



# Kingston and Richmond CCG Safeguarding Adults Policy

**CCG Policy Reference: SGA01**

**THIS POLICY IS TO BE APPROVED BY Kingston CCG and Richmond CCG, AND IF APPROVED WILL HAVE EFFECT AS OF May 2018**

<b>Target Audience</b>	Governing Body members, committee members and all staff working for, or on behalf of, the Kingston and Richmond Clinical Commissioning Groups.
<b>Brief Description</b>	This policy outlines how, CCGs, as a commissioning organisations, will fulfil their legal duties and statutory responsibilities effectively both within their own organisation and across the health economy in the Royal Borough of Kingston and the borough of Richmond upon Thames via commissioning arrangements. As such the CCG will ensure that there are in place robust structures, systems and quality standards for safeguarding adults which are in accordance with the legal structure and with the Kingston and Richmond Safeguarding Adults Board.
<b>Action Required</b>	Following approval at the CCG Governing Body, the managing director will ensure that the requirements of this policy will be raised at all team meetings, and confirm the requirements with the chairs of each committee, and with CCG executives. Chairs of committees will identify the programme of review with the Accountable Executive for each policy within their committee remit. Accountable Executives will identify policy owners for each policy within their remit. The Corporate Business Manager will establish and maintain a corporate register of all policies and their status, and will ensure that these are appropriately reflected on the website.

To be Approved: May 2018

Review date: May 2020

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V:7	18.08.17	Peter Warburton Lead Nurse for Adult Safeguarding	This policy is in line with the Pan London Multi Agency Safeguarding Adults Policy and Procedure 2015
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**Document Information:**

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<b>Equality Analysis</b>	<p>This document has been assessed for equality impact on the protected groups, as set out in the Equality Act 2010. This document demonstrates Kingston and Richmond CCG commitment to create a positive culture of respect for all individuals, including staff, patients, their families and carers as well as community partners.</p> <p>The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to use the Human Rights Act 1998 and to promote positive practice and value the diversity of all individuals and communities.</p>
<b>Contact details for further information</b>	<p>Peter Warburton  <a href="mailto:peterwarburton@swlondon.nhs.uk">peterwarburton@swlondon.nhs.uk</a></p> <p>Sarah Loades  <a href="mailto:sarah.loades@swlondon.nhs.uk">sarah.loades@swlondon.nhs.uk</a></p>

**This policy progresses the following Assurance Domains and Equality Delivery System (check all relevant boxes).**

Commissioning processes		Equality Delivery System	

## Associated Policy Documents

Reference	Title
<a href="http://londonadass.org.uk/safeguarding/review-of-the-pan-london-policy-and-procedures/">http://londonadass.org.uk/safeguarding/review-of-the-pan-london-policy-and-procedures/</a>	London Multiagency Adult Safeguarding Policy and Procedures (2015)
Please see policy section on GP Team Net	Safeguarding Children's Policy
	Recruitment and Selection Policy
	Disciplinary Policy
	Whistle Blowing Policy
	Agency Worker and Interim Policy
	Serious Incident Policy
	Overarching Information Sharing Policy

## Glossary

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

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

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### **1: How to make a Safeguarding Adult Referral**

### **2: Types of adult abuse**

### **3: How to respond to a disclosure of abuse**

### **4: Mental Capacity Act Summary**

### **5: Deprivation of Liberty Summary**

### **6: Making safeguarding personal**

### **7: PREVENT**

### **8: Commissioned Services Adult Safeguarding Responsibilities**

### **9: Useful contacts**

## 1: Introduction

### **Safeguarding is everybody's business, not business as usual.**

Kingston and Richmond CCGs have a zero tolerance to adult abuse.

This policy represents the safeguarding responsibilities and commitment for the Clinical Commissioning Groups (CCG) to ensure discharge of its duty to improve the health of the whole population which includes safeguarding adults at risk.

This policy is in line with the 2015 London Multi Agency Adult Safeguarding Policy and supersedes any previous CCG safeguarding adults policy's

The CCGs need to guarantee that clear arrangements are in place with all commissioned services that have a duty to protect adults at risk. Thus maintaining the safety and wellbeing of those adults who are contractually in our care.

There are National, London wide and local guidance that must be taken into account when discharging these statutory duties and responsibilities:

All health professionals and staff working directly with adults at risk have a clear responsibility to ensure that safeguarding and promoting welfare is a central and integral part of the care they offer.

Every person has fundamental rights contained within legislation and statutory guidance; the CCG as a public body has the obligation to uphold, promote and maintain these rights.

As a commissioning organisation, the CCGs are required to ensure that all health professionals and staff, who have direct and indirect contact with adults at risk through their commissioning roles need to be fully informed about their responsibilities to safeguard adults at risk and know what to do if they have safeguarding concerns (See appendix 1).

This safeguarding policy focuses on the assurance frameworks and contractual arrangements with health providers which ensure that safeguarding procedures, training and responsibilities are in place and operating appropriately.

## 2: Rationale

### **Adult safeguarding – what it is and why it matters**

Safeguarding **is everybody's business** and means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

Organisations should always promote the adult's wellbeing in their safeguarding arrangements. People have complex lives and being safe is only one of the things they want for themselves. Professionals should work with the adult to establish what being safe means

to them and how that can be best achieved. Professionals and other staff should not be advocating 'safety' measures that do not take account of individual wellbeing, as defined in Section 1 of the Care Act (2014).

The safeguarding duties apply to an adult 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.

### **3: Aims / Objectives**

This policy aims to ensure that no act or omission by the CCG as a commissioning organisation, or via the services it commissions, puts a service user at risk. The CCG is also charged with ensuring that they commission good quality safe services on behalf of their population and to support staff in fulfilling their obligations. This policy will support all CCG staff with information on how to report a safeguarding concern.

### **4: Policy Statement**

#### **Raising a safeguarding adult concern**

All CCG Staff have a duty to refer any Safeguarding Adults Concerns to the Royal Borough of Kingston upon Thames Local Authority and / or Richmond Local Authority Safeguarding Adults Teams.

This is because the Local Authorities remain the Statutory Lead Agency for Safeguarding Adults and are responsible for carrying out safeguarding enquiries/investigations when adults have a need for care and support.

This statutory obligation remains regardless of whether the local authority is meeting any of those adults needs (Care Act 2014) CCG Staff must practice in accordance to the guidelines as set out in the current version of the London Multi Agency safeguarding adults policy and Procedures (2015 ).

(For a list and descriptions of types of adult abuse please see appendix 2)

If CCG Staff have any concerns about actual or suspected adult abuse they must report directly to their line manager, the Lead Nurse for Adult Safeguarding or the Director of Quality ( Please see appendix 1 for further information )

The CCG's will notify collaborative commissioners of a provider's noncompliance with the standards set in this policy; serious incidents that have compromised the welfare of an adult at risk will also be notified to other commissioners.

## **5: Roles and responsibilities**

### **All staff**

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

This may mean staff are required to;

- Attend safeguarding meetings as requested (e.g. planning meetings, case conferences).
- Carry out additional health care reviews/assessments.
- Supporting safeguarding investigations at the request of the local authority and/or the CCG Safeguarding Adults Lead Nurse.

### **CCG Governing Body:**

The CCG Governing Body is responsible for safeguarding adult arrangements within the CCG; and is responsible for reviewing and maintaining an effective system of internal control, including systems and resources for managing all types of risk associated with safeguarding adults.

### **Accountable Officer:**

The Accountable Officer for the South West London CCG alliance holds the ultimate responsibility for health service arrangements to safeguard adults at risk in both commissioning and operational context.

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

The Accountable Officer is responsible for ensuring that the health contribution to safeguarding is discharged effectively across the whole local health economy through CCG commissioning arrangements.

This role is supported by the Director of Quality who holds delegated responsibility and is the executive lead for Safeguarding Adults within Kingston and Richmond CCG's. The lead nurse for adult safeguarding provides expert advice to the governing body on the Safeguarding Adult responsibilities, directives and concerns.

### **Executive Lead for Safeguarding:**

The CCG has a governing body executive lead for safeguarding adults who has responsibility for governance, systems and organisational focus. The CCG executive lead with responsibility for Safeguarding Adults is the Director of Quality.

### **Designated Professionals:**

Designated professionals and safeguarding leads, as clinical experts and strategic leaders, are a vital source of advice to the CCG, NHSE, the local authority, SAB, and the health and wellbeing board. The CCG safeguarding professionals are also available to provide advice and support for other health professionals and provider organisations.

The safeguarding professionals provide expert knowledge to the CCG and as such, ensure that Safeguarding it is embedded in all its function

Designated professionals refers to:

CCG GP Lead for Safeguarding Adults  
CCG Lead Nurse for Safeguarding Adults

### **Safeguarding Adults Lead**

The safeguarding adults leads are a valuable local source of professional safeguarding advice for the CCG. They work collaboratively with other safeguarding professionals, the local authority, education, the police and third sector agencies.

The safeguarding adults lead:

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

### **CCG personnel**

All CCG personnel have an individual responsibility to report any incidence of abuse or neglect of an adult at risk.

Advice regarding individual cases can be accessed from the Designated Professionals who will also record and store information in accordance with information governance requirements.

For example:

- Managers are responsible for ensuring their staff are aware of this policy and that this information is given to all new staff on induction.

## **6: Scope**

This policy applies to all staff employed by the CCG, this includes all employees (including those on fixed-term contracts), temporary staff, bank staff, locums, agency staff, contractors, volunteers (including celebrities), students and any other learners undertaking any type of work experience or work related activity.

This policy should be used within the wider context of the London Multi Agency Adult Safeguarding Policy and Procedures 2015. Practitioners with a professional registration for example Doctors, Nurses, Pharmacists and Dentists should also use this policy in conjunction with their individual collegiate guidance.

The CCG is signed up to the government principles for safeguarding adults. The CCG expects commissioning for its vulnerable population to adhere to the principles of:

### **The 6 Safeguarding Principles**

#### **Principle 1 – Empowerment**

Presumption of person led decisions and consent

#### **Principle 2 – Protection**

Support and representation for those in greatest need

#### **Principle 3 – Prevention**

Prevention of neglect, harm and abuse as a primary objective

#### **Principle 4 – Proportionality**

Proportionality and least intrusive response appropriate to the risk presented

#### **Principle 5 – Partnerships**

Local solutions through services working with their communities

#### **Principle 6 – Accountability**

Accountability and transparency in delivering safeguarding

**Participation in the safeguarding process**

## **7: Responsibilities of managers**

CCGs are the major commissioners of local health services. CCGs need to assure themselves that the organisations from which they commission have effective arrangements in place to safeguard any adult at risk (within their practice population) from harm.

In order to have been authorised CCGs have had to demonstrate the safeguarding requirements set out in authorisation. They have also had to demonstrate that there are appropriate systems in place for discharging their responsibilities in respect of safeguarding, including:

- Plans to train their staff in recognising and reporting safeguarding issues
- A clear line of accountability for safeguarding, properly reflected in the CCG governance arrangements
- Appropriate arrangements to co-operate with local authorities in the operation of SABs

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- Ensuring effective arrangements for information sharing
- Having a safeguarding adults lead and a lead for the Mental Capacity Act, supported by the relevant policies and training.

The CCG is required to demonstrate that there are appropriate systems in place for discharging their responsibilities' for safeguarding, including:

- Plans to train CCG staff in recognising and reporting safeguarding issues and maintain a data base of staff who have undergone the training and those that are due for update.
- A clear line of accountability for safeguarding, properly reflected in the CCG's governance arrangements.
- Appropriate arrangements to co-operate with local authorities in the operation of local safeguarding adult's boards and the health and wellbeing board.
- Ensuring effective arrangements for information sharing.
- A safeguarding adults lead, mental capacity act, deprivation of liberty safeguards (DoLS) lead, and PREVENT lead supported by the relevant policies and training.

Contract managers and commissioners will be guided by the London Multi Agency Adult safeguarding policy and procedures 2015: Aide memoire for clinical commissioning groups (2012), Care Act 2014 and Mental Capacity Act Commissioning Guidance(2014), CCG and Provider Prevent Duty Responsibilities(2015) and Serious Incident Framework – Supporting learning to prevent recurrence NHS England (2015). Also the use of appropriate world class commissioning competencies and toolkits and any locally agreed frameworks to commission services, ensuring that specific safeguarding requirements are included. Commissioners are required to work collaboratively with the CCG safeguarding team in order to ensure that statutory requirements are fulfilled.

The CCG's will ensure that with the support of the Central Support Unit (CSU), safe recruitment processes are in place and meet the requirements of disclosure and barring legislation.

The CCG's will ensure that commissioning, provider and contracted services have systems in place to manage allegations of abuse against staff.

All staff must be able to access the London Multi Agency Adult Safeguarding Policy and Procedures 2015 and know where to find any associated local and national guidance. In addition, they must seek the support of a member of the CCG safeguarding team or other relevant safeguarding expert if they have any concerns relating to an adult at risk.

Managers will facilitate training and monitor staff training attendance

## 8: Training

Safeguarding adults training is **mandatory** for all CCG staff. All CCG staff are responsible for keeping their knowledge and understanding of adult safeguarding up to date, taking refresher courses on the subject on a 2-yearly basis.

All staff in the CCG will be trained and competent to be alert to potential indicators of abuse, exploitation and neglect in adults and act on their concerns and fulfil their responsibilities in line with the local SAB procedures.

All CCG staff will adhere to the safeguarding adult training programme and complete the level of training commensurate with their role and responsibilities.

The CCG will keep a training database detailing the uptake of all staff training so that directors can be alerted to unmet training needs.

Training for staff will be available to via on line training and yearly face to face training sessions.

The director for quality and lead nurse for adult safeguarding will ensure CCG staff are aware of any new guidance or legislation and any recommendations from local and national serious case reviews, safeguarding adult reviews (SAR) and internal management reviews (IMRs).

## **9: Implementation**

Staff will be advised of the policy through staff briefings and via GP TeamNet and the CCG's intranet. The Safeguarding Adult Policy will be available via the CCG's website and intranet. Breaches of this policy may be investigated and may result in the matter being treated as a disciplinary offence under the CCG's disciplinary procedure.

## **10. Audit and review**

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

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

## **11. References**

- London multi-agency adult safeguarding policy and procedures ( December 2015 ) <http://londonadass.org.uk/safeguarding/review-of-the-pan-london-policy-and-procedures/>
- Female Genital mutilation act ( 2015 )
- Prevent and Channel Duty – Counter Terrorism and Security Act ( 2015 )
- CCG Prevent Duty Responsibilities –NHS England (2015)
- Serious Incident Framework - Supporting learning to prevent recurrence NHS England (2015)
- South East Commissioning Support Unit Serious Incident Policy (2015)
- Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework 2015
- The Care Act (2014)
- The Functions of Clinical Commissioning Groups (DH 2012)
- Statement of Government Policy on Adult Safeguarding (DH May 2011)
- Safeguarding adults: The role of Health Practitioners (DH March 2011)
- Safeguarding adults: The role of NHS Commissioners (DH March 2011)
- Information sharing guidance (DCSF 2008)
- National Service Framework for Adult Protection (2006)
- Care Quality Commission Safeguarding Protocol
- Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DOLS 2007)
- Social Care Institute for Excellence (SCIE 2011): Safeguarding Adults Documents
- National Framework of Standards (ADASS 2005)
- Data Protection Act 1998
- Human Rights Act 1998
- Modern Slavery Act 2015

## 12. Appendices

### APPENDIX 1

#### How to raise a concern about an adult at risk

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

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

Speak to your line manager, CCG Lead Nurse for Adult Safeguarding or the CCG director of quality and governance for advice.

To raise a concern (previously known as raising an alert) please contact the

#### Royal Borough of Kingston

##### Adult Social Care

Tel: 0208 547 5005

Email: [adult.safeguarding@kingston.gov.uk](mailto:adult.safeguarding@kingston.gov.uk)

#### Richmond Council Access Team

Tel: 0208 891 7971

Email: [adultsocialservices@richmond.gov.uk](mailto:adultsocialservices@richmond.gov.uk)

#### Information needed when raising concern

1. **Details of Service Provider** – only if the concerns relate to the provision of care or the alleged abuse took place in an establishment
2. **Details of Adult** - Name, Address, and if available / known Ethnic Origin, Communication Access and Cultural Needs, next of kin and GP
3. **Details of alleged abuse, incident or allegation** – type of alleged abuse, summary of alleged abuse, incident or allegation, any injury sustained, and if known concerns regarding capacity
4. **Others involved** – include confirmation if you know that the police been contacted and if an Independent mental Capacity Advocate (IMCA) is involved.
5. **Is the Adult aware that concerns are being shared with another agency** - Has the Adult agreed to participate in the investigation
6. **Details of person alleged responsible to have caused harm** – Name and if known

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/ available their ethnic origin and if they as the alleged perpetrator may be a vulnerable adult.

7. **Is any other adult of a child thought or known to be at risk?** – Cite any action that you are aware may have been taken as well as any taken to ensure the Adult at risk's safety

8. **Details of Referrer** – your details

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## **APPENDIX 2**

### **Types of adult abuse and description and supporting guidance Disability**

#### **Hate Crime**

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

#### **Discriminatory abuse**

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

#### **Domestic abuse**

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

#### **Female genital mutilation (FGM)**

Involves procedures that intentionally alter or injure female genital organs for non-medical reasons. The procedure has no health benefits for girls and women. The Female Genital Mutilation Act (2003) makes it illegal to practise FGM in the UK or to take girls who are British nationals or permanent residents of the UK abroad for FGM whether or not it is lawful in another country.

#### **Financial or material abuse**

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

#### **Forced marriage**

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

The Anti-social Behaviour, Crime and Policing Act 2014<sup>xli</sup> make it a criminal offence to force

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someone to marry. In addition, Part 4A of the Family Law Act 1996 may be used to obtain a Forced Marriage Protection Order as a civil remedy. Registrars and registry staff need to be supported through relevant training to know the signs of possible forced marriage.

## **Hate Crime**

The police define Hate Crime as 'any incident that is perceived by the victim, or any other person, to be racist, homophobic, transphobic or due to a person's religion, belief, gender identity or disability'. It should be noted that this definition is based on the perception of the victim or anyone else and is not reliant on evidence. In addition it includes incidents that do not constitute a criminal offence.

## **Honour-based violence**

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

## **Human trafficking**

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

## **Mate Crime**

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

## **Modern slavery**

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

- The person holds another person in slavery or servitude and the circumstances are

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such that the person knows or ought to know that the other person is held in slavery or servitude, or

- The person requires another person to perform forced or compulsory labour and the circumstances are such that the person knows or ought to know that the other person is being required to perform forced or compulsory labour.
- There are many different characteristics that distinguish slavery from other human rights violations, however only one needs to be present for slavery to exist. Someone is in slavery if they are:
  - Forced to work - through mental or physical threat;
  - Owned or controlled by an 'employer', usually through mental or physical abuse or the threat of abuse;
  - Dehumanised, treated as a commodity or bought and sold as 'property';
  - Physically constrained or has restrictions placed on his/her freedom of movement.

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

### **Neglect and acts of omission**

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

### **Organisational abuse**

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

### **Physical abuse**

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

### **Psychological abuse**

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

### **Restraint**

Unlawful or inappropriate use of restraint or physical interventions. In extreme circumstances unlawful or inappropriate use of restraint may constitute a criminal offence. Someone is using restraint if they use force, or threaten to use force, to make someone do something they are

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of the document are not controlled. resisting, or where an adult's freedom of movement is restricted, whether they are resisting or not.

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

### **Sexual abuse**

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

### **Sexual exploitation**

Involves exploitative situations, contexts and relationships where adults at risk (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. It affects men as well as women. People who are sexually exploited do not always perceive that they are being exploited.

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

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

## Appendix 3

### HOW TO RESPOND

#### Do Not

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

Show signs of shock or disbelief

Ask questions or press the person for more details

Contact the abuser

Promise to keep secrets

Be judgemental (“why didn’t you stop them?”)

Seek to deal with this alone, however do not...

Share the information with other staff – discuss only with your adult safeguarding lead and / or line manager

#### Do

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

Always listen and believe those who tell you They have been abused

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

Discuss with your Adult Safeguarding Lead and Line Manager

Never allow any abusive behaviour to go unchallenged

Remember that people who disclose abuse want it to stop

THINK, ACT and REPORT When you become aware of a concern you must share information at the earliest opportunity.

Refer the concern to the appropriate Local Authority Safeguarding Team

### AT MAKES ABUSE MORE LIKELY TO OCCUR?

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

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

## Appendix 4

### THE MENTAL CAPACITY ACT – SUMMARY

#### **The five principles that underpin the Mental Capacity Act 2005:**

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

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

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

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

**Stage two:** Is the person able to:

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

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

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

**Acting in someone's "Best Interests":**

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

**Other Information:**

#### **MCA code of practice:**

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

#### **Lasting Power of Attorney (LPA)**

A legal tool that allows the adult at a time when they had capacity to appoint someone to make certain decisions on their behalf at a time when they might not. The appointed person can

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manage the adult's finances in the future or make decisions relating to their health and welfare.

**Advance Decision (AD):**

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

**The Independent Mental Capacity Advocacy (IMCA):**

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

## Appendix 5

### DEPRIVATION OF LIBERTY SAFEGUARDS - SUMMARY

#### What are they?

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

#### Who do they apply to?

The safeguards only apply to people who:

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

#### “Cheshire West” Ruling 2014

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

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

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

(2) Is the person free to leave?

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

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

#### Other Important Information

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

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

## **Appendix 6**

### **Making safeguarding personal**

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

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

## **Appendix 7**

### **PREVENT**

Prevent is part of the Government's national counter terrorism strategy, which is called CONTEST. CONTEST aims to reduce the risk to the United Kingdom and its interests overseas from international terrorism. The strategy has four work streams one of which is to prevent people from becoming radicalised to support terrorism. The Department of Health is clear that the NHS is required to comply with the Prevent Strategy in terms of identifying those who may be more susceptible to being drawn into terrorism<sup>15</sup>. This should include a referral into PREVENT related multi-agency panels such as CHANNEL16.

#### **The CCG will undertake to:**

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

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

## **Appendix 8**

### **Commissioned services adult safeguarding responsibilities**

All provider Trusts and commissioned services must have in place:

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

### **Audits**

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

### **Compliance with CQC regulations**

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

### **Employment practice**

- All provider trust and independent contractors must ensure that they have in place safer recruitment policies and practices including enhanced Disclosure and Barring Service (DBS) checks for all staff, including agency staff, students and volunteers working with vulnerable adults. Employers must comply with the vetting and barring

scheme and have mechanisms in place for reporting to the Independent Safeguarding Authority.

- There should be a system in place to ensure that managers who are interviewing for posts involving working with adults at risk have attended 'Safer Recruitment Training'.
- All job descriptions should reflect the requirements for staff to have due regard for safeguarding adults.
- A Named Senior Officer (NSO) must be identified who will lead on allegations against staff working with adults at risk. The NSO must ensure any allegations involving vulnerable adults in work or personal life are reported to the CCG's executive lead for safeguarding adults.

## **Policies and procedures**

All health providers must demonstrate that they have in place:

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

### **Acute sector**

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

### **Mental Health Trusts**

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

Referrals must be made:

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

## Appendix 9

### Useful Contacts

Organisation	Address	Telephone/email
<b>Kingston Local Authority Safeguarding Adults Team</b>	Safeguarding adults team Guildhall Kingston KT1 1EU	<b>Telephone 0208 547 5005</b>  <a href="mailto:adult.safeguarding@kingston.gov.uk">adult.safeguarding@kingston.gov.uk</a>
<b>Kingston CCG</b>	Safeguarding adults team 2 <sup>nd</sup> Floor, Thames House Teddington TW11 8HU	<b>Telephone: 0203 968 2366</b>  <a href="mailto:Peter.warburton@swlondon.nhs.uk">Peter.warburton@swlondon.nhs.uk</a>
<b>Richmond Local Authority Safeguarding Adults Team</b>	Second Floor, Civic Centre 44 York Street Twickenham Middlesex TW1 3BZ	<b>Telephone 0208 891 7971</b>  <a href="mailto:adultsocialservices@richmond.gov.uk">adultsocialservices@richmond.gov.uk</a>
<b>Richmond CCG</b>	First Floor, Civic Centre 2 <sup>nd</sup> Floor, Thames House Teddington TW11 8HU	<b>Telephone: 0203 968 2368</b>  <a href="mailto:sarah.loades@swlondon.nhs.uk">sarah.loades@swlondon.nhs.uk</a>
<b>Wandsworth Local Authority Safeguarding Adults Team</b>	Wandsworth Council  The Town Hall Wandsworth High Street London SW18 2PU	<b>Telephone: 020 8871 7707</b>  <a href="mailto:accessteam@wandsworth.gov.uk">accessteam@wandsworth.gov.uk</a>
<b>Wandsworth CCG</b>	Safeguarding adults team 73 Upper Kingston Rd East Putney London SW15 2SR	<b>Telephone: 020 8812 7750</b>  <a href="mailto:marino.latour@swlondon.nhs.uk">marino.latour@swlondon.nhs.uk</a>
<b>Merton Local Authority Safeguarding Adults Team</b>	London Borough of Merton Civic Centre London Road Morden SM4 5DX	<b>Telephone : 0845 618 9762</b>  <a href="mailto:safeguarding.adults@merton.gov.uk">safeguarding.adults@merton.gov.uk</a>

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<b>Organisation</b>	<b>Address</b>	<b>Telephone/email</b>
<b>Merton CCG</b>	Safeguarding adults team Fifth Floor, 120 The Broadway Wimbledon London SW19 1HR	<b>Telephone: 020 8251 0585</b>  <a href="mailto:marino.latour@swlondon.nhs.uk">marino.latour@swlondon.nhs.uk</a>
<b>Sutton Local Authority Safeguarding Adults Team</b>	Sutton Council, Civic Offices, St. Nicholas Way, Sutton SM1 1EA	<b>Telephone: 020 8770 4565</b>  <a href="mailto:referralpoint@sutton.gov.uk">referralpoint@sutton.gov.uk</a> .
<b>Sutton CCG</b>	Safeguarding adults team Priory Crescent Cheam Sutton SM3 8LR	<b>Telephone: 020 8254 8171</b>
<b>Croydon Local Authority Safeguarding Adults Team</b>	Bernard Weatherill House 8 Mint Walk Croydon CR0 1EA	<b>Telephone:020 8726 6500</b>  <a href="mailto:referral.team2@croydon.gov.uk">referral.team2@croydon.gov.uk</a>
<b>Croydon CCG</b>	Safeguarding adults team Bernard Weatherill House 2nd Floor, Zone G 8 Mint Walk Croydon CR0 1EA	<b>Telephone: 020 3668 1346</b>
<b>Hounslow Local Authority Safeguarding Adults Team</b>	London Borough of Hounslow Civic Centre Lampton Road Hounslow TW3 4DN	<b>Telephone: 0208 583 3100</b>  <a href="mailto:adultsocialcare@hounslow.gov.uk">adultsocialcare@hounslow.gov.uk</a>
<b>Hounslow CCG</b>	Safeguarding adults team Civic Centre Lampton Road Hounslow TW3 4DN	Telephone: 020 8583 4515  <a href="mailto:adultprotection@hounslow.gov.uk">adultprotection@hounslow.gov.uk</a>
<b>Surrey County Council Safeguarding Adults Team (Covers Elmbridge Borough)</b>	Surrey County Council Contact Centre Room 296-298 County Hall Penrhyn Road	<b>Telephone 0300 200 1005</b>  <a href="mailto:contactcentre.adults@surreycc.gov.uk">contactcentre.adults@surreycc.gov.uk</a>

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<b>Organisation</b>	<b>Address</b>	<b>Telephone/email</b>
	Kingston upon Thames KT1 2DN	
<b>Your Healthcare</b>	Your healthcare Hollyfield House 22 Hollyfield Road Surbiton KT5 9AL	Telephone: 020 8339 8057
<b>South West London &amp; St. George's Mental Health Trust</b>	Safeguarding adults team Springfield University Hospital 61 Glenburnie Road London SW17 7DJ	Telephone: 020 3513 6391
<b>Kingston Hospital NHS Trust</b>	Safeguarding adults team Galsworthy Road Kingston-upon-Thames Surrey KT2 7QB	Telephone: 0208 546 7711 Bleep 656
<b>Hounslow &amp; Richmond Community Healthcare NHS Trust</b>	Safeguarding adults team Thames House 180 High Street Teddington TW11 8HU	Telephone: 020 8714 4183
<b>West Middlesex University Hospital</b>	Safeguarding adults team Twickenham Road Isleworth Middlesex TW7 6AF	Telephone: 020 8560 2121
<b>St. George's Healthcare NHS foundation Trust</b>	St George's hospital Blackshaw Road London SW17 0QT	Telephone: 020 8725 1624
<b>Chelsea &amp; Westminster Healthcare Trust</b>	369 Fulham Road London SW10 9NH	Telephone: 020 3315 8000