

Safeguarding Children and Adults at Risk of Abuse Policy

Reference Number:	This will be applied to all new ICB-wide PPSs by the Governance and Corporate Affairs Team and will be retained throughout its life span.
Version:	Version 1.0
Name of responsible Committee and date approved or recommended to Integrated Care Board Board:	Audit Committee
Date approved by the Integrated Care Board (if applicable):	1 July 2022
Next Review Date:	1 April 2024
Expiry Date:	1 October 2024
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Department:	Corporate Office

VERSION HISTORY

Date	Version	Changes made to previous version	Consulting and Endorsing Stakeholders, Committees / Meetings / Forums etc.

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1. Introduction

It is the responsibility of every NHS funded organisation and each individual healthcare professional working in the NHS to ensure that the principles and duties of safeguarding adults and children are holistically, consistently and conscientiously applied, with the well-being of those adults and children at the heart of what we do. For adult safeguarding this also needs to respect the autonomy of adults and the need for empowerment of individuals' decision-making, in keeping with the Mental Capacity Act and its Code of Practice (Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework, 2019).

As an NHS funded organisation NHS Coventry and Warwickshire Integrated Care Board ('the ICB') has statutory responsibilities set out in the Safeguarding Vulnerable People in the NHS - Accountability and Assurance Framework (2019). The ICB needs to be assured not only that its own staff understand and fulfil their safeguarding responsibilities but that those organisations from which it commissions services have effective safeguarding arrangements in place.

To support the ICB to fulfil its statutory safeguarding responsibilities, it secures the services of Designated Professionals and Adult Safeguarding Leads. The Designated Professional's role is to work across the local health system to support other professionals in their agencies on all aspects of safeguarding and child protection. Designated Professionals are clinical experts and strategic leaders for safeguarding and as such are a vital source of advice and support to health commissioners in ICBs, the local authority and NHS England, other health professionals in provider organisations, quality surveillance groups (QSG), regulators, the Safeguarding Partnerships/Board (Adults and Children) and the Health and Wellbeing Board. The full detail of Designated Professionals' and Adult Safeguarding Leads' roles is set out in relevant inter-collegiate guidance.

Safeguarding is everybody's business and all staff should be appropriately trained to identify and raise potential safeguarding concerns, thus ensuring appropriate and timely action. All directors and staff working for the ICB in any capacity, including as a volunteer, are required to adhere to this policy and any associated procedures and guidelines that may be appended during the lifetime of this policy.

The ICB is a statutory partner on the Children and Adults' Safeguarding Partnership/Boards (Working Together 2018) and is represented in these arrangements by the Chief Nurse, supported by the ICB's statutory safeguarding roles. The ICB will ensure it actively contributes to the strategic and assurance agendas for safeguarding and, in so doing, ensure the Health voice is appropriately represented and that there are robust processes in place to learn and disseminate lessons for Health from cases where children or adults at risk have been seriously harmed or have died through abuse or neglect.

The Safeguarding Children and Adults' Partnerships have a role in holding the ICB to account for fulfilling its statutory duties in respect of safeguarding.

2. Legislation

A number of legislative frameworks and statutory guidance underpin the ICB's statutory responsibilities regarding safeguarding, and this policy should be read in conjunction with:

- [Caldicott Committee - Report on the Review of Patient-Identifiable Information \(1997\)](#)
- Care Act 2014
- [Children and Social Work Act 2017.](#)
- Domestic Violence, Crime and Victims Act 2004 Safeguarding Vulnerable Groups Act 2006 Mental Health Act 1983
- [House of Commons Education Committee Mental health and well-being of looked-after children Fourth Report of Session 2015–16.](#)
- [Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers \(2018\)](#)
- [Looked After Children: Knowledge, Skills and Competences of health care staff. Intercollegiate Role Framework, 2015\).](#)
- Mental Capacity Act 2005: Code of Practice (Department for Constitutional Affairs 2007)
- Mental Capacity Act 2005 Equality Act 2010
- [National Tariff Payment System.](#)
- NHA Act 2006
- [Not Seen Not Heard: A review of the arrangements for Child Safeguarding and health care of Looked after Children in England \(CQC, 2016\).](#)
- [Promoting the health and wellbeing of looked after children: Statutory Guidance for Local Authorities, Integrated Care Boards and NHS England \(2015\).](#)
- Sexual Offences Act 2003
- [Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies \(2013\).](#)
- Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004 (HM Government 2007)
- Statutory Guidance on promoting the Health and well-being of Looked After Children (DH 2009)
- [The Children Act 1989 Guidance and Regulations Volume 2: Care Planning, Placement and Case Review.](#)
- [The Children Act 1989 Guidance and Regulations Volume 3: Transition to Adulthood.](#)
- [The Children Act 1989 Guidance and Regulations Volume 4: Fostering Services. Who Pays? Determining responsibility for payments to providers \(2013\).](#)
- [Working Together to Safeguard Children \(2018\)](#)
- NHS Safeguarding Assurance Framework (NHSE 2019)

At a local level these legislative frameworks have directed the development of the

policies and procedures of the Coventry Safeguarding Children's Partnership and Adults' Board, and Warwickshire combined Adults and Children's Safeguarding Arrangements.

The ICB has an additional statutory duty to adhere to the Human Rights Act 1998 and uphold fundamental rights contained within the Act for those who are unable to do this for themselves.

3. Definitions

For the purposes of this policy the following definitions provide clarity of terms.

Commissioning - The process of planning, buying and continuously improving services in order to achieve the best quality health outcomes for patients in accordance with population need and the funding available.

Children - As defined in the Children Act 1989 and 2004, a child is anyone who has not yet reached their **18th** birthday. 'Children' therefore means children and young people throughout.

Safeguarding children and **Child protection** are defined in 'Working Together to Safeguard Children (2018)':

Safeguarding children is defined as:

- Protecting children from maltreatment;
- Preventing impairment of a child's health or development;
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care;
- Taking action to enable all children to have the best outcomes in their lives.

Child protection is part of safeguarding and promoting welfare but refers to:

- Activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

Looked after Children (LAC) – ICBs have specific Corporate Parenting roles and responsibilities in relation to children and young people who are in the care of the Local Authority, as outlined in the Children and Social Work Act 2017. The originating ICB remains the responsible commissioner (up to the age of 18) regardless of where the child is placed, as per statutory guidance ('Promoting the health and well-being needs of looked after children, 2015, and 'Who Pays?' (2020).

Safeguarding adults - Safeguarding adults includes:

- Prevention of harm and abuse through the provision of high quality care;
- Effective responses to allegations of harm and abuse in line with local guidance;
- Using learning to improve services to patients.

Adult at risk - The Care Act 2014 revises the definition of 'adult at risk' to be an adult who:

- Has needs for care and support (whether or not the authority is meeting any of those needs);
- Is experiencing, or is at risk of, abuse or neglect, and;
- As a result of those needs is unable to protect him or herself against the abuse or neglect or the risk of it.

Safeguarding is a continuum of responses that seek to prevent or respond to abuse and neglect. It is an umbrella term for both 'promoting welfare' and 'protecting from harm'.

4. Purpose of the Policy

This policy sets out the Integrated Care Board's arrangements for safeguarding and promoting the welfare of children and adults at risk. It should be read in conjunction with local multi-agency procedures, which outline, in detail, actions to be undertaken where safeguarding concerns arise.

This policy is aimed at ICB employees. Member practices, as individual healthcare providers, are required to have their own safeguarding policies.

5. Scope of the Policy

This policy covers the ICB's safeguarding role as a commissioner of health services for children and adults. The policy aims to ensure that no act or omission by the ICB as a commissioning organisation, or via the services it commissions, puts an individual at risk; and that robust systems are in place to safeguard and promote the welfare of children, and to protect adults at risk of harm.

6. Principles

The ICB recognises that safeguarding children and adults at risk is a shared responsibility requiring effective joint working between agencies and professionals who have different roles and expertise in protecting vulnerable groups in society from harm. In order to achieve effective joint working there must be constructive relationships at all levels, promoted and supported by:

- The commitment of the ICB's Board members and senior managers to safeguard children and adults at risk;
- Clear lines of accountability within each organisation for safeguarding;
- Staff training and continuing professional development (as outlined in the 3 Intercollegiate Competency documents for Children (2019), LAC (2015) and Adults (2018) to ensure an understanding not only of their own roles and responsibilities in respect of safeguarding, but also of those other professionals and organisations;
- Safe recruitment and working practices, including disclosure and barring functions, and dealing with allegations against people who work with children and adults,

where appropriate, in line with the Safeguarding Boards' safer recruitment and employment policies (or the alternative Safeguarding arrangements);

- Effective interagency working with local authorities, the police and third sector organisations, including appropriate arrangements to cooperate with local authorities in the operation of Safeguarding Children Partnership, Safeguarding Adults Board/Partnership and Health and Wellbeing Boards;
- Effective information sharing across organisations and agencies in line with GDPR (2017);
- Employing or securing the expertise of Designated Safeguarding and Looked After Children's Doctors and Nurses, and best practice Named GP/Professional (see section 7 roles and responsibilities);
- Commissioning systems and processes that ensure services and care placements for individual adults and children provide adequate safeguards against abuse and neglect, including taking account of the requirements of the Mental Capacity Act 2005;
- Effective systems for responding to abuse and neglect of adults and children;
- Supporting the development of a positive learning culture across organisations to ensure that organisations are not unduly risk averse;
- Working with the Local Authority and other partners to enable access to community resources that can reduce social and physical isolation for adults.

7. Roles and Responsibilities

Chief Executive Officer: The ultimate accountability for safeguarding sits with the ICB's Chief Executive Officer who has responsibility for ensuring that the health contribution to safeguarding and promoting the welfare of children and adults is discharged effectively across the whole health economy through commissioning arrangements.

Chief Nurse: The Chief Nurse is the ICB Board's executive lead for safeguarding and has responsibility for providing leadership of the safeguarding agenda within the ICB. Specifically, the Chief Nurse will ensure:

- Robust constitutional and governance arrangements are in place, including sufficient capability/capacity and lines to accountability, to ensure compliance with safeguarding responsibilities as set out in the NHS England Safeguarding Assurance Framework (2019).
- Executive-level attendance at Adult and Children's Safeguarding Board meetings (or alternative arrangement in line with Working Together 2018);
- ICB participation, as required, in Domestic Homicide Reviews, Safeguarding Adult Reviews and Children's Safeguarding Practice Reviews, ensuring timely dissemination of learning and implementation of recommendations (holding providers to account, as required);
- The securing of expertise from Designated and Named Professionals, as per Intercollegiate Guidance;

- ICB Board members and ICB staff are appropriately trained (as per Inter- collegiate Guidance) and updated regarding their safeguarding responsibilities. This includes PREVENT and Mental Capacity Act
- Commissioned providers are appropriately held to account for their safeguarding responsibilities via ICB contracting agreements;
- That the voice of the service user is at the forefront of service planning and commissioning to ensure the voice and experience of vulnerable adults and children shapes the service delivery;
- Provide regular reports to ICB Board and Clinical Quality and Governance Committee;
- The provision of safe services to Looked after Children, for those placed in-area, as well as outside its borders.

Designated and Named Professionals

Designated Doctors and Nurses for Safeguarding Children, Looked after Children; Adult; Named Professional for Primary Care *(Best Practice); Identified Professional for Mental Capacity Act; Identified Professional for Prevent; Strategic Lead for Child Exploitation; and a Designated Doctor for Child Death.

Capacity for these roles should be in line with the appropriate Intercollegiate Guidance for Safeguarding (2019); Looked After Children (2015) and Adult (2018). All of these roles should be supported by relevant policies and training, as per Intercollegiate competencies.

Individual ICB Members of staff are required to:

- Be alert to the potential indicators of abuse or neglect for children and adults and know how to act on these concerns in line with local guidance;
- undertake training in accordance with their roles and responsibilities;
- understand the principles of confidentiality and information sharing in line with national and local guidance;
- Contribute, if required, to multi-agency meetings established to safeguard children and adults at risk.

ICB Member Practices: As independent contractors, each Member Practice is required to have its own Safeguarding Policy and a named GP Safeguarding Lead (with Level 3 training Adults, Children and LAC). All staff within the practice are required to have undergone safeguarding training and updates to the required level and frequency (as per the Inter-Collegiate Guidance) and to work to the local safeguarding procedures.

8. ICB Responsibility for Ensuring Safeguarding Arrangements with Commissioned Provider Organisations

There are mechanisms in place to ensure the ICB is compliant with its responsibilities for the safeguarding of children and adults with care and support needs who are at risk of abuse and neglect. These include:

- Annual reports, providing a review of activity with regard to children, LAC and adult safeguarding, to be presented to the ICB's Board;
- Contribution to Audit/Review/Inspection processes as required, such as Section 11 audits or Safeguarding Partnership/Board quality assurance/improvement audits;
- Regular safeguarding reports to Clinical Quality and Governance committee meetings and ICB Board meetings including the provision of Serious Case and Domestic Homicide review reports;
- Completion of NHS England Safeguarding Assurance Tool or newest iteration;
- Review of provider safeguarding compliance through themed reviews/visits (utilising a suitable quality assurance review framework), attendance at safeguarding meetings, contractual KPI monitoring, safeguarding incident monitoring.

Assurance reports will include evidence of:

- Children (Safeguarding), Looked after Children and Adult Safeguarding training appropriate to staff roles and responsibilities. This will include Mental Capacity Act and Deprivation of Liberties Safeguards (DoLS), moving to Liberty Protection Safeguards planned in 2022 and PREVENT training (see Safeguarding training strategy for further details);
- Promotion of well-being and prevention of abuse and neglect with a focus on outcomes rather than just the process of safeguarding;
- Participation in local safeguarding arrangements;
- System/process change in response to learning from audits, reviews, inspections and safeguarding adults reviews;
- Prevent-facilitator and sufficient resources to deliver the training programme.

9. Complaints against a ICB employee

Children

Working Together to Safeguarding Children (2018) explicitly states that where a complaint is received against an employee and that complaint has a child protection/child concern component, the organisation's Safeguarding Lead must be notified and involved in reviewing the case and reporting it to the Local Authority Designated Officer (LADO). To deliver this responsibility the ICB will work within the local guidance and ICB policy related to the Management of Allegations against People who work with Children and Young Adults (under 18's) or similar document.

Adults

For the purposes of this policy, a Person in a Position of Trust (PIPOT) is someone who works with or cares for adults at risk in a paid or voluntary capacity and about

whom allegations of adult abuse or neglect are made. This includes 'shared lives carers' (previously known as 'adult foster carers'). Adults at risk can be subjected to abuse by those who work with them in any and every setting. All allegations of abuse, neglect or maltreatment of adults at risk by a PIPOT must be taken seriously and treated in accordance with the organisation's procedures. All adults at risk are entitled to the same level and standard of protection from harm, regardless of whether they are receiving statutory or other services or if they are receiving one.

PIPOT local arrangements should be followed in all cases in which there is an allegation that an individual has:-

- Behaved in a way that has harmed or may have harmed an adult at risk;
- Possibly committed a criminal offence against or related to an adult at risk;
- Behaved towards an adult at risk in a way that indicates she or he is unsuitable to work with such adults;
- Behaved in a way that has harmed children or may have harmed children, which means their ability to provide a service to adults at risk must be reviewed;
- Been subject to abuse themselves, which means their ability to provide a service to adults at risk must be reviewed.

The scope of PIPOT procedures applies to all cases where concern, suspicion or allegation arises in connection with:

- The PIPOT's own work/voluntary activity;
- The PIPOT's life outside work (i.e. concerning adults at risk in the family or the social circle, risks to children, whether the individual's own children or other children).

Investigations regarding an employee of the ICB who fulfils the definition of PIPOT and about whom an allegation of adult abuse has been made will be undertaken in line with local safeguarding policies and procedures. Any associated management following investigation will be in line with the ICB Disciplinary policy/procedures.

The ICB will ensure that information relating to PIPOT investigations is stored securely accessed by the Safeguarding Executive Lead and Designated Nurse. In the event of a change of organisational arrangements from the ICB to another organisation, arrangements will be made with the Caldicott Guardian for information to be retained indefinitely in line with national guidance.

10. Personal Health Budgets (PHBs) and Health Funded Long Term Placements (Continuing Health Care)

Safeguarding awareness should be an integral part of delivering personal health budgets and agreeing long term, health-funded placements. Person-centred approaches and self-care should work hand in hand with safeguarding principles

through the process of shared decision making.

When considering personal health budgets and/or long-term placement requests the ICB should keep in mind the six principles of safeguarding adults (DH 2011):

- 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 – Proportionate and least intrusive response appropriate to the risk presented.
- Partnership – local solutions through services working with their communities. Communities have a part of play in preventing, detecting and reporting neglect and abuse.
- Accountability – accountability and transparency in delivering safeguarding.

Personal health budgets should have checks and balances during the consideration and approvals process to ensure appropriate risk identification and management. A well-designed process from assessment to review should provide a more person-centred, outcome-focused mechanism for determining what the issues are that face the person, exploring any existing or potential risks and opening a dialogue about how these can be positively managed. With good information and planning people can be enabled to manage selected risks that enhance their quality of life and supported to eliminate or manage risks that are unacceptable. In considering options for long term placements the ICB should:

- Demonstrate it is meeting its responsibilities to safeguard and promote the welfare of children and adults; in so doing, supporting and complying with the Safeguarding Children and Adults Partnership/Board's policies and procedures.
- Have processes in place to ensure that children and adults with care and support needs in receipt of care placements (such as in care homes, nursing homes or independent hospitals) are safe. This will be based on knowledge of standards of care, safeguarding concerns and staff are aware of the escalation process if there is cause for concern.
- Ensure that any systems and processes that include decision making about an individual (e.g. funding panels) take account of the requirements of the Mental Capacity Act 2005; this includes ensuring that action and decisions are documented in a way that demonstrates compliance with the Act.

11. PREVENT

The PREVENT Strategy (HM Government 2011) and updated Counter Terrorism Strategy (Contest) 2018 sets out the Government's commitment to understand factors which encourage people to support terrorism and then to engage in terrorism-related activity.

The health sector has a non-enforcement approach to PREVENT and focuses on

support for vulnerable individuals and health care organisations. The PREVENT agenda requires healthcare organisations to work with partner organisations to contribute to prevention of terrorism by safeguarding and protecting vulnerable individuals and making safety a shared endeavour.

Three national objectives have been identified for the PREVENT strategy:

- Objective 1: respond to the ideological challenge of terrorism and the threat we face from those who promote it;
- Objective 2: prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support;
- Objective 3: work with sectors and institutions where there are risks of radicalisation which we need to address.

“Building Partnerships, Staying Safe: The health sector contribution to HM Government’s PREVENT strategy: guidance for healthcare organisations” (DH Nov 2011) sets out guidance and toolkits for leaders, managers and workers in healthcare organisations.

PREVENT awareness training within provider organisations is now included within the NHS Standard Contract within Service Conditions (SC32: Safeguarding). As such, it is mandated for all providers contracted to deliver NHS funded services including non-NHS organisations.

The ICB has a PREVENT lead in Coventry and Warwickshire and it is a function of the Head of Safeguarding, as required by NHS England ICB Prevent responsibilities and duties (2015).

12. Monitoring and Review

The ICB will be held to account for its safeguarding statutory duties through a combination of:

- its own internal governance arrangements;
- local Safeguarding Partnerships/Boards, which includes a review of the completion of Safeguarding Partnership audits, such as the Section 11 audit for children and the Self- Assessment Framework in respect of adults;
- NHSE oversight of the ICB’s completion of the NHS England Safeguarding Commissioning Assurance Tool (or newest iteration);

This policy will be reviewed 3 yearly or earlier if there are significant changes to safeguarding legislation.

Appendix 1 – Equality Impact Assessment

Policy	Safeguarding Children & Adults at risk of abuse policy	Person completing EIA	Lyn Parsons and Jackie Channell Heads of Safeguarding
Date of EIA	6.10.2020	Accountable ICB Lead	Jo Galloway Chief Nurse

Aim of Work	To ensure ICB employees are aware of their roles and responsibilities in relation to safeguarding and promoting the welfare of children and adults at risk, thus support the ICB to fulfil its statutory safeguarding responsibilities.
Who Affected	All directors and staff working for the ICB in any capacity are required to adhere to the policy. The individuals whose care is commissioned by the ICB who are vulnerable and at risk.

Protected Group	Likely to be a differential impact?	Protected Group	Likely to be a differential impact?
Sex	No	Age	No
Race	No	Gender Reassignment	No
Disability	No	Marriage and Civil Partnership	No
Religion / belief	No	Pregnancy and Maternity	No
Sexual orientation	No		

Describe any potential or known adverse impacts or barriers for protected/vulnerable groups and what actions will be taken (if any) to mitigate. If there are no known adverse impacts, please explain.

Safeguarding is everybody's business and all staff should be appropriately trained to identify and raise potential safeguarding concerns. If staff are not up to date with statutory/mandatory training this will have an adverse impact as they will not have the knowledge/skill to identify concerns. To mitigate this training figures are monitored and addressed accordingly.