

Barnet Clinical Commissioning Group Adults At Risk Policy

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1	SUMMARY	This policy described the process for the coordination of Adult Safeguarding Arrangements within Barnet Clinical Commissioning Group (CCG). It should be read in conjunction with the Pan London Multi Agency Safeguarding Adults Policy and Procedure and other relevant CCG policies such as the MCA/DoLS policy and Prevent Policy			
2	RESPONSIBLE PERSON:	CCG Adult Safeguarding Lead			
3	ACCOUNTABLE DIRECTOR:	Director of Quality and Integrated Governance			
4	APPLIES TO:	All NHS Employees of Barnet CCG.			
5	GROUPS/ INDIVIDUALS WHO HAVE OVERSEEN THE DEVELOPMENT OF THIS POLICY:	NHS Barnet Adult Safeguarding Lead			
6	GROUPS WHICH WERE CONSULTED AND HAVE GIVEN APPROVAL:	NHS Barnet Clinical Quality Review Group			
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11	RELATED DOCUMENTS:	<p>This policy should be read in conjunction with the policies below, however extensive guidance in respect to safeguarding adults is available is available of the Adult Safeguarding Page on the Barnet CCG intranet site for General Practitioners http://nww.barnet.nhs.uk/referrals/services/Pages/SafeguardingAdults.aspx</p> <p>Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse 2015 (expected Jan 2016)</p> <p>Safeguarding adults: the role of NHS commissioners (DH 2011) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215715/dh_125036.pdf</p> <p>The Care Act 2014 / Care Act Guidance 2014 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215715/dh_125036.pdf</p> <p>http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation</p> <p>Adult Safeguarding and domestic abuse- a guide to support practitioners and managers. http://www.adass.org.uk/uploadedFiles/adass_content/policy_lead/safeguarding_adults/Adult%20safeguarding%20and%20domestic%20abuse(1).pdf</p> <p>FGM Act 2003 (As Amended by the Serious Crime Act 2015) https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/female-genital-mutilation-fgm/legislation-policy-and-guidance/</p> <p>Female Genital Mutilation risk and safeguarding: Guidance for Professionals (DoH March 2015) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/418564/2903800_DH_FGM_Accessible_v0.1.pdf</p> <p>Mental Capacity Act 2005- A guide for CCGs and other commissioners on Commissioning for compliance NHS England 2014 https://www.england.nhs.uk/wp-content/uploads/2014/09/guide-for-clinical-commissioning.pdf</p> <p>Revised <i>Prevent</i> Duty Guidance: for England and Wales on the duty in the Counter-3 Terrorism and Security Act 2015 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/445977/3799_Revised_Prevent_Duty_Guidance_England_Wales_V2-</p>			

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1. Introduction

- 1.1 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.
- 1.2 Safeguarding and prevention of abuse is the responsibility of all sections of society, however those who provide services to Adults at Risk have a statutory duty to ensure that their services are safe and effective, and that suspected abuse is detected and acted on as soon as possible.
- 1.3 Under the Care Act 2014 the lead for Adult Safeguarding is the Local Authority, with a multi-agency approach, whereby health services are required to investigate and act to prevent harm. Barnet CCG is a statutory partner on the Barnet Adult Safeguarding Board as required by the Care Act 2014
- 1.4 The CCG is accountable for ensuring that its own adult at risk structures and processes, meet the required statutory requirements in the Care Act 2014 and other statutory and National guidance
- 1.5 This policy should be read in conjunction with the Care Act 2014 and the Pan London multi-agency policy and procedures, along with other national guidance outlined on the front page of this document under related documents.

2. Purpose

- 2.1 To demonstrate how Barnet CCG meets its statutory duties for safeguarding adults at risk under the Care Act 2014 and the Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework 2015
- 2.2 To provide guidance to CCG employees to enable them to fulfil their adults at risk responsibilities under the Care Act 2014 and other relevant statutory and national guidance.
- 2.3 To ensure that where safeguarding concerns have been raised about an adult at risk that the CCG ensures those concerns are acted upon appropriately by the CCG and our providers in line with the Pan London Multi-Agency Safeguarding Adults Policy and procedures 2015.
- 2.4 For CCG staff to be aware of and follow where appropriate the stages of the Safeguarding Adults procedures.

3. Scope

- 3.1 This Policy applies to all employees of the CCG, including interim staff and commissioners with joint posts with the Local Authority
- 3.2 GP's who are acting as representatives of the CCG in a remunerated or unremunerated capacity should have regard to this policy.
- 3.3 Where services are commissioned by other CCGs, or the local authority in coordination with this CCG, the CCG will inform other commissioners of care or treatment services about any safeguarding concerns

4. Duties and Responsibilities

4.1 Barnet CCG is responsible for:

Commissioning safe, effective services that safeguard adults at risk (statutory responsibility). Ensuring that service plans/specifications/contracts/invitations to tender include reference to the standards expected for safeguarding adults at risk.

Having an effective system for responding to suspected abuse and neglect, including:

- Identifying safeguarding incidents through recognising the signs of abuse, through review of relevant serious incident and complaints
- Alerting the relevant local authority adult social care department of suspected abuse.
- Contributing to safeguarding adult strategy meetings and case conferences relating to alleged abuse and neglect of vulnerable adults.
- Overseeing and monitoring Implementation of protection plans related to providers.
- Being a statutory partner on the local Barnet SAB
- Working effectively with multi-agency partners to prevent abuse and respond effectively to abuse allegations.
- Preventing and minimising the risk of abuse and neglect occurring, including through commissioning arrangements and robust contract management.

4.2 The Chief Officer is responsible for:

- Ensuring safeguarding adults systems are in place and monitored.
- Ensuring that the health contribution to safeguarding and promoting the wellbeing of adults at risks is discharged effectively across the whole

local health economy through the organisation's commissioning arrangements.

- Ensuring that safeguarding adults at risk is identified as a key priority area in all strategic planning processes.
- Ensuring that safeguarding adults at risk is integral to clinical governance and audit arrangements.

4.2 The Director of Quality and Governance is the executive lead for Safeguarding and is responsible for:

- Ensuring that Barnet CCG has management and accountability structures that deliver safe and effective services in accordance with statutory, national and local guidance for safeguarding adults at risk.
- Ensuring that service plans/specifications/contracts/invitations to tender etc. include reference to the standards expected for safeguarding adults at risk.
- Ensuring that safe recruitment practices are adhered to in line with national and local guidance and that safeguarding responsibilities are reflected in all job descriptions.
- Responsible for reporting any safeguarding risks the Chief Officer.
- Ensures that all health organisations with whom Barnet CCG has commissioning arrangements have links with their SAB; that there is appropriate representation at an appropriate level of seniority; and that health workers contribute to multi-agency working.
- Ensuring that all providers from whom services are commissioned have comprehensive single and multi-agency policies and procedures for safeguarding which are in line with the SAB policies and procedures, and are easily accessible for staff at all levels

4.3 The Adult Safeguarding Lead is responsible for:

- Delegated day to day responsibility for safeguarding.
- Ensuring that Barnet CCG fulfils its statutory functions for safeguarding as detailed in statutory and national guidance, providing assurance to executive leads for safeguarding.
- Ensuring Barnet CCG meets the requirements of the Mental Capacity Act 2005, including Deprivation of Liberty Safeguards 2009.

- Ensure that safeguarding adults at risk is an integral part of Barnet CCG's clinical governance framework. Promote, influence and develop safeguarding training – on a single and inter-agency basis - to meet the training needs of staff.
- Providing advice on the development and monitoring of the safeguarding aspects of Barnet CCG contracts.
- To review and evaluate the practice and learning from all health professionals as part of the safeguarding adults at risk review processes.
- Providing expert knowledge and advice on safeguarding adults to a wide range of professional groups and organisations/agencies, including GP members of the CCG.
- Attending Borough Multi Agency Safeguarding Strategy Meetings and Case Conferences.
- Providing advice and oversight for complex safeguarding Adults at Risk cases.
- Attending CCG commissioned health providers' internal Safeguarding Committees to gain assurances.
- Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) Lead.
- Prepares Annual Reports for the Board, and Bi Annual reports for the Quality and Risk Committee.
- Representing Barnet CCG at NHS England (NHSE) and Prevent Forums.
- Working across the North Central London (NCL) Region with CCG Adult Safeguarding leads.
- Representing the CCG on Safeguarding Adults Reviews or Domestic Homicide Reviews as required.
- Working with Barnet SAB partners to complete the work of the Board or its sub groups as required.

4.4 CCG Staff are responsible for:

- Reporting any concerns relating to adult safeguarding to the CCG Adult Safeguarding Lead and Barnet Local Authority via social care direct socialcare.direct@barnet.gcsx.gov.uk Tel: 020 8 359 5000

- Taking actions to safeguard Adults at Risk in Continuing Healthcare funded placements.
- Completing mandatory adult safeguarding training as part of their induction and ongoing as required by the CCG according to the requirements of their post and set out in the CCG's mandatory training requirements.
- Completing any training as required by NHSE (e.g. PREVENT)

4.4 Safeguarding Adults Boards (SABs)

Barnet SAB provides strategic multi agency leadership to ensure that adults are appropriately safeguarded by:

- **preventing abuse and neglect from happening**
- **promoting wellbeing and safety and**
- **responding effectively to instances of abuse and neglect**

- 4.4.1 Barnet CCG will co-operate with the local authority in the operation of the SAB and, as partners, will share responsibility for the effective discharge of its functions in safeguarding and promoting the wellbeing of adults.
- 4.4.2 Representation on the SAB Board will be via the Director of Quality and Governance for Barnet CCG and Barnet CCG's Governing Body GP Lead for Adult Safeguarding.
- 4.4.3 Barnet CCG is responsible for providing and/or ensuring the availability of appropriate specialist health expertise, advice and support to the Barnet SAB and for coordinating the health component of Safeguarding Adults Reviews.
- 4.4.6 Barnet CCG should be assured that all health organisations, including the third sector, independent healthcare sector and social enterprises with which it has commissioning arrangements, have links with a specific SAB, and that health agencies work in partnership and accordance with their agreed SAB plan. This is particularly important where Trusts' boundaries/catchment areas are different from those of SAB's. This includes Ambulance Trusts

5. Definitions and Key Terms

- 5.1 Adult safeguarding means protecting a person's right to live in safety, free from abuse and neglect. The Care Act 2014 requires that each local authority make enquiries where a local authority has reasonable cause to suspect that an adult (aged 18 or over) in its area (whether or not ordinarily resident there)

- 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.
- As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case (whether under this Part or otherwise) and, if so, what and by whom.

5.2 Principles of safeguarding

Six principles of safeguarding

Six principles for safeguarding adults underpin all adult safeguarding work and provide a foundation for achieving good outcomes for patients.

- Principle 1 – Empowerment - Presumption of person led decisions and consent.

Adults should be in control of their care and their consent is needed for decisions and actions designed to protect them. There must be clear justification where action is taken without consent such as lack of capacity or other legal or public interest justification. Where a person is not able to control the decision, they will still be included in decisions to the extent that they are able. Decisions made must respect the person's age, culture, beliefs and lifestyle.

- Principle 2 – Protection - Support and representation for those in greatest need

There is a duty to support all patients to protect themselves. There is a positive obligation to take additional measures for patients who may be less able to protect themselves.

- Principle 3 – Prevention

Prevention of harm or abuse is a primary goal. Prevention involves helping the person to reduce risks of harm and abuse that are unacceptable to them. Prevention also involves reducing risks of neglect and abuse occurring within health services.

- Principle 4 – Proportionality. Proportionality and least intrusive response appropriate to the risk presented Responses to harm and abuse should reflect the nature and seriousness of the concern. Responses must be the least restrictive of the person's rights and take account of the person's age, culture, wishes, lifestyle and beliefs. Proportionality also relates to managing concerns in the most effective and efficient way.

- Principle 5 – Partnerships. Local solutions through services working with their communities.

Safeguarding adults will be most effective where citizens, services and communities work collaboratively to prevent, identify and respond to harm and abuse.

- Principle 6 – Accountability. Accountability and transparency in delivering safeguarding

Services are accountable to patients, public and to their governing bodies. Working in partnerships also entails being open and transparent with partner agencies about how safeguarding responsibilities are being met.

The application of the 6 principles

- The principles apply to all sectors and settings
- The principles should inform the way in which professionals and other staff work with people who are at risk or neglect.
- The principles can help SABs and organisations to examine and improve their local arrangements.

5.3 Making safeguarding personal

The 6 Principles highlight the concept of promoting the individual's wellbeing and ensuring that Safeguarding is person-led and outcome-focused. The statutory guidance advocates that local authorities in conjunction with their partner agencies make safeguarding a personalised experience, aiming to achieve the outcomes identified by adults at risk of harm and abuse, rather than a people being taken through a process.

- Barnet CCG will support people to be in control of decisions about their own lives. The CCG will support services and staff to recognise abuse, know how to seek advice and report concerns. Making safeguarding personal involves supporting those at risk to identify, assess and make informed decisions about situations of risk. Barnet CCG will support carers to understand their rights, ensure their needs are recognised and are supported in fulfilling their role.
- Those patients funded by Barnet CCG for Continuing Healthcare or Funded Nursing Care will be involved wherever possible in discussions about safeguarding referrals, and any strategy meetings or case conferences about them.

5.4 Abuse and neglect can take many forms. Local authorities should not be constrained in their view of what constitutes abuse or neglect, and should always consider the circumstances of the individual case although the criteria set out in Section 42 of the Care Act will need to be met before the issue is considered as a safeguarding concern

Abuse includes:

- 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.
- 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.
- 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.

Incidents of abuse may be one-off or multiple, and affect one person or more. Professionals and others should look beyond single incidents or individuals to identify patterns of harm. Repeated instances of poor care may be an indication of more serious problems and of what we describe as organisational abuse. In order to see these patterns it is important that information is recorded and appropriately shared.

5.4.1 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.

5.4.2 Hate crime

Hate crimes happen because of hostility, prejudice or hatred of:

- disability
- gender identity
- race, ethnicity or nationality
- religion or belief
- sexual orientation

“Hate crime is taken to mean any crime where the perpetrator’s prejudice against any identifiable group of people is a factor in determining who is victimised” (*ACPO: Guide to Identifying and Combating Hate Crime 2000*).

It should be noted that this definition is based on the perception of the victim or anyone else and is not reliant on evidence.

Apart from individually charged offences under the Crime and Disorder Act 1998, local crime reduction partnerships can prioritise action where there is persistent anti-social behaviour that amounts to hate crime where appropriate. The police and other organisations should work together to intervene within the safeguarding adults procedures to ensure a robust, coordinated and timely response to situations where adults at risk become a target for hate crime. Coordinated action will aim to ensure that victims are offered support and protection and action is taken to identify and prosecute those responsible.

5.5 Multi-Agency Public Protection Arrangements (MAPPA)

Since June 2014 the National Probation Service (NPS) and Community Rehabilitation Company (CRC) are the responsible body to manage high risk offenders. NPS works in partnership with responsible authorities, police, prison and local authorities through the Multi Agency Public Protection Arrangements (MAPPA).

The purpose of MAPPA is to help reduce the re-offending behaviour of sexual and violent offenders in order to protect the public, including previous victims, from serious harm. It aims to do this by ensuring that all relevant agencies work together effectively to:

- Identify all relevant offenders complete comprehensive risk assessments that take advantage of coordinated information sharing across the agencies.
- Devise, implement and review robust risk management plans; and focus the available resources to best protect the public from serious harm.

The NPS, police and prison service are the responsible authorities required to ensure the effective management of offenders, however NHS, social services, education and housing all have a duty to cooperate under the Criminal Justice Act (2003).

5.6 Multi-Agency Risk Assessment Conferences (MARAC)

MARAC is the multi-agency meeting that manages high-risk cases of domestic abuse.

At the heart of a MARAC is a working assumption that no single agency or individual can see the complete picture of the life of a person at risk, but all may have insights that are crucial to their safety as part of the coordinated community response to domestic violence and abuse.

The four aims of a MARAC are:

- To safeguard adult victims who are at high risk of future domestic violence / harm.
- To make links with other public protection arrangements in relation to children, people causing harm and adults at risk.
- To safeguard agency employees
- To work towards addressing and managing the behaviour of the person causing harm.

Practitioners need to be aware of the contact details of their MARAC coordinator.

Barnet CCG is a health partner for the Barnet MARAC, as outlined in the Barnet MARAC Operational Protocol.

5.7 Safeguarding adults reviews (SAR)

The term Serious Case Review has been replaced under the Care Act 2014 with Safeguarding adult reviews (SAR). The CCG has a duty to work in partnership with Barnet Safeguarding Adults Board and /or any other safeguarding adults board, in participating in SARs.

A SAR will be commissioned 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 adult.

The SAB must also arrange a SAR if an adult in its area has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect. In the context of SARs, something can be considered serious abuse or neglect where, for example the individual would have been likely to have died but for an intervention, or has suffered permanent harm or has reduced capacity or quality of life (whether because of physical or psychological effects) as a result of the abuse or neglect.

SARs should seek to determine what the relevant agencies and individuals involved in the case might have done differently that could have prevented harm or death. This is so that lessons can be learnt from applied to future cases to prevent similar harm occurring again. Its purpose is not to hold any individual or organisation to account.

Barnet CCG is responsible for coordinating the health component of a SAR following current national and local guidance.

The Director for Quality and Governance, Barnet CCG Adult Safeguarding GP, Safeguarding Adult Lead and non-Executive Director will oversee and sign off internal management reviews (IMRs), health overview reports written for Barnet CCG. IMRs completed for health providers are signed off by the relevant NHS Trust, not by Barnet CCG.

Lessons learnt and action plans will be disseminated and monitored by Barnet CCG where appropriate and relevant to the organisation.

5.8 Domestic Homicide Reviews

Domestic Homicide Review means a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by:

- a) A person to whom he was related or with whom he was or had been in an intimate personal relationship, or
- b) A member of the same household as himself.

'Intimate personal relationship' includes relationships between adults who are or have been intimate partners or family members, regardless of gender or sexuality.

This legal requirement has been established to ensure agencies are responding appropriately to victims of domestic violence by offering and putting in place appropriate support mechanisms, procedure, resources and interventions. The aim is to avoid future incidents of domestic homicide and violence.

The Home Office revised 'Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews' (2013) was created as part of the framework of the over-arching 'Domestic Violence, Crime and Victims Act 2004'

The purpose for undertaking Domestic Homicide Reviews (DHRs) is to:

- Establish what lessons are to be learnt from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims.
- Identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result.
- Apply these lessons to service responses including changes to policies and procedures as appropriate.
- Prevent domestic violence homicide and improve service responses for all domestic violence victims and their children through improved intra and inter-agency working.

Barnet CCG will participate and contribute to Domestic Homicide Reviews as required by Statutory Guidance. Lessons learnt and action plans will be monitored, implemented and disseminated as relevant and appropriate for the CCG.

6. Safeguarding Adults at Risk Procedures

It is important to understand the circumstances of abuse, including the wider context. Such as whether others may be at risk of abuse, whether there is any emerging pattern of abuse, whether others have witnessed abuse and the role of family members and paid staff or professionals. Adults can be groomed and may not realise they are being abused or exploited. Often the person being harmed is not able to say what is happening to them. Here are some warning signs:

- Bruises, falls and injuries
- Signs of neglect such as clothes being dirty
- Poor care either at home or in a residential or nursing home or hospital
- Changes in someone's financial situation
- Changes in behaviour such as loss of confidence or nervousness
- Isolation
- Being withdrawn

Abuse can happen anywhere: for example, in someone's own home, in a public place, in hospital, in a care home or in college. It can take place when an adult lives alone or with others. Whatever the abuse or the setting, abuse is not acceptable and a violation of a person's basic human rights. Adults living in Barnet have the right to receive support and live a life free from abuse and neglect. Most people find it difficult to imagine that vulnerable adults and older people are victims of abuse. It is a hidden and often ignored problem in society. Safeguarding is everybody's business and Barnet CCG recognises the need to protect vulnerable adults at risk.

Local authorities must cooperate with each of their relevant partners, as described in section 6(7) of the Care Act, and those partners must also cooperate with the local authority, in the exercise of their functions relevant to care and support including those to protect adults. This includes Barnet CCG and the health services that it commissions. Preventing abuse requires a strategic approach to service planning; it should be at the heart of practice and service delivery at every level of the organisation.

Barnet CCG should ensure that in discharging its duty to prevent abuse and neglect it should seek assurances that the CCG and its commissioned services have:

- Safeguarding strategies, objectives and priorities.
- Safeguarding policy and procedures.
- Robust recruitment processes.
- Demonstrates accountability.
- A culture of learning and improvement.

- Demonstrates person centred practice/services.
- Safeguarding, MCA and DoLS training at a level commensurate with roles.

Barnet CCG should ensure commissioned services understand their responsibility to implement robust risk management processes in order to prevent concerns escalating to a crisis point and requiring intervention under safeguarding adult at risk procedures.

Whilst the safeguarding adults at risk procedures focus on responding to incidents of abuse, prevention must always be the primary objective. Members of the public, staff, volunteers and organisations all have a role in preventing abuse.

6.1 Section 42 Enquiries

Section 42 of The Care Act 2014 requires that each local authority make enquiries where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there)

- 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.
- As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case (whether under this Part or otherwise) and, if so, what and by whom.

These duties apply in relation to any person who is aged 18 or over and at risk of abuse or neglect because of their needs for care and support.

Although the local authority is the lead agency for making enquiries, it may require others to undertake them. The specific circumstances will often determine who the right person is to begin an enquiry.

6.2 Managing Safeguarding Allegations

Raising a concern

Anybody could see abuse taking place, be told about abuse or suspect abuse is occurring. It is your duty to report this.

- An assessment of urgency including the presenting level of the risk to the adult will need to take place.

- Listen carefully to what you are being told. Ask questions only for clarification. Do not promise confidentiality but do reassure the adult at risk that they will be kept safe.
- Gain consent to progress with the safeguarding enquiry, if the person lacks capacity to consent to the enquiry then the Mental Capacity Act (MCA) code of practice must be followed to determine best interests.
- Determine the views of the person about your proposed intervention. Even if they do not wish to take the matter any further, if a criminal offence may have occurred or where it is in the public interest i.e. on the basis of protecting other adults at risk you have a duty to inform. In most cases the person will have the choice whether to take it further when the police offer them the opportunity to make a complaint against the alleged perpetrator.
- Listen very carefully to what you are being told and keep the person at the centre of process. Ensure that you involve them in the decision making identifying what their concerns are and what they see as the desired outcome.
- Record anything that is said immediately and sign, date and locate it. Records should be legible and of photocopy quality. Ensure that any opinions are clearly noted as such and are distinguishable from the facts.
- Do not ask detailed or probing questions – if in any doubt and a criminal offence has been committed contact the police for advice to ensure that potential evidence is not destroyed or contaminated.
- Reassure the person by telling them they have done the right thing in telling you, that you will treat the information seriously.
- Explain that you are required to share information with your manager and they might have to involve other agencies if appropriate.
- Be aware of the possibility of the need for forensic evidence.
- Explain what is likely to happen next so that they are prepared for possibly being interviewed. Reassure them that steps will be taken to support and protect them and that they will be kept informed.
- At the earliest opportunity inform your manager a senior member of staff and Barnet CCG Safeguarding Adults Lead.
- The concern must be reported to the council safeguarding team within whose geographical boundaries the event took place on the same day. All local authorities have an out of hours telephone number to report Safeguarding alerts, or an email system.

If after assessing the risk you believe the vulnerable adult is in immediate physical danger, call 999.

If the adult subject to abuse lives in a household with a child under 18, then the Barnet Safeguarding Children Policy must also be followed.

6.3 Record keeping

Health care professionals have a duty to keep up to date with, and adhere to, relevant legislation, case law and national and local policies relating to information and record keeping. Records may be disclosed in court as part of the evidence in a criminal action/case or may be required if a regulatory authority decides to take legal action against a provider.

All entries in a record must be recorded with 24hrs after an event has occurred.

- All entries in a record must be dated (to include date/ month/ year), time accurately.
- Records must demonstrate a full account of the incident, actions taken to protect the individual including information shared with other agencies.
- Records must demonstrate any risks identified and/ or problems that have arisen and the action taken to rectify them.
- Records must contain discussions and advice given including recommendations from strategy meeting, case conferences, discussion with safeguarding lead and supervision.
- Handwriting must be legible and written in black ink to enable legible photocopying or scanning of documents if required.
- Records must be accurate and written in such a way that the meaning is clear.
- Abbreviations, jargon, personal judgement must not be included in any records.
- Records must be factual.
- Records must never be falsified.
- Legal requirements and local policies regarding confidentiality of patient records must be followed at all times.
- Health care professionals remain professionally accountable for record keeping.

- Records should be kept in accordance with your Professional Body's code of conduct.

6.4 Support and Supervision

A proactive approach to supervision is required to ensure that all staff are supported and continue to develop their skills and knowledge in recognising and acting on concerns regarding the safeguarding of vulnerable adults. This is particularly important following the reporting of a potential abuse.

Operational Service Leads must ensure that protected time is available to enable staff to receive supervision. They must be aware that unsupervised and unsupported staff will not raise concerns of alleged abuse in the appropriate manner.

Safeguarding Vulnerable Adults supervision should be available for all health professionals working with vulnerable adults.

7.0 Commissioning

Safeguarding should be integral to commissioning activity by:

- Putting patients first in how services are commissioned and assured.
- Leading a culture that safeguards patients.
- Using systems and processes that support safeguarding and connect aligned areas.
- Developing partnerships with patients, public and multi-agency partners.

Barnet CCG should ensure that service specifications for commissioned and contracted services include clear service standards and monitoring arrangements for safeguarding adults, the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (2009) as outlined in the Care Quality Commission (CQC) Essential Standard Outcome Seven.

Barnet CCG should ensure that all providers that they commission services from have comprehensive and effective arrangements in place to safeguard and promote welfare of adults, consistent with national and local policy. Arrangements include:

- Safeguarding Adult Competency Framework for all staff with direct or indirect access to adults at risk.
- Quality assurance program, including quarterly reporting at safeguarding adults at risk committees, internal audits and regular review of alerts raised and whether these were raised in line with procedure.

- Internal procedure for safeguarding adults.
- Managers of are clear about their leadership role in safeguarding adults, and in the supervision and support of staff including induction and training, and responding to and investigating a concern about an adult at risk.

Barnet CCG will perform regular safeguarding performance audits of its commissioned services as part of regular contract monitoring. The Adult Safeguarding Lead will monitor any recommendations through provider safeguarding committees and include in the bi annual report to the CCG Quality and Risk Committee.

8.0 Employment Practice

Safer Recruitment

Barnet CCG has a duty to ensure that safe recruitment processes are complied with and act in accordance with the NHS employer's regulations, and the disclosure and baring scheme (DBS)

Barnet CCG must ensure safe recruitment policies and practices which meet the NHS employment check standards, including enhanced checks for all eligible staff. This includes staff on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees.

Barnet CCG will ensure that post recruitment DBS checks are repeated for eligible staff in line with national guidance/requirements. The CCG must ensure that their employment practices meet the requirements of the disclosure and baring scheme and that referrals are made to this organisation, for their consideration in relation to inclusion.

Barnet CCG will ensure that all contracts of employment (including volunteers, agency staff and contractors) include an explicit responsibility for safeguarding adults.

Barnet CCG will ensure that all safeguarding concerns relating to a member of staff are effectively investigated and that any disciplinary processes are concluded irrespective of a person's resignation and that 'compromise agreements' are not allowed in safeguarding cases.

9.0 Training Standards

All employers are responsible for ensuring that their staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of Adults and creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role.

Barnet CCG and Commissioners will ensure that all staff undertake safeguarding training Mental Capacity Act and Deprivation of Liberty

safeguards appropriate to their role and level of responsibility and that this will be identified in an organisational training needs analysis and training plan.

Barnet CCG will ensure that all staff, contractors and volunteers who come into contact with service users/patients undertake safeguarding awareness training on induction, including information about how to report concerns within the service.

Training should be linked to increasing levels of specialism, complexity of task and level of contact with adults at risk. Individual staff training requirements should be identified in consultation with the line manager and documented in professional development plans.

Training should take place at all levels of the organisation and within specified timescales and is therefore deemed mandatory training.

Barnet CCG must ensure that all commissioning and contract arrangements clarify the need for a training work plan following an annual training workforce analysis, in accordance with national guidance. This should be provided as part of their performance management, with data provided on levels of staff attendance.

Barnet CCG will ensure that it monitors and reports on the effectiveness of training within its quality reports. All providers will be required to report on the effectiveness of their workforce training through the safeguarding committee.

10.0 Procedures for responding to individual cases

10.1 Designated Adult Safeguarding Manager (DASM)

The Designated Adult Safeguarding Manager (DASM) is responsible for the management and oversight of individual complex cases and coordination where allegations are made or concerns raised about a person, whether an employee, volunteer or student, paid or unpaid. All safeguarding concerns that lead to Section 42 Enquiries relating to the above category of personnel should be notified to the DASM

There may be concerns about an individual who 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 in other ways that suggest they may be unsuitable to work with adults at risk

Consideration will need to be given to the adult at risk's well-being, including regard for their views and beliefs on any action. Allegations against employees or volunteers present a public interest; some action will need to be

taken regardless of whether the adult at risk's preference is for no further action to be taken.

10.2 Safeguarding allegations against Barnet CCG Staff

With the exception of the Continuing Health Care team, staff employed by Barnet CCG do not directly provide care or treatment to patients, although they may interact with patients.

When a complaint or allegation has been made against a member of staff, he or she should be made aware of his or her rights under employment legislation and internal disciplinary procedures.

Barnet CCG Whistleblowing Policy establishes the right and duty of staff to raise any matters of concern about issues affecting the delivery of care or services to a patient or client. All staff have a responsibility to challenge abusive practice.

If a member of staff becomes aware of any information regarding another member of staff which identifies that a vulnerable adult may be at risk of abuse or has been harmed they must immediately report this information immediately to the Designated Adult Safeguarding Manager (DASM) and the Director for Quality and Governance. In the first instance, The Director will liaise with the relevant internal and external safeguarding managers. All allegations must be taken seriously but treated with fairness and openness.

If the incident is reported whilst the member of staff is on duty, consideration must be given to the immediate action to be taken. With emphasis on protection, action must be taken to separate the member of staff from continuing direct contact with the patient and their relatives. The situation must be discussed with senior members of the Human Resources department and HR policies followed with the support and direction of HR personnel as required.

If the allegation/witnessed incident is of a criminal nature, then the Police must be contacted. If the Police decide to initiate an investigation into the allegations, Barnet CCG is still obliged to follow its own Safeguarding and HR Policies by investigating the allegation/complaint.

Any actions taken following the allegations/complaints being made must be taken by the relevant director.

The member of staff must be informed immediately about the allegations made against them and clearly understand the decisions and actions taken in that initial phase and possible outcomes of investigations i.e. disciplinary hearing. Union representation should be sought for that individual at this stage, wherever possible, and counselling should be offered.

Confidentiality to protect the case and the individuals must be in place to guard against publicity whether that of an internal or external nature. Support

for the adult at risk must be in place to ensure needs are addressed and catered for.

The director will agree which policy the incident / allegations will be investigated under and identify a senior person to undertake an investigation into the allegations. All staff involved will be asked for a written statement and may be interviewed by the investigating officer. An investigation into allegations or incident of inadequate care or abuse of an adult will be undertaken in accordance with the same timeframes as an SI investigation. Following the investigation, the member of staff must be informed in writing of the outcome of the investigation and the recommendations of the investigating officer.

These could include:

- A plan to return the member of staff to work with or without developmental support and objectives.
- The plan to organise a disciplinary hearing according to Barnet CCG's disciplinary policy and procedure.

Throughout this process the member of staff will be informed of, and encouraged to contact, supportive structures within Barnet CCG, such as staff counselling. If they belong to a trade union or professional association, they will be advised to seek advice and guidance from them.

10.2.1 Referrals to external agencies

Where the individual is dismissed from their post or their conduct is such that it poses a risk, a referral should be made to the Disclosure and Barring Service (DBS) and / or Regulatory Body. The DASM will work with care and support providers and other service providers to ensure these referrals are made promptly and appropriately and that any supporting evidence required is made available. This should be done in conjunction with the relevant line manager and Human Resources. In circumstances, where the individual has left prior to any action taken against them by employers where there is a concern that they pose a risk to adults at risk, the concern and information should still be referred to the DBS and/or Regulatory body.

10.1.3 The Public Interest Disclosure Act 1998

People have in the past often been deterred from 'whistleblowing³⁹' about abuse or neglect by duties of confidentiality and/or fear of the consequences of speaking out.

The Public Interest Disclosure Act seeks to protect disclosure of the following:

- A criminal offence (past, ongoing or prospective)
- Failure to meet a legal obligation
- A miscarriage of justice

- Health and safety being endangered
- Risk of environmental damage

OR deliberate concealment of any of the above.

The Act envisages that disclosure about such malpractice will generally be made in the first instance to the person's employer, or another person or body who appears responsible for the malpractice (e.g. a relative of a resident reporting matters to managers of a Home).

Whistle-blowers are only protected by the Act if they are acting in good faith, and reasonably believe that their allegations are true.

10.2 Duty of care

Everyone has a clear moral and/or professional responsibility to prevent or act on incidents or concerns of abuse. A duty of care to adults at risk is fulfilled when all the acts reasonably expected of a person in their role have been carried out with appropriate care, attention and prudence. Duty of care will involve actions to keep a person safe but will also "include respecting the person's wishes and protecting and respecting their rights" (DoH, 2011 Safeguarding Adults: Role of Health Service Practitioner)⁴¹.

The nature of an individual's duty of care will vary according to their role. In all cases however, it will involve taking allegations or concerns seriously, and owning ones responsibilities to safeguard adults at risk.

10.3 Fit and Proper persons test

Health and Social Care Act 2008 (Regulation of Regulated Activities) was amended in 2014 to Health and Social Care Act 2008 (Regulation of Regulated Activities) was amended in 2014 to include the fit and proper persons 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 requirement is regulated by the Care Quality Commission (CQC).

10.4 Duty of Candour

From The Care Act 2014 placed a specific duty of candour on all organisations registered with CQC. Good safeguarding practice requires openness, transparency and trust. This duty is to tell people (both in person and in writing) about mistakes or other incidents which have not produced the desired outcome, apologise where appropriate, and advise on any action taken as a result.

11.0 Information Governance

Barnet CCG is committed to sharing information with other agencies, in a safe and timely manner, where this is necessary for the purpose of safeguarding adults in accordance with the law and multi-agency procedures. This may include personal and sensitive information.

Each agency holds information that in the normal course of events is regarded as confidential and will have their own safeguards and procedures for dealing with the same.

Personal information is subject to the principles of the Freedom of Information Act 2000, the Data Protection Act 1998, the Human Rights Act 1998 and the common law doctrine of confidentiality.

Wherever possible, the vulnerable adult should be asked to give their consent for their information to be shared, if they are considered to have the capacity to consent to information sharing.

If consent is not given, the person lacks capacity to consent, then it is possible to share information without the consent of the patient in certain circumstances.

Concern about the abuse of a vulnerable adults provides sufficient grounds to warrant sharing information on a “need to know” basis and /or “in the public interest” or “vital interest”.in accordance with established data protection principles.

Unnecessary delays in sharing the information should be avoided, where there is a risk of harm to an individual/ individuals. Where an adult has refused to consent to information being disclosed for these purposes, then practitioners must consider whether there is an overriding public interest that would justify information sharing (e.g. because there is a risk that others are at risk of serious harm) and wherever possible, the appropriate Caldicott Guardian should be involved.