

SAFEGUARDING ADULTS POLICY

Version:	3.0
Ratified By:	SCCG Governing Body
Date Ratified:	
Name of Sponsor:	Matt Rangué
Name of Originator/Author:	Andrea Metcalfe, Adult Safeguarding & Planned Care Lead Nurse
Date Issued:	July 2016
Review Date:	
Target Audience:	CCG staff & members

CONTENTS PAGE

Contents

1. Introduction	3
2. Purpose	3
3. Definitions	4
4. Roles and Responsibilities.....	5
5. Procedural Requirements	9
6. Other types of abuse.....	11
7. Monitoring Compliance	12
9. Associated Documentation.....	13
10. References	13
11. Training	14
12. Glossary.....	14
13. Equality Impact Assessment	15
14. Appendices:.....	15
Appendix 1 - CCG Safeguarding Governance Framework.....	16
Appendix 2: Safeguarding Flowchart for Southend CCG	17

SAFEGUARDING ADULTS POLICY

1. Introduction

This policy sets out the roles and responsibilities of the NHS Southend Clinical Commissioning Group (CCG) in working together with other professionals and agencies in promoting adults welfare and safeguarding them from abuse and neglect. This policy is intended to support staff working within the NHS Southend CCG; it does not replace, but is supplementary to the Southend, Essex and Thurrock (SET) Safeguarding Adults Guidance.

This policy applies to all staff (permanent, fixed-term, seconded or temporary and volunteers) of the CCG as well as all people who work on behalf of the CCG (including independent contractors).

2. Purpose

Aims

The NHS Southend CCG is committed to:

- Ensuring that the welfare of adults is paramount at all times
- Maximising people's choice, control and inclusion and protecting their human rights
- Working in partnership with others in order to safeguarding adults
- Ensuring safe and effective working practices are in place.
- Supporting staff within the organisation.

Principles

In May 2011 the Department of Health issued a statement on Safeguarding Adults which sets out six safeguarding principles which should underpin all safeguarding work.

- **Empowerment** – Presumption of person led decisions and informed consent.
- **Protection** Support and representation for those in greatest need
- **Prevention** it is better to take action before harm occurs
- **Proportionality** Proportional and least intrusive response appropriate to the risk presented.
- **Partnership** - local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- **Accountability** - Accountability and transparency in delivering safeguarding.

3. Definitions

3.1 NHS Southend CCG

The CCG is defined as NHS Southend Clinical Commissioning Group responsible for commissioning health services for the population of Southend, Thorpe Bay, Westcliff-on-Sea and Leigh-on-Sea

3.2 The safeguarding duties apply to any person, aged 18yrs or above who:

- 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.

The adult experiencing, or at risk of abuse or neglect will hereafter be referred to as the adult throughout this document

.

3.3 Abuse

Definitions of the types of abuse and adult safeguarding principles are identified within the Care Act Guidance and the Southend, Essex, Thurrock Safeguarding Adults Guidelines

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.

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, 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

It is important that staff are familiar with generally agreed definitions of types of abuse so that appropriate decisions are made about whether information received may constitute abuse.

4. Roles and Responsibilities

4.1 NHS Southend CCG has signed up to, and accepts the principles laid down within the Care Act 2014 and the SET Safeguarding Adults Guidelines. These include:

- Taking action to identify and prevent abuse from happening.
- Responding appropriately when abuse has or is suspected to have occurred.
- Ensuring that the agreed safeguarding adults procedures are followed at all times, these are available at http://www.safeguardingsouthend.co.uk/pdfs/SET_Safeguarding_Adults_Guidelines_2015.pdf
- Providing support, advice and resources to staff in responding to safeguarding adult issues.
- Informing staff of any local or national issues relating to safeguarding adults.
- Ensuring staff are aware of their responsibilities to attend training and to support staff in accessing these events.
- Ensuring staff have access to appropriate training.
- Ensuring staff have access to appropriate consultation and supervision regarding safeguarding adults.
- Considering how diversity, beliefs and values of people who use services may influence the identification, prevention and response to safeguarding concerns.
- Ensuring that information is available for people who use the services and family members on how to raise a concern. For example ASK SAL

safeguarding adults across Essex helpline. ASK SAL leaflets are available from info@asksal.org.uk in different languages and formats.

For more information see www.asksal.org.uk

Also available is: The Silver Line which is a free confidential helpline providing information, friendship and advice to older people, open 24 hours a day, every day of the year. For more information, leaflets and posters see <http://www.thesilverline.org.uk/>

- Ensuring that all employees who come in contact with adults have a CRB check in line with the requirements of the Independent Safeguarding Authority Vetting and Barring Scheme.
- Ensuring that all staff are aware of their responsibilities to inform the Chief Nurse of all safeguarding concerns

4.2 Responsibilities of specific post-holders within the CCG

4.2.1 Clinical Chief Officer

The CCG Accountable Officer has the responsibility for ensuring that the health contribution to safeguarding and promoting the welfare of adults is discharged effectively across the whole local health economy through the CCG's commissioning arrangements.

4.2.2 Chief Nurse

The Chief Nurse is the Governing Body Director with Lead for Safeguarding and will ensure that the CCG works closely with partner organisations and provides appropriate representation for the Local Safeguarding Adults Board as required through the statutory duty imposed by the Care Act.

The Chief Nurse will work in partnership with NHS England in complying with the new accountability and assurance framework and will work closely with other regulators through the Essex wide Quality Surveillance Group to ensure sharing and learning of key information relating to all aspects of patient safety and quality, including safeguarding.

The Chief Nurse is also responsible for ensuring the following:

- That the needs of all vulnerable are at the forefront of local planning and that high quality health services that meet identified quality and safety standards are commissioned.
- That all commissioned services give assurance on their processes and systems for adults safeguarding and that it is a standing agenda item at all Clinical Quality Review Group meetings.
- that processes for safeguarding adults are also supported in primary care member practices and specialist services, offering advice and support in collaboration with the National Commissioning Board to ensure safe services
- Through reporting to the Quality, Finance and Performance Committee, that robust and effective monitoring takes place in relation to safeguarding activity and the recommendations from serious case reviews.

- That the expertise of the Safeguarding Adults Lead is used to contribute to the design and planning of services.
- That the Joint Strategic Needs Assessment includes these needs which contribute to informing the strategic work of the Health and Wellbeing board, and the Local Safeguarding Adults Board business plan.

4.2.3 Professional Lead

Within the CCG the professional lead for safeguarding matters sits within the Quality Team. The Safeguarding Adults lead works with the Chief Nurse to:

- meet the statutory and organisational responsibilities for the Safeguarding Adults agenda;
- is a resource for providers and CCG staff around adult safeguarding and associated agendas;
- represents the organisation during safeguarding adults reviews and complex case reviews;
- represent the CCG in all matters relating to safeguarding adults across organisational and geographical boundaries.

4.2.4 Commissioning Managers

Commissioning managers within the CCG will ensure that service specifications of all health providers from whom services are commissioned include clear service standards for safeguarding and promoting the welfare of adults.

Services/service level agreements should take account of:

- Safeguarding responsibilities
- Equality and diversity
- The principles of information sharing in accordance with statutory and other sharing information guidance.
- All services commissioned or provided are delivered, are centred and respect the individuality of each adult.

These standards will then be robustly managed through the CCG's contract monitoring processes.

The Commissioning Managers will ensure that all new pathways, commissioning cases and schemes are impact assessed by the CCG's Quality Impact assessment to ensure all consideration is given to adults safeguarding requirements.

4.2.5 Staff

All CCG staff have a responsibility to play a part in the prevention, detection and reporting of neglect and abuse. As such, responsibilities include:

- Following the safeguarding policies and procedures at all times, particularly if concerns arise about the safety or welfare of an adult.
- Participating in safeguarding adults training and maintain current working knowledge.

- Being familiar with the SET Safeguarding Adults Guidelines.
- Highlighting any concerns about the welfare of an adult with their line manager and ensuring the completion of a SETSAF1 to formally report concerns.
- Contributing to address any actions including information sharing and attending meetings.
- Working collaboratively with other agencies to safeguard and protect the welfare of people who use services.
- Remaining alert at all times to the possibility of abuse.
- Recognising the impact that diversity, beliefs and values of people who use services can have.

4.2.6 Managers

Managers have the additional responsibilities to:

- ensure that all their own staff members have adequate and appropriate training for their roles and responsibilities within adult safeguarding in line with the SET Training Strategy.
- provide support and advice to all staff when dealing with adult safeguarding issues and to provide support, advice and resources to enable the Safeguarding Adults Lead to fulfil their role.
- provide a safe environment in which to work and receive services, without fear of reprisal in accordance with the Whistleblowing Policy.
- encourage an atmosphere of openness so that staff can approach them with any concerns regarding adults.
- ensure that safeguarding adults becomes fully integrated into NHS systems.

4.3 ISA

The Independent Safeguarding Authority's (ISA) role is to help prevent unsuitable people from working with children and adults.

Referrals are made to the ISA when an employer or an organisation, for example, a regulatory body, has concerns that a person has caused harm or poses a future risk of harm to children or adults. In these circumstances the employer or regulatory body must make a referral to the ISA.

4.4 CQC

CQC Outcome 07: Safeguarding people who use services from abuse – people who use services are protected from abuse, or the risk of abuse and their human rights are respected and upheld.

This outcome describes how the CQC monitors and ensures this outcome is met and this policy supports this monitoring and assurance.

5. Procedural Requirements

5.1 How to Report Suspected or Actual Abuse

It is expected that all staff follow the SET Safeguarding Adults Guidelines (full set of procedures see the following websites:

http://www.safeguardingsouthend.co.uk/pdfs/SET_Safeguarding_Adults_Guidelines_2015.pdf

5.1.1. If staff suspect a person is being abused or is at risk of abuse, they are expected to report concerns to a line manager (unless they suspect that the line manager is implicated – in such circumstances the Whistleblowing Policy should be followed).

5.1.2. If at any time staff feel the person needs urgent medical assistance, they have a duty to call for an ambulance or arrange for a doctor to see the person at the earliest opportunity.

5.1.3. If at the time staff have reason to believe the person is in immediate and serious risk of harm or that a crime has been committed the police must be called. A SET SAF 1 form (<http://www.safeguardingsouthend.co.uk/adults/downloads.html>) must be completed by the person identifying the concern where there are allegations of abuse. This must be sent to the relevant social care area. Guidance notes are available at the above websites.

All service users need to be safe but consideration must be given to expressed wishes of the adult involved and discussion should take place, where possible around the professional's perceived concerns and the wishes of the adult. Throughout the process the service user's needs remain paramount. This process is about protecting the adult and prevention of abuse.

5.2 Allegation of abuse against a staff member

Employees should be aware that abuse is a serious matter that can lead to a criminal conviction. Where applicable the organisation's disciplinary policy should be implemented.

5.3 Capacity and Consent

The Care Act stipulates that organisations should always promote the adult's wellbeing in their safeguarding arrangements. It emphasises that people have complex lives, being safe is only one of the things they want for themselves and that professionals should work with the adult to establish what being safe means to them and how that can be best achieved. Professionals and other staff should not be advocating "safety" measures that do not take account of individual well-being.

Two of the overriding principles in Safeguarding Adults are capacity and consent. Whenever possible every effort must be made to obtain the consent of an adult to report abuse taking into consideration the definitions of the Mental Capacity Act (2005). However when there is a duty of care due to the adult not having the capacity to protect him / her the matter must be discussed with the Safeguarding Adults Lead to determine how best to proceed.

Any patient affected by abuse, who has capacity, should be consulted regarding whether or not they wish action to be taken in relation to their own situation. However, their response will be viewed in the context of the need for any intervention in order to protect other service users and / or staff from harm or risk of harm. If the individual does not wish to report the abuse a discussion must take place with the Safeguarding Adults Lead regarding the appropriate course of action to safeguard other service users, staff and whether it is in the public interest.

5.4 Choices and Risk

Sometimes attempts to justify a person's right to make choices about their lifestyle, may involve risk e.g. where an adult is left in a situation which could leave them in serious risk of abuse. Decisions about risk at this level should never be taken by individual staff but should be discussed through a properly constituted professionals meeting where risk assessments are considered. If there is a concern that a person does not understand the decisions they are making and the consequences of what they are doing then there may be a need to carry out a Mental Capacity Assessment. (see CCG Mental Capacity Act and Deprivation of Liberty Policy)

5.5 Deprivation of Liberty Safeguards (MCA DOLS)

The Deprivation of Liberty Safeguards (DoLS) aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a care home or hospital only deprives someone of their liberty in a safe and correct way, that this is only done when it is in the best interests of the person and there is no other way to look after them.

5.6 Deprivation of Liberty Outside Hospital or Care Home setting

These are not covered by the Safeguards as mentioned above but it has been recognised by the Supreme Court (P v Cheshire West and Chester Council 2014, and P&Q v Surrey County Council 2014) that a deprivation of someone's liberty may also occur in an environment other than a care home.

Where a person does not have the capacity to make decisions about where and how they live there are two key questions that need to be asked.

If the person is subject to continuous control and supervision and not free to leave then their circumstances might amount to a deprivation of their liberty and an application should be made to the Court of Protection for authorisation. (see CCG Mental Capacity Act and Deprivation of Liberty Policy)

6. Other types of abuse

Although not always falling within the criteria described under 'definitions' on page 3, there are other types of abuse that staff should be aware of as follows:

6.1 Forced Marriage

Forced marriage is an abuse of human rights. "Marriage shall be entered into only with the free and full consent of the intending spouses" (Universal Declaration of Human Rights, Article 16(2)).

As with all types of Domestic Abuse, women under the threat of forced marriage, or already in a forced marriage, present to health professionals in different ways. Therefore the health professional should take a proactive role to establish whether forced marriage is an issue. For this purpose any staff with concerns regarding forced marriage should follow the SET Safeguarding Adults Guidelines (for full set of procedures see

http://www.safeguardingsouthend.co.uk/pdfs/SET_Safeguarding_Adults_Guidelines_2015.pdf or the SET Safeguarding Children Procedures)

Further information can be found at <https://www.gov.uk/guidance/forced-marriage>

6.2 Female Genital Mutilation

Female Genital Mutilation is the collective term used for procedures which include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons. Female Genital Mutilation is typically performed on girls aged between 4 and 13 years of age but also at times occurs from birth or in young women before marriage or pregnancy. The Prohibition of Female Circumcision Act 1985 made this practice illegal in this country. The Female Genital Mutilation Act 2003 replaced the 1985 Act and it is now illegal for girls to be taken abroad for this procedure.

Agencies need to work together to promote a better understanding of Female Genital Mutilation and the potential damaging effects upon health. By working in partnership with families and raising their awareness we will be more able to protect children and young females from this type of abuse.

It is expected that all staff follow the SET Safeguarding Adults Guidelines (full set of procedures see

http://www.safeguardingsouthend.co.uk/pdfs/SET_Safeguarding_Adults_Guidelines_2015.pdf

Further information can be found at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/512906/Multi_Agency_Statutory_Guidance_on_FGM_-_FINAL.pdf

6.3 Domestic Violence

In 2013, the Home Office announced changes to the definition of domestic abuse:

- 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.

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 meets the criteria set out in paragraph 3.2) 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. Such abusive behaviour can include, for example:

- Constant criticism and belittling comment
- Verbal abuse and threats (including threats to harm the children)
- Isolation and control of contact with family and friends
- Restrictions on entry/exit from home;
- Intimidation
- Controlling and coercive behaviour
- Denial of privacy
- Oppressive control of finances and withholding of food
- Destruction of personal property and valued possessions

Any staff with concerns regarding domestic abuse should follow the SET Safeguarding Adults Guidelines. for full set of procedures see http://www.safeguardingsouthend.co.uk/pdfs/SET_Safeguarding_Adults_Guidelines_2015.pdf and full CCG Policy for Domestic Abuse

7. Monitoring Compliance

The Safeguarding Adults Board as part of its remit ensures that there are effective safeguarding arrangements in Southend and monitor how robust safeguarding arrangements are through their auditing process.

The Safeguarding Boards have clear roles and responsibilities and may request that a 'Serious Case Review' be convened.

Reports on Safeguarding Adults will be presented monthly to the Quality and Performance Committee and to the CCG Governing Body.

The Safeguarding Adults Policy should be reviewed/updated every two years or sooner if there is significant local or legislative change e.g. transfer of responsibilities.

8. Sharing the learning

Information and learning coming out of Safeguarding Adult Reviews (previously Serious case reviews) Domestic Homicide Reviews and other safeguarding enquiries will be shared within the organisation through CCG bulletins, Harm Free Care Meeting and Quality & Governance meetings. It will also be shared externally, where appropriate to primary care and care providers.

9. Associated Documentation

This document should be read in conjunction with the following documents and procedures

- Building Partnerships and Staying Safe – Prevent Strategy (November 2011)
- Care Act 2014
- Care and Support Statutory - Issued under the Care Act 2014
- CCG Deprivation of Liberty Safeguards Policy
- CCG Mental Capacity Policy
- Data Protection Act Policy
- Disciplinary Policy
- Information Governance Policies
- Integrated Governance Strategy
- Mental Health Act 1983
- Professional Codes of Conduct
- Records Management Policy
- Recruitment and Retention Policy
- Safeguarding Children Policy
- Safeguarding Vulnerable Groups Act 2006
- Serious Incident reporting policy
- SET Information Sharing Protocol
- SET Safeguarding Adults Guidelines (version 4) April 2015
- Whistleblowing Policy

10. References

Duty to Safeguard Adults

Everyone has the right to live their lives free from violence and abuse. This right is underpinned by the duty on public agencies under the Human Rights Act (1998) to intervene proportionately to protect the rights of citizens. These rights include:

Article 2: 'the Right to life';

Article 3: 'the Right to Freedom from torture' (including humiliating and degrading treatment);

Article 8: 'the Right to family life' (one that sustains the individual).

Common Law

There is a common law Duty of Confidence where a person has a right to expect information given in confidence to be kept confidential by the person receiving the information, i.e. doctor and patient, solicitor and client.

The Duty of Confidence is not absolute and disclosures can be justified if, when looked at, the information is not of a confidential nature and can be accessed elsewhere and/or if it is in the public interest to disclose it (if a court orders the disclosure). When deciding on disclosing information without consent of the person the disclosure would have to be proportionate to the need to protect the adult. If there is doubt whether to disclose such information the person wishing to share the information should obtain advice from their legal advisor.

11. Training

All staff will receive safeguarding adults' awareness training at a level according to their role and as stated within the NHS Intercollegiate Document.

This training is mandatory on a 3 yearly basis.

12. Glossary

CCG Clinical Commissioning Group
CQC Care Quality Commission
CRB Criminal Records Bureau
CSS Commissioning Support Services
DOLS Deprivation of Liberty Safeguard
ISA Independent Safeguarding Authority
LA Local Authority
MCA Mental Capacity Act 2005
MHA Mental Health Act 1983
NHS National Health Service

SAF Safeguarding Adults Form
SCG Specialist Commissioning Group
SET Southend, Essex & Thurrock

13. Equality Impact Assessment

Southend CCG is committed to carrying out a systematic review of all its existing and proposed policies to determine whether there are any equality implications. This policy has been assessed using the CCG's Equality Impact Assessment framework which identified the following impact/s upon equality and diversity issues:

Age	Marital Status	Disability	Gender	Pregnancy	Race	Sexuality	Religion	Human Rights	Total Points	Impact
2	0	2	2	1	2	1	2	3	15	high

A full Equality Impact Assessment has been undertaken.

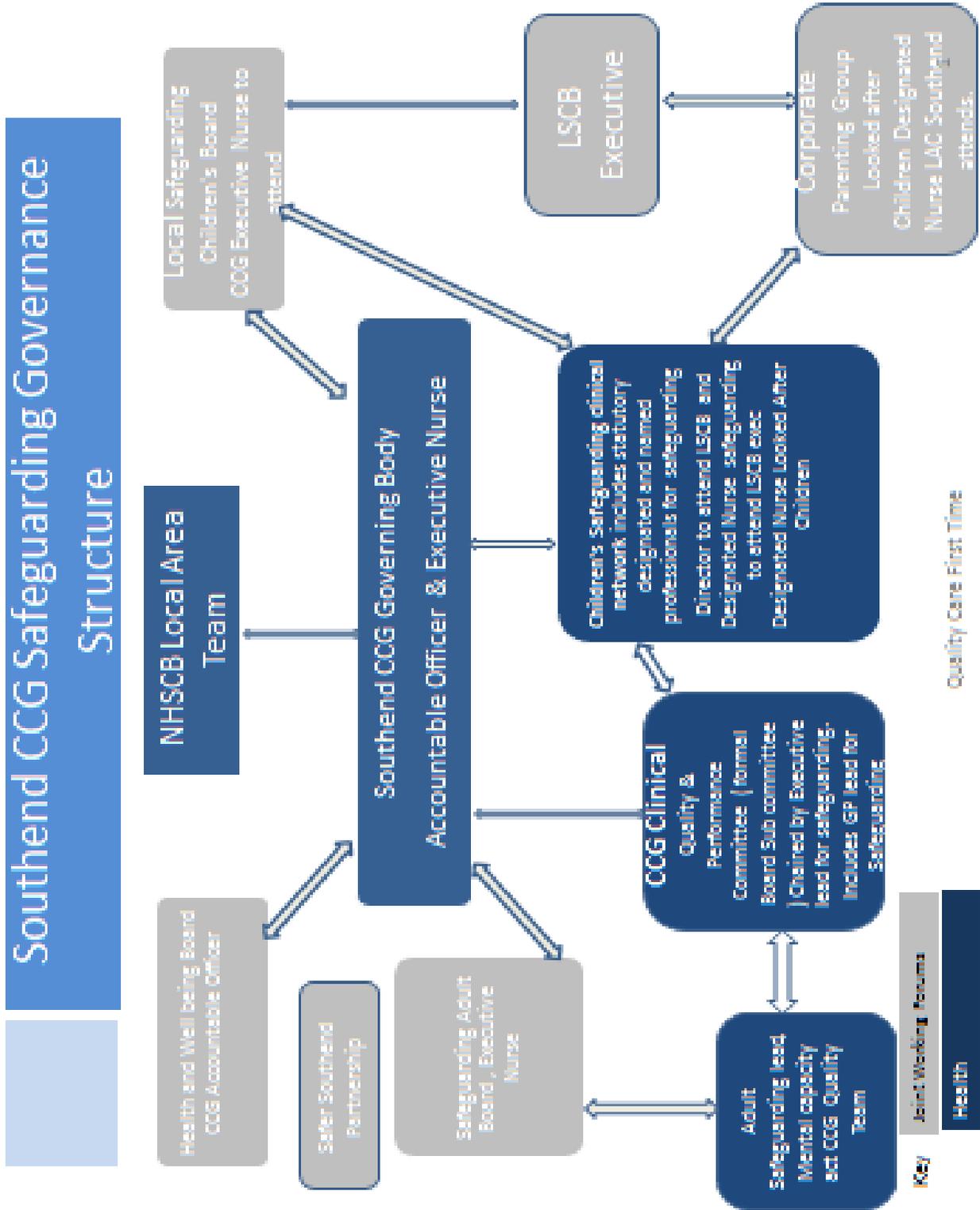
14. Appendices:

Appendix 1: CCG Safeguarding Governance Framework.
Appendix 2: Safeguarding Flowchart

15. Version Control

Version	Author name and title	Date policy issued	Date policy due for review
2.1	Andrea Metcalfe, Adult Safeguarding & Planned Care Lead		

Appendix 1 - CCG Safeguarding Governance Framework



Appendix 2: Safeguarding Flowchart for Southend CCG

