
- Requires all statutory bodies to work together to tackle modern slavery

The Safeguarding Adults Team are the key contact for Hampshire Constabulary and will act as the conduit for necessary actions to be taken by providers.

2.4 Exploitation by radicalisers

The Office for Security and Counter Terrorism (OSCT) in the Home Office is responsible for providing strategic direction and governance within the CONTEST strategy. The aim of CONTEST is to reduce the risk to the UK and its interests overseas from terrorism. As part of CONTEST, the aim of *Prevent* is to stop people becoming terrorists or supporting terrorism.

CONTEST is primarily organised around four key principles. Work streams contribute to four programmes, each with a specific objective:

- **Pursue:** to stop terrorist attacks
- **Prevent:** to stop people becoming terrorists or supporting terrorism
- **Protect:** to strengthen our protection against a terrorist attack
- **Prepare:** to mitigate the impact of a terrorist attack.

The Prevent agenda requires healthcare organisations to work with partner organisations to contribute to the prevention of terrorism by safeguarding and protecting vulnerable individuals and making safety a shared endeavour.

The Counter-Terrorism and Security Act received Royal Assent in 2015 and it placed a duty on the NHS to prevent people being drawn into terrorism and brought duties in relation to staff training. All staff in the CCG should receive essential awareness training and the Continuing Healthcare Team and Vulnerable Adults Team, and Safeguarding Teams should receive HealthWrap training. The organisational lead for the Prevent agenda is the Consultant Nurse for Safeguarding Adults.

Radicalisation and the role of health.

Healthcare professionals may meet and treat people who are vulnerable to radicalisation. People with mental health issues or learning difficulties may be more easily drawn into terrorism. We also know that people connected to the health sector have taken part in terrorist acts. The key challenge for the health sector is to ensure that, where there are signs that someone has been or is being drawn into terrorism, healthcare workers can interpret those signs correctly, are aware of the support that is available and are confident in referring the person for further support. Preventing someone from becoming a terrorist or from supporting terrorism is no different from safeguarding vulnerable individuals from other forms of exploitation. All concerns should be referred to the Safeguarding Adults Team or directly to the local authority referral line (and inform the safeguarding team afterwards).

2.5 Female Genital Mutilation

Female genital mutilation (sometimes referred to as female circumcision) refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The practice is illegal in the UK.

It has been estimated that over 20,000 girls under the age of 15 are at risk of female genital mutilation (FGM) in the UK each year, and that 66,000 women in

the UK are living with the consequences of FGM. However, the true extent is unknown, due to the "hidden" nature of the crime.

The girls may be taken to their countries of origin so that FGM can be carried out during the summer holidays, allowing them time to "heal" before they return to school. There are also worries that some girls may have FGM performed in the UK. FGM is usually carried out on young girls between infancy and the age of 15. However, the age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is newborn, during childhood or adolescence, just before marriage or during the first pregnancy. It is believed that FGM happens to girls in the UK as well as overseas.

Female Genital Mutilation (FGM) is child abuse and an extremely harmful practice with devastating health consequences for girls and women. Some girls die from blood loss or infection as a direct result of the procedure. Some women who have undergone FGM are also likely to find it difficult to give birth and many also suffer from long-term psychological trauma. There have been reports of cases where individuals have been subjected to both FGM and forced marriage. FGM is a serious criminal offence. Even if someone is taken overseas to undergo FGM, it is still a crime in the UK if the mutilation is done by a UK national or a UK resident. It is also a crime if a UK national or resident assists or gets a non-UK national or resident to carry out FGM overseas on a UK national or resident.

Safeguarding girls at risk of harm of FGM poses specific challenges because the families involved may give no other cause for concern, for example with regard to their parenting responsibilities or relationships with their children. However, there still remains a duty for all professionals to act to safeguard girls at risk.

It is important to make the distinction between adults and children when considering reporting FGM:

Children: FGM is child abuse and should be dealt with as such. Under section 47 of the Children Act 1989, anyone who has information that a child is potentially or actually at risk of significant harm is required to inform social care or the police. Professionals must always respond by informing social services or the police.

Adults: It is important to note that as with domestic violence and rape, if an adult woman has had FGM and this is identified through the delivery of NHS

healthcare, the patient's right to patient confidentiality MUST be respected if they do not wish any action to be taken. No reports to social services or the police should be made in these cases. If the person does consent to support, they should be referred to the appropriate services.

2.6 Harm

In determining when intervention is justified and what sort of intervention is required the concept of 'significant harm' is applied. This refers to:

- Ill treatment (including sexual abuse and forms of ill treatment which are not physical)
- The impairment of, or an avoidable deterioration in, physical or mental health and/or
- The impairment of physical, intellectual, emotional, social or behavioural development

The importance of this definition is that in deciding what action to take, consideration must be given not only to the immediate impact on and risk to the person, but also to the risk of future, longer term harm, neglect or exploitation. The seriousness of harm or the extent of the abuse is not always clear at the point of the alert or referral. All reports of suspicions or concerns should be approached with an open mind and could give rise to action under these arrangements.

Significant harm varies between individuals and it requires careful assessment using as much information as available before a decision is made as to how to proceed and should include consideration of the possibility of future significant harm. The seriousness or extent of the abuse, neglect or exploitation is often not clear. Some incidents may not have caused immediate significant harm but if they were to happen again, could lead to significant harm to the adult, other adults or children. If there are not well managed measures in place to prevent another incident, a situation which has a high likelihood of potential serious abuse, neglect or exploitation could cross the threshold for use of safeguarding procedures.

2.7 Fit and Proper Person Test

There are new legal requirements that board level appointments of NHS trusts, foundation trusts and special health authorities are "fit and proper persons". This

excludes individuals who have been involved in “any serious misconduct or mismanagement”. Clearly, safeguarding falls within that definition. Such allegations would be dealt with by the Designated Professional (Consultant Nurse) in the Safeguarding Adults Team as laid out later in this policy.

2.8 Disclosure and Barring Service (DBS)

A service which checks the suitability of staff to work with Vulnerable Adults and receives referrals for consideration where concerns have been raised. Where there have been concerns, people may be prevented from working with vulnerable adults by having their name on a list of people who are not sanctioned to work with people who are vulnerable.

3. PROCESS/REQUIREMENTS

3.1 Shared Responsibility

Safeguarding adults is a shared responsibility and success depends upon effective joint working between agencies and professionals that have different roles and expertise. There must be constructive relationships at all levels, promoted and supported by:

- The commitment of senior managers and board members to safeguard adults
- Clear lines of accountability within the organisation for safeguarding adults
- Procurement of services and service developments that take account of the need to safeguard adults
- Staff training and professional development to enable staff to develop an understanding of their roles and responsibilities in relation to safeguarding adults and those of other professionals and organisations
- Safe working practices including recruitment and vetting procedures
- Clear policy that support frontline staff in their safeguarding role
- Proactive, effective interagency working including information sharing
- Safeguarding supervision for staff in specialist roles

3.2 Information Sharing

The Care Act also specifies new information sharing duties under Section 45. The information gained during a safeguarding enquiry by an organisation must be shared with the local authority at its request.

Good information sharing practice is at the heart of good safeguarding practice. The area is covered by legislation, principally the Data Protection Act 1998, and by court decisions on issues of confidentiality and privacy. This is further supported by the newly updated Caldicott Guidelines, principle seven which individuals are informed that the duty to share information can be as important as the duty to protect patient confidentially. It is very important to understand that sharing information when there is a need to share it and maintaining its security and confidentiality are compatible activities.

At its heart is the principle that information should be shared if that helps to protect children or adults, or to prevent a crime (abuse and many cases of neglect are crimes). In addition, there are some specific statutory provisions (for example relating to the operation of the Safeguarding Adults Boards, and relating to the statutory scheme for vetting and barring) which require information sharing (NHSE, 2015).

Further guidance can be found in the Hampshire Multiagency Safeguarding Adults Policy. Where there are any concerns about sharing information in relation to safeguarding adults, the safeguarding adults' team, the Information Governance Team or the Caldicott Guardian should be contacted.

4. ROLES AND RESPONSIBILITIES UNDER THE CARE ACT (2014)

4.1 The role of the Safeguarding Adults Board

Clauses 42 – 45 of the Care Act 2014 constitute the statutory adult safeguarding framework in which Local Authorities are required to:

Lead a multi-agency local adult safeguarding system that seeks to prevent abuse and neglect and stop it quickly when it happens.

Make enquiries, or request others to make them when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed. This may be enacted under a Section 42 enquiry

which the CCG is statutorily obliged to undertake when asked to do so. The Safeguarding Adults Team will lead on all Section 42 enquiries and Large Scale enquiries for the CCGs to ensure due process and relevant expertise is applied.

Establish Safeguarding Adults Boards with the Local Authority, NHS and Police as core members and develop, share and implement a joint safeguarding strategy. The Hampshire Safeguarding Adults Board is well established and has a number of sub-groups in place with specific work streams to implement the functions of the Board.

Carry out a Safeguarding Adult Review when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the Local Authority or its partners could have done more to protect them. The CCGs will engage as required in Safeguarding Adults Reviews.

Arrange for an independent advocate to represent and support a person who is the subject of a safeguarding enquiry or review, if required. The Safeguarding Adults Team will ensure that this duty is applied in line with statutory duties.

4.2 CCG Duties

Fundamentally it remains the responsibility of every NHS funded organisation and each individual healthcare professional working in the NHS to ensure that the principles and duties for safeguarding adults are consistently and conscientiously applied (NHSE, 2015). Therefore there is a requirement on every member of staff to raise a safeguarding concern in a timely manner.

All NHS organisations need to ensure that there is sufficient capacity in place to fulfil their statutory duties and should regularly review their arrangements to ensure these are working effectively.

CCGs as commissioners of local health services need to assure themselves that the organisations from which they commission have effective safeguarding arrangements in place. CCGs are responsible for securing the expertise of a lead for adult safeguarding on behalf of the local health system and this person undertakes a whole health economy role (NHSE, 2015). They should also play an integral role in all parts of the commissioning cycle, from procurement to quality assurance, to ensure appropriate services are commissioned which support adults at risk of abuse and neglect, as well as effectively safeguarding their well-being (NHSE, 2015). The CCG Designated Professional is the source of advice

and support to the governing body in relation to the safeguarding of individuals and is able to lead on complex cases (Care and Support, Statutory Guidance 2016).

CCGs must also gain assurance from all commissioned services, both NHS and independent healthcare providers, throughout the year to ensure continuous improvement. This may include audits, visits and attendance at safeguarding committees.

CCGs must adhere to the principles must use safeguarding procedures in a way which reflects the underpinning principles of the agenda and not as a means of intimidating providers or families. Transparency, open-mindedness and timeliness are important features of fair and effective safeguarding enquiries. CCGs must have alternative means of raising standards of service,, including support for staff training and contract compliance. The Care Quality Commission can also use their enforcement powers where necessary.

CCGs are also required to demonstrate they have appropriate systems in place for discharging their statutory duties for safeguarding including;

- A clear line of accountability for safeguarding reflected in the CCG governance arrangements. It is recommended that there is a named executive lead to take overall responsibility for the organisation's safeguarding arrangements. In North Hampshire CCG this role is fulfilled by the Director of Quality.
- Clear policies setting out the CCGs commitment, and approach, to safeguarding, including safer recruitment processes, and arrangements for dealing with allegations against people who work with children and adults as appropriate.
- Training their staff in recognising and reporting safeguarding issues, appropriate supervision and ensuring that their staff are competent to carry out their responsibilities for safeguarding. This is strengthened by the launch of the Safeguarding Adults; Roles and Responsibilities Intercollegiate Document (NHSE 2016).
- Effective inter-agency working with local authorities, the police and third sector organisations which includes appropriate arrangements to co-operate with local authorities in the operation of Safeguarding Adults Boards and Health and Well-Being Boards.
- Having a Designated Adult Safeguarding Manager (DASM) has been

repealed in the latest guidance (Care and Support Statutory Guidance 2016). However, the duty remains that Safeguarding Adults Boards agree a framework and process for dealing with how allegations against people who work with adults with care and support needs, in either a paid or unpaid capacity, are handled. The Hampshire Safeguarding Adults Board has retained the principles of the DASM Framework and requires the CCGs to have a Designated Professional for such allegations. For the CCGs this role is undertaken by the Consultant Nurse for Safeguarding Adults. This role includes oversight and advice on those situations where the reported incident does not involve an adult at risk, but it indicates that the person in a position of trust may be a risk to other adults at risk. When concerns are raised the employer should assess the risk and take safeguarding actions where necessary.

- The Designated MCA lead in a CCG responsible for providing advice and support to clinicians in individual cases and supervision where issues related to mental capacity may be prevalent or complex. They should have a role in highlighting the extent to which their own organisation, and the services they commission, is compliant with MCA through undertaking audit, reporting through to governance structures and providing or securing the provision of training (NHSE, 2015). Although working within the statutory requirements of the Mental Capacity Act is essential in safeguarding adults work, application of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (2007) are core to the practice of all professionals who must be competent in these areas of practice in order to uphold the rights of adults at risk).
- Having effective systems for responding to the abuse and neglect of adults.
- Supporting the development of a positive learning culture across partnerships for safeguarding adults to ensure that organisations are not unduly risk adverse.
- Working with the local authority to enable access to community resources that can reduce social and physical isolation for adults.
- Ensuring the Designated Professional is embedded in clinical decision making in the organisation with the authority to work within local health economies to influence local thinking and practice as strategic leaders and clinical experts, providing a vital source of advice and support to health commissioners, the local authority and NHS England, other health professionals in provider organisations, quality surveillance groups, regulators, the Safeguarding Adults Board and the Health and Well-Being

Board. CCGs should support the post holder to fulfil their system wide role.

- The CCG should also identify a senior manager to take a lead role on the Safeguarding Adults Board. For the three CCGs covered by this policy, this role is taken by the Director of Quality for West Hampshire CCG.

4.3 Specific Responsibilities.

4.3.1 The Director of Quality/Accountable Officer

- Ensures robust governance arrangements for safeguarding adults are in place
- Ensures safeguarding roles and responsibilities for all staff (directly employed or contracted) are clearly stated and included in staff induction
- Ensures all contracted services have a robust safeguarding adults policy in place
- Ensures safeguarding roles and responsibilities are explicit in all job descriptions and through CCG statement on the website
- Ensures that safeguarding adults is integral to clinical governance and audit arrangements
- Ensures there are clear service standards in relation to safeguarding adults in place in commissioned services and that these are monitored to provide assurance that safeguarding standards are met
- Ensures the CCG co-operates with the local authority in the operation of the Local Safeguarding Adults Board
- Ensures the CCG and all organisations with which there are contracting arrangements have safe recruitment processes in place
- Ensures management and accountability structures support safe and effective services in accordance with statutory, national and local guidance for safeguarding adults

4.3.2 Safeguarding Adults Team.

- Provide expert advice and guidance to the CCG
- Lead on Section 42 Enquiries and Large Scale Enquiries.
- Lead on Court of Protection cases to safeguard adults at risk.

- Provide advice to ensure the range of commissioned health services take account of the need to safeguard and promote the welfare of adults at risk.
- Provide advice on the monitoring of the safeguarding aspects of CCG contracts
- Provide advice on, and be engaged in, the procurement of services.
- Provide advice, support to safeguarding adults professionals in provider organisations
- Provide skilled advice to the Safeguarding Adults Board 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
- Provide skilled professional involvement in adult safeguarding processes in line with Safeguarding Adults Board procedures
- Review and evaluate the practice and learning from all involved health professionals and providers commissioned by the CCGs as part safeguarding adults incidents, reviews and statutory reviews
- Provide the role of the Designated Professional.
- Referring to the Police where it is suspected a crime has been committed.
- Work in partnership with statutory and non-statutory agencies to protect adults at risk and promote the safeguarding adults agenda.
- To lead on safeguarding adults agendas such as Modern Slavery, Prevent, Human Trafficking, Sexual Exploitation, Domestic Violence, Female and Genital Mutilation.
- Attend Channel Panels on behalf of the CCGs.
- Attend Strategic and Operational groups and committees on behalf of the CCGs.
- To advise the CCGs of significant risks to individuals, groups and organisations.

4.3.3 Continuing Care and Vulnerable Adults Teams

- Attend the Hampshire Multiagency Safeguarding Adults training program as core training
- Be familiar with the Hampshire Multiagency Policy and Procedures and this policy
- Accept safeguarding adults activities from the safeguarding adults team as part of core business in line with the above policies
- Seek advice from the safeguarding adults team where needed
- Understand the principles of confidentiality and information sharing in line with local and national guidance

- Keep accurate, contemporaneous records in accordance with professional and organisational policy
- Share the outcomes of clinical patient reviews and safeguarding enquiries with the safeguarding adults' team ensuring compliance with this policy and the Hampshire Safeguarding Adults Board Policy and Practice Guidance.

4.4 Statutory Reviews

When there is a statutory review, health commissioners will provide a panel member, provide oversight of health involvement at panel meetings, ensure that recommendations and actions are achievable, and disseminate learning across the NHS locally (NHSE, 2015). The safeguarding adults' team will provide the panel member.

4.4.1 Domestic Homicide Reviews

A Domestic Homicide Review is convened by a local Community Safety Partnership where criteria is met following the death of a person aged 16 or over and has, or appears to have resulted from domestic violence, abuse or neglect. The safeguarding adults' team will provide the panel member for Domestic Homicide Reviews on behalf of the CCGs.

4.4.2 Safeguarding Adult Reviews

These reviews are convened by Safeguarding Adults Boards for every case where an adult has died from, or experienced serious abuse and neglect, and there is reasonable cause for concern about how agencies and service providers involved worked together to safeguard the person. Prior to the Care Act (2014) these reviews were known as Serious Case Reviews.

Section 44 of the Care Act 2014 requires Local Safeguarding Adult Boards to arrange a safeguarding adult review when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the person at risk. It places a duty on all Board members to contribute in undertaking the review, sharing information and applying the lessons learnt. The purpose of the safeguarding adult review is not to hold any individual or organisation to account. Other processes exist for that, including criminal proceedings, disciplinary procedures, employment law and systems of service and professional regulation,

such as Care Quality Commission and the Nursing and Midwifery Council, the Health and Care Professions Council, and the General Medical Council.

The purpose of conducting a safeguarding adult review is to establish whether there are any lessons to be learnt from the circumstances of the case, about the way in which local professionals and agencies work together to safeguard adults at risk. The safeguarding adult review brings together and analyses the findings from individual agencies involved in order to make recommendations for future practice where this is necessary. The Safeguarding Adults Board is the only body that can commission a Safeguarding Adult Review and must arrange a safeguarding adult review of a case of an adult in its area with needs of care and support (whether or not the Local Authority was meeting those needs) if:

The case involves an adult with care and support needs (whether or not the Local Authority was meeting those needs)

There is reasonable cause for concern about how the Safeguarding Adult Board, its members or organisations worked together to safeguard the adult

AND

The person died (including death by suicide) and the SAB knows/suspects this resulted from abuse or neglect (whether or not it knew about this before the person died)

OR

The person is still alive but the Safeguarding Adults Board knows or suspects they have experienced serious abuse/neglect, sustained potentially life threatening injury, serious sexual abuse or serious/permanent impairment of health or development.

A member of the safeguarding adults' team will be part of each Serious Case Review.

4.4.3 Section 42 enquiries.

The safeguarding duties have a legal effect in relation to organisations other than the local authority, and now include the NHS and the Police. Local authority statutory adult safeguarding duties apply equally to those adults with care and support needs regardless of whether those needs are being met, regardless of whether the adult lacks mental capacity or not, and regardless of setting, other

than prisons and approved premises where prison governors and National Offender Management

Agencies may ask for advice from the local authority when faced with a safeguarding issue that they are finding particularly challenging.

Under Section 42 of the Care Act 2014, there is a duty on the local authority to make enquiries, or ask others to make enquiries, where they reasonably suspect that an adult in its area is at risk of abuse or neglect, and these duties apply to people of 18 years or over when the person;

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

Safeguarding duties are not dependent of the person's eligibility for services. The local authority has the co-ordinating role for all safeguarding enquiries but has the power to cause enquiries to be made by other organisations including the CCG. The local authority however, retains the overall responsibility and must assure itself that the enquiry carried out by an organisation satisfies its duty under Section 42 to decide what, if any action, is needed to support and protect the adult, and to ensure that the action is taken. The local authority can challenge an organisation if it considers that the process, and/or the outcomes are unsatisfactory.

The purpose of the safeguarding enquiry is to establish with the individual and/or their representatives, what (if any) action is needed in relation to the situation and to establish who should take such action. It could range from a conversation with the adult or their representative or advocate (for example, if they lack capacity or have substantial difficulty in understanding the enquiry) right through to a much more formal multi-agency plan or course of action. Whatever the subsequent course of action, the professional concerned should record the concern, the adult's views and wishes, any immediate action taken and the reasons for these actions.

The Local Authority has a lead co-ordinating role for all safeguarding enquiries but has the power to cause enquiries to be made by another organisation or person for example where the adult already has a relationship with another

professional and/or or the enquiry relates to the organisation's particular area of responsibility. Where the Local Authority causes an enquiry to be made, it still retains overall responsibility and must assure itself that the enquiry carried out satisfies its duty under section 42 to decide what action (if any) is necessary to support and protect the adult and to ensure that such action is taken.

If another organisation or person is requested to make the safeguarding enquiry then Local Authority professionals should be clear about timescales, the requirement to be informed of the outcomes of the enquiry and what action will follow if this is not done. The information gained during the safeguarding enquiry by another organisation or person **MUST** be shared with the Local Authority at its request in line with the information sharing requirements outlined in section 45 of the Care Act 2014. Where the Local Authority has asked another organisation or person to undertake the safeguarding enquiry, it is able (as part of its lead co-ordinating role) to challenge the body making the enquiry if it considers that the process and/or outcome is unsatisfactory.

The Local Authority has a duty to arrange for an independent advocate to represent and support a person who is the subject of a safeguarding enquiry or a safeguarding adult review if they would have 'substantial difficulty' to understand and take part in the enquiry or review and to express their views, wishes, or feelings. This provision relates to people with capacity. A person lacking capacity can access advocacy via existing provisions under the Mental Capacity Act 2005 and a person subject to the Mental Health Act 1983 can access advocacy via the provisions of this legislation.

4.4.3.1 Handling Section 42 enquiries

The safeguarding adults team will receive all Section 42 enquiries and activities for the CCGs from the local authority and will assess the level of complexity/seriousness at the referral stage. The team may then pass the activity or enquiry to a member of the Continuing Health Care Team or Vulnerable Adults Team to complete. Should the enquiry become more complex, advice and support can be sought from the safeguarding adults team. In some cases, due to the complexity and level of seriousness which unfolds during the enquiry, it will be appropriate to pass the enquiry back to the safeguarding adults team to ensure the appropriate expertise is available.

Once an enquiry is passed to the Continuing Health Care Team or the Vulnerable Adults Team, those teams must maintain robust documentation (Section 42

enquiry form) in relation to decisions and actions taken, and report back to the safeguarding adults' team and supply the Section 42 form. The safeguarding adults' team will provide assurance to the local authority as per statutory requirements. There is a statutory duty for CCGs (under Section 45) to share the information arising from a Section 42 enquiry with the Care Quality Commission if requested to do so. The safeguarding adults' team will share this information.

4.4.3.2 Discretionary safeguarding enquiries

Whilst statutory safeguarding duties relate to adults with needs of care and support, the Local Authority is also able to undertake discretionary enquiries for example, when an adult may have support needs but not care needs. This may apply to a carer or a person believed to be self-neglecting.

4.5 The principles of The Care Act (2014) which inform safeguarding activities

The Hampshire Multiagency Policy outlines the principles which underpin safeguarding activities;

OUTCOME FOCUSED rather than procedurally driven so that the service user's wishes and outcomes are sought and discussed at the beginning, middle and end of the process

INCLUSIVE of the service user with Making Safeguarding Personal and user participation built into each stage

PROPORTIONATE with concerns dealt with at the lowest level possible by the most appropriate organisation appropriate to the level of risk and wishes of the service user

TIMELY and operate to timescales in order to prevent drift and to provide accountability. There is recognition that the suggested timescales may be shorter or longer depending on a range of factors such as the level of risk or the need to respond to the needs and wishes of the adult

STRUCTURED with options for meetings at the beginning, middle and end of the process but undertaken flexibly to enable the meaningful participation of service users

FLEXIBLE with 'Pause and Review' and 'Exit Points' at key stages throughout the process so that it can stop (where appropriate) before it reaches 'the end' so as to ensure proportionality

EFFECTIVE in managing risk and engage the adult and relevant partners in the response

FORMATIVE in which the safeguarding support plan starts to be developed within 24 hours and is subsequently reviewed and revised at each stage

Principle of No Delay.

Where there is a risk of harm or abuse, swift action must be taken and an effective response made. The principle of No Delay is underpinned by a timely response is made with due consideration of presenting risk, this being determined by presenting circumstances and professional judgement. The timescales outlined in the Hampshire Multiagency Policy are therefore presented as a framework, but a range of factors may mean that the timescales are shorter or longer depending on the situation, and the wishes of the adult concerned.

Supporting a person through a safeguarding process

The person should always be involved from the beginning of an enquiry unless there are exceptional circumstances that would increase the risk of abuse. The starting point must always be to seek the views of the adult and their wishes, and this determines next steps. For further guidance see the Multiagency Safeguarding Adults Policy.

5. TRAINING

It is the Safeguarding Adults Board responsibility to ensure partner agencies provide training for staff and volunteers, and that this training reflects roles and responsibilities for adult safeguarding (Care Act 2014).

The CCG will ensure that all staff receive essential awareness training through on line programmes. The CCG works collaboratively with the Safeguarding Adults Board and will ensure that training for more detailed awareness, specialist training and advanced training is delivered in line with the Workforce Strategy which is shared by all statutory partners of the Safeguarding Adults Board.

All Regulated professionals will engage in clinical supervision as per the requirements of the CCG. This provides opportunity to discuss difficult and sensitive issues.

6. EQUALITY ANALYSIS

An impact assessment has been undertaken as part of the development of this policy (Appendix A).

7. SUCCESS CRITERIA / MONITORING THE EFFECTIVENESS OF THE POLICY

The effectiveness of this policy will be assessed in a number of ways: through planned organisational audits, through investigation of incidents/serious incidents, complaints and allegations that are undertaken by West Hampshire CCG, the safeguarding adults board, or other authorised bodies. The policy will be amended as necessary in the light of learning from such reviews.

8. REVIEW

This policy will be kept under review by the Consultant Nurse for Safeguarding Adults, and will be reviewed regularly in line with the implementation of the Care Act (2014) and other national and local statute and guidance. It may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed after twelve months and thereafter on a bi-annual basis.

9. REFERENCES AND LINKS TO OTHER DOCUMENTS

Care Quality Commission. 2015. *Statement on CQC's role and responsibilities for safeguarding children and adults*. London. CQC.

DH, 2012. *Building Partnerships, Staying Safe*. London.

DH, 2014. *Care and Support. Statutory Guidance*. London.

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Safeguarding-Adults-Board-HSAB-FINAL-VERSION-Multi-Agency-Safeguarding-Adults-Policy-and-Guidance-May-2015_HF000009203965.pdf

HM Government. 2014. *Multiagency practice guidelines-Female Genital Mutilation*. London

Home Office. 2015 *A Statement Opposing Female Genital Mutilation*. London.

NHSE 2015. *Safeguarding vulnerable people in the NHS. Assurance and accountability framework*. London.

Equality Impact Analysis

1.	Title of policy Safeguarding Adults
2.	Please state the aims and objectives of this work and the <i>intended equality outcomes</i>. How is this proposal linked to the organisation's business plan and strategic equality objectives? The policy is intended to support equality for vulnerable groups. The policy supports the strategic objectives and the business plan related to high quality care in commissioned services and within the CCG.
3.	Who is likely to be affected? e.g. staff, patients, service users, carers The policy gives guidance to staff, aims to protect patients by responding appropriately to concerns and allegations.
4.	<i>What evidence do you have of the potential impact (positive and negative)?</i> Step one: Gather evidence - Completion of mandatory training by all staff and all staff being clear about their responsibilities and how to raise a concern in line with this policy. Commissioned services can demonstrate adherence to the Hampshire Safeguarding Adults Policy and can demonstrate learning from reviews and incidents. As staff are trained and awareness of safeguarding issues is enhanced, reporting of abuse is likely to increase. Step two: Consider the impact – All adults identified as being vulnerable and experiencing abuse and neglect will receive an equitable service through the safeguarding process.
4.1	Disability (Consider attitudinal, physical and social barriers) As above
4.2	Sex (Impact on men and women, potential link to carers below) As above
4.3	Race (Consider different ethnic groups, nationalities, Roma Gypsies, Irish Travellers, language barriers, cultural differences). As above
4.4	Age (Consider across age ranges, on old and younger people. This can include safeguarding, consent and child welfare). The policy applies to people over 18 years of age.
4.5	Gender reassignment (Consider impact on transgender and transsexual people. This can include issues such as privacy of data and harassment). The policy is inclusive
4.6	Sexual orientation (This will include lesbian, gay and bi-sexual people as well as heterosexual people).

	The policy is inclusive
4.7 Religion or belief	(Consider impact on people with different religions, beliefs or no belief)
	The policy is inclusive
4.8 Marriage and Civil Partnership	
	The policy is inclusive
4.9 Pregnancy and maternity	(This can include impact on working arrangements, part-time working, infant caring responsibilities).
	The policy does not impact on these arrangements.
4.10 Carers	(This can include impact on part-time working, shift-patterns, general caring responsibilities, access to health services, 'by association' protection under equality legislation).
	The Care Act identifies that carers are entitled to assessment in their own right and this will be addressed during safeguarding adults enquiries.
4.11 Additional significant evidence	
5 Action planning for improvement	

Sign off
Name and signature of person who carried out this analysis
J Metcalfe
Date analysis completed
11/06/15
Name and signature of responsible Director
A O'Connell
Date analysis was approved by responsible Director