

Hertfordshire and West Essex
Integrated Care System



NHS Herts and West Essex Integrated Care Board (ICB)

SAFEGUARDING ADULTS' POLICY

Document Control:

Version Number	V1.1
Approved By	ICB Board
Date Approved	01 July 2022
Review Date	July 2024
Responsible Director	Director of Nursing and Quality
Directorate	Nursing & Quality
Staff Audience	ICS
Description	Safeguarding Adults' Policy
Superseded Documents (if applicable)	

Version	Page	Details of amendment	Author
V1.0 (01/07/2022)	N/A	Joint policy for HWE, approved by Board	Tracey Cooper, Stephenie Evis, Zivai Muyengwa
V1.1 (31/08/2023)	2	Review date confirmed and added to Document Control section	

Contents

1.	Introduction	4
2.	Purpose.....	5
3.	Consultation and Communication with Stakeholders	7
4.	Definitions	7
5.	Roles and Responsibilities	11
6.	Monitoring NHS Commissioned Services	13
7.	Processes	14
	Appendix 1: Key contacts	21
	Appendix 2: How to make a safeguarding referral.....	22
	Appendix 3: Resources and further information	24
	Appendix 4: Good Practice Guidance	27
	Appendix 5: Good Practice Guidance: Virtual contact/meetings.....	30
	Appendix 6: NHS Herts and West Essex ICB Equality Impact Assessment Screening Form	31

1. Introduction

- 1.1. HWE ICB is committed to working with partner agencies to support the identification and prevention of all forms of abuse and mistreatment so that everyone can make a full and positive contribution to society within Hertfordshire.
- 1.2. The Care Act 2014 put adult safeguarding under the statutory framework, however safeguarding of adults is also underpinned by legislation such as the Human Rights Act 1998, the Mental Capacity Act 2005, Deprivation of Liberty Safeguards 2009 the Mental Capacity (Amendment) Act 2019, Mental Health Act 1983, amended 2007 and Domestic Abuse Act 2021.
- 1.3. The Care Act 2014 states - "Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect".
- 1.4. The Care Act (2014) states that the aims of adult safeguarding are to:
 - Stop abuse or neglect wherever possible
 - Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
 - Safeguard adults in a way that supports them in making choices and having control about how they want to live
 - Promote an approach that concentrates on improving life for the adults concerned
 - Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect
 - Provide information and support in accessible ways to help adults understand the different types of abuse, how to stay safe and what to do to raise a safeguarding concern for an adult
 - Address what has caused the abuse.
- 1.5. The intercollegiate document; Adult Safeguarding: Roles and Competencies for Health Care Staff (Aug 2018) sets out minimum adult safeguarding training requirements from Ward to Board level.
- 1.6. Hertfordshire and Essex local authorities are designated as the lead agencies by the Care Act (2014) and each has a multi-agency policy and procedure for working with adults at risk of abuse or neglect. The

procedures can be accessed via the intranet or on these links: [The Hertfordshire Safeguarding Adults at Risk Procedure \(2021\)](#) and [Southend, Essex & Thurrock \(SET\) Safeguarding Adults Guidelines \(2020\)](#).

- 1.7. This policy applies to HWEICB commissioned services. The organisation has the responsibility to ensure that the health contribution to safeguarding adults is discharged effectively across the health economy through the ICB's commissioning arrangements.
- 1.8. The policy details responsibilities within health services at both strategic and operational level, in keeping with national policy and related statutory guidance, It supports the ethos of 'safeguarding adults is everybody's business and, in particular, the rights relating to dignity, freedom from abuse, equality, respect and fairness.
- 1.9. The ICB must ensure that service specifications for commissioned and contracted services include clear service standards and monitoring arrangements for safeguarding adults.
- 1.10. The ICB must also ensure that all health agencies and providers with which they have commissioning / contracting arrangements are linked to Hertfordshire or Essex Safeguarding Adult Boards (HSAB/ESAB) and have robust policies and procedures which are in accordance with the [Hertfordshire Safeguarding Adults at Risk Procedure \(2021\)](#) and [Southend, Essex & Thurrock \(SET\) Safeguarding Adults Guidelines \(2020\)](#). This includes robust operational guidance informed decision making, external referral and multi-agency collaboration.

2. Purpose

- 2.1 Everyone has an individual responsibility for the protection and safeguarding of adults, in both their professional and home lives.
- 2.2 This policy applies to all ICB staff members, including Board Members and Practice Representatives, whether permanent, temporary or contracted-in (either as an individual or through a third-party supplier).
- 2.3 The ICB is required to have appropriate contract monitoring arrangements in place to ensure all providers and commissioners are meeting their contractual responsibilities in ensuring they are providing safe adult patient care and taking action to promote the safety and wellbeing of any adult at risk of abuse.

- 2.4 The ICB is committed to ensuring that services meet recognised national standards in safeguarding adults and that there are clear and effective arrangements for contract monitoring where quality, service user outcomes and value for money are discussed and improvements agreed, as necessary.
- 2.5 The ICB champions the rights of adults at risk to be happy, healthy, safe and productive in their contribution to society and not to be abused, neglected or exploited.
- 2.6 In safeguarding and promoting the welfare of adults at risk, the ICB is committed to creating an ethos which values working collaboratively with others, respects diversity (including race, religion, disability, gender, age and sexual orientation) and promotes equality.
- 2.7 This policy focuses on responsibilities for the ICB staff, both in their capacity as commissioner of health care and where they may have direct involvement in concerns relating to adult abuse. It is recognised that responsibilities in safeguarding and promoting the welfare of adults at risk also extends to an individual's personal and domestic life.
- 2.8 The ICB aims to design and implement services, policies and measures that meet the diverse needs of their services, population and workforce, ensuring that no one is placed at a disadvantage over others. It is recognised that some people can suffer disadvantage as a result of discrimination, and this can increase vulnerability.
- 2.9 Abuse and neglect of adults is not a socially acknowledged phenomenon. The complexities of abuse can significantly compromise a victim's ability and motivation to seek support and redress. This is particularly pertinent for people whose disability impacts upon their ability to inform others. The ICB has a clear intention through this policy to have a positive impact on adults at risk and to protect all adults who may become vulnerable.
- 2.10 The ICB is committed to ensuring that it treats both employees and services fairly, equitably and reasonably and that it does not discriminate against individuals or groups on the basis of their ethnic origin, physical or mental disabilities, gender, age, religious beliefs or sexual orientation.
- 2.11 All policies and procedures are developed in line with the ICB's equality and diversity policies and take into account the diverse needs of the community that is served.

3. Consultation and Communication with Stakeholders

This policy has been reviewed in line with ICB governance processes.

HWE ICB comply with the Equality and Diversity Act (2010) and Public Sector Equality Duty (2011) and as such recognise that some individuals with protected characteristics may need additional support to understand and interpret this Policy. The ICB Safeguarding Team will respond to any direct or indirect request for support in interpreting this policy, which includes clarification and translation.

4. Definitions

4.1 Safeguarding

“Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances” (Department of Health 2016 para 14.7).

4.2 Adult at risk

Historically the term vulnerable adult was used to describe this cohort. The 2014 Care Act identifies adults experiencing or at risk of abuse or neglect as adults who have care and support needs (whether or not the local authority is meeting any of those needs) and are experiencing, or at risk of, abuse or neglect; and as a result of those care and support needs are unable to protect themselves from either the risk of, or the experience of abuse or neglect.

4.3 Abuse:

Abuse is the violation of an individual’s human or civil rights by any person or persons. An individual, a group or an organisation may perpetrate abuse. Abuse can be passive or active; it can be an isolated incident or repeated.

Categories of Abuse:

Physical Abuse - Assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate sanctions.

Domestic Abuse - Psychological, physical, sexual, financial, emotional abuse, Female Genital Mutilation (FGM); so called “honour” based violence.

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

Sexual Exploitation - Involves exploitative situations, contexts and relationships which can be face to face or online, 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.

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.

Financial 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.

Modern Slavery - 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 - Forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

Organisational Abuse - 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 ongoing 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 - Ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and

support or educational services, the withholding of necessities of life, such as medication, adequate nutrition and heating.

Self-neglect - Covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

All the above types of abuse, if observed, witnessed or disclosed need to be referred to the Local Authority Safeguarding Team if the adult concerned is an 'adult at risk' as defined in 3.2.

For links to further information and resources see ***Appendix 2: How to make a safeguarding referral***

Other situations that may require a safeguarding response include:

4.4 Pressure Ulcers

The purpose of specific guidance is to protect adults at risk by providing a framework to guide health and social care agencies on whether safeguarding procedures should be instigated when concerns have been raised that a pressure ulcer may have developed as a result of neglect. Refer to appendix 4 of the [Hertfordshire Safeguarding Adults from Abuse Procedure](#) or section 4.9 of the [Southend, Essex & Thurrock \(SET\) Safeguarding Adults Guidelines](#).

4.5 Medication errors

'A medication error is any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer. Such events may be related to professional practice, health care products, procedures, and systems, including prescribing, order communication, product labelling, packaging, and nomenclature, compounding, dispensing, distribution, administration, education, monitoring, and use.' Please note a medication error can constitute an act of abuse, refer to appendix 5 of the [Hertfordshire Safeguarding Adults from Abuse Procedure](#) or appendix 9 of the [Southend, Essex & Thurrock \(SET\) Safeguarding Adults Guidelines](#) for further information.

4.6 Radicalisation and PREVENT

Radicalisation is comparable to other forms of exploitation, such as grooming and Child Sexual Exploitation. Radicalisation is used to attract people to the radicalisers' reasoning, inspire new recruits, embed extreme views and persuade vulnerable individuals of the legitimacy of their cause. This may be direct through a relationship, or through social

media. Some individuals can become radicalised without active influence from or connection with established radical groups or their members, this is known as self-radicalisation.

PREVENT is part of the Government's counter-terrorism strategy CONTEST and aims to provide support and re-direction to individuals at risk of being groomed into terrorist activity before any crimes are committed.

Seriousness of harm or the extent of the abuse is not always clear at the point of the concern or referral. All reports of suspicions or concerns should be approached with an open mind and could give rise to action under Safeguarding Adults at Risk policy and procedures.

Further guidance for PREVENT can be accessed via the Hertfordshire County Council website [Prevent radicalisation in Hertfordshire | Hertfordshire County Council](#) or Essex Safeguarding adults Board website: <http://www.essexsab.org.uk/media/2280/set-prevent-policy-guidance-v7.pdf>.

4.7 **County lines and cuckooing**

'*County Lines*' is a term used when drug gangs from cities expand their operations to smaller towns or places, often using violence to drive out local dealers and exploiting some children and vulnerable people to sell drugs. These dealers will use dedicated mobile phone lines, known as 'deal lines', to take orders from drug users. Heroin, cocaine and crack cocaine are the most common drugs being supplied and ordered. In most instances, the users or customers will live in a different area to where the dealers and networks are based, so drug runners are used to transport the drugs and collect payment. County Lines activity has been identified in Watford, St Albans, Hatfield, Stevenage, Broxbourne, Letchworth, Borehamwood, Hemel Hempstead, Berkhamsted, Southend, Westcliff, Leigh, Basildon, Grays. Harlow, Chelmsford, Colchester, Clacton and, Aveley all of which have direct access routes from London and Bedfordshire by train or road. This list can change dependent on activity.

A common feature in county lines drug supply is the exploitation of young and vulnerable people. The dealers will frequently target children and adults - often with mental health or addiction problems - to act as drug runners or move cash so they can stay under the radar of law enforcement.

Cuckooing in some cases the dealers will take over a local property, normally belonging to a vulnerable person, and use it to operate their criminal activity from. This is known as cuckooing.

Victims will quite often be exposed to physical, mental and sexual abuse, and in some instances will be trafficked to areas a long way from home as part of the network's drug dealing business.

People exploited in this way often don't see themselves as victims or realise they have been groomed to get involved in criminality. So it's important that we all play our part to understand county lines and speak out if we have concerns.

For further information go to [County lines: criminal exploitation of children and vulnerable adults](#).

5. Roles and Responsibilities

5.1 Accountable Officer

The Accountable Officer of the ICB is responsible for ensuring that the health contribution to safeguarding and promoting the welfare of adults at risk is discharged effectively across the local health economy through the ICB's commissioning arrangements.

5.2 Board

The Board is responsible through the Accountable officer and line management structure for ensuring that the health contribution to safeguarding and promoting the welfare of adults at risk is discharged effectively across the local health economy through the ICB's commissioning arrangements.

5.3 Quality & Performance Committee

The Quality and Performance Committee is a subgroup of the Board and the Designated Committee for this policy.

5.4 Executive Director of Nursing & Quality

The Executive Director of Nursing & Quality is the HWE ICB overall executive lead for safeguarding and:

- Is responsible for the execution of all safeguarding responsibilities on behalf of the AO and the Board members.
- Promotes the safeguarding of children and adults within commissioning arrangements to meet identified quality standards through quality scrutiny processes.

5.5 **Associate Director of Adult Safeguarding, MCA, Domestic Abuse, PREVENT & Modern Slavery**

The Associate Director of Adult Safeguarding and the Designated Professional for Safeguarding Adults are responsible for providing strategic leadership on all aspects of Adult Safeguarding, working closely with commissioners, providers, partner agencies and other stakeholders.

5.6 **Line Managers**

Line Managers are responsible for supporting implementation of this policy:

- By ensuring staff are aware of this policy and comply with it.
- Escalating safeguarding adult concerns to Assistant Directors, highlighting those that are potentially serious.
- Considering the need for a debrief session for staff / team involved in complex or difficult cases to ensure actions are implemented and lessons learned following a safeguarding adult investigation.

5.7 **All staff are to:**

- Be guided by the Hertfordshire Safeguarding Adults from Abuse Procedure (2021) and the Southend, Essex & Thurrock (SET) Safeguarding Adults Guidelines (2020).
- Be aware of the importance of listening to adults at risk, particularly when they are expressing concerns about either their own or other people's welfare.
- Know how to act on concerns that an adult at risk may be at risk of significant harm through abuse or neglect in line with local guidance.
- Know who to contact to discuss, access support or to report any concerns about an adult at risk.
- Be aware of own roles and responsibilities and recognise limits and boundaries to role.
- Maintain accurate, comprehensive and legible records if working with adults at risk and store and share information securely in line with local guidance.
- Take part in training, including attending regular updates to maintain skills and be familiar with procedures aimed at safeguarding and promoting the welfare of adults at risk.

- Recognise the impact of the Care Act (2014) Mental Capacity Act (2005), the Mental Capacity (Amendment) Act (2019), and the Deprivation of Liberty Safeguards (2009).
- Contracts of employment, professional codes of conduct, require all healthcare staff to exercise a duty of care to patients and, where necessary, take action for safeguarding and crime prevention.

5.8 **The ICB will regularly receive information relating to:**

- Safeguarding Adult Reviews from Hertfordshire Safeguarding Adult Board.
- Interim progress reports on large scale investigations, multi-agency reviews or safeguarding issues that require the Board's awareness and be in a position to anticipate and plan for risks which could affect the reputation of the ICB.
- Reports and papers regarding any specific issues requiring Board approval or decision.

The ICB is a statutory partner in Hertfordshire and Essex Safeguarding Adults Boards and is signed up to and accepts the principles laid down within HSAB/ESAB procedures.

Hertfordshire and Essex aspire to be safe places for all adults at risk to live and work and that they are cared for and supported in an environment free from abuse, harassment, violence or aggression.

6. Monitoring NHS Commissioned Services

The ICB is responsible for monitoring the adult safeguarding requirements set out within the contracts of NHS Commissioned Services. This includes:

- Annual Safeguarding Adult Assurance visit.
- Review of quarterly dashboard.
- Reviewing levels of training attained.
- Supervision of Named Nurses.
- Attendance at provider Safeguarding Adult Committees

6.1 Hertfordshire Safety and Improvement Process

In addition to its commissioning responsibilities the ICB will deliver its responsibilities to the Hertfordshire Safety and Improvement Process by:

- The Associate Director of Adult Safeguarding being informed of all Safety and Improvement Process meetings.
- The Associate Director of Adult Safeguarding or Named Nurse attending Safety and Improvement Process meetings where patient care and patient safety is of primary concern.
- The Associate Director of Adult Safeguarding or Named Nurse providing nursing advice to the serious Safety and Improvement Process.
- The Associate Director of Adult Safeguarding and Named Nurse will work with the Clinical Quality Manager and the Continuing Health Care Service Manager regarding any concerns relating to quality within care homes to ensure that these concerns are taken forward and monitored.
- The Continuing Health Care Team will review patients receiving full continuing health care funding, as part of the Safety and Improvement Process investigations of care homes registered for nursing.

7. Processes

7.1 Making Safeguarding Personal

The overriding principle in adult safeguarding is that it should be person-led and outcomes- focused. The safeguarding process should engage the person in a conversation about how best to respond to their situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.

Whenever possible every effort must be made to obtain the consent of an adult to report abuse taking into consideration the definitions of the Mental Capacity Amendment Act (2019) – See the HWEICB Mental Capacity Act Policy.

A person who has mental capacity, to make decisions in respect of reporting of the abuse, must be consulted as to whether they wish action to be taken in relation to their own situation. Their response will be viewed in the context of the need for any intervention to protect other service users and / or staff from harm or risk of harm (or themselves where there is risk to life and limb).

If the person does not wish to report the abuse a discussion must take place with a Safeguarding Adults Professional regarding the appropriate course of action to safeguard them, other service users and staff or act in the public

interest. The outcome of this discussion must be conveyed to the person as to whether a report will be made without their consent.

Any circumstance when a person does not have mental capacity to make this decision whether to report or not, must be discussed with a Safeguarding Adults Professional to determine how best to proceed.

On occasions, adults at risk of abuse or neglect remain in situations which leave them vulnerable to harm. Such decisions may be made on the grounds of a person's right to make choices about their lifestyle, that may involve risk. One of the mental capacity act statutory principles alludes to this, in that a person who has the mental capacity to decide and makes an unwise decision, should not be deemed to lack capacity because of that unwise choice.

Decisions about risk at this level should never be taken by individual staff but through a properly constituted professionals meeting to carefully consider the situation, the risk to the individual and actions acceptable to them to reduce the risk where possible.

7.2 Deprivation of Liberty

Deprivation of Liberty Safeguards (2007) protect people, that are under continuous control or supervision and not free to leave, and do not have mental capacity to consent to whether they reside in care homes or to treatment in hospital settings

This is irrespective of whether they are trying to leave or not.

People can also be under continuous control and supervision and not free to leave outside of the above settings. This can occur in their own home setting, including assisted living. When this occurs an application to the Court of Protection must be considered – see HWEICB Deprivation of Liberty Policy (DoLS is intended to be replaced by Liberty Protection Safeguards when the Mental Capacity (Amendment) Act 2019 is implemented).

Every provider commissioned by WECCG must have an internal Mental Capacity Act/Deprivation of Liberty Safeguards policy relevant to their service, that links explicitly and complies with the Hertfordshire Policy on Mental Capacity <https://www.hertfordshire.gov.uk/media-library/documents/about-the-council/data-and-information/mental-capacity-act-2017.pdf> or SET Mental Capacity Act Policy and procedures <http://www.essexsab.org.uk/media/2269/set-mcadol-guidancejan18-v2.pdf>

7.3 Safeguarding Adult Reviews

The ICB has a duty to work in partnership with Hertfordshire Safeguarding Adult Board, Essex Safeguarding Adults Board and /or any other Safeguarding Adult Boards, by participating in Safeguarding Adult Reviews and Multi-agency Serious Incident Reviews.

The purpose of a safeguarding adult review is:

- To establish whether there are lessons to be learned from the incident about the way local professionals and agencies work together to safeguard adults at risk.
- To use the review of the case as a learning process to trigger recommendations that specifically identify where systems and practices might be improved to contribute to more effective inter-agency working and to better outcomes for vulnerable adults.
- To ensure that any urgent issues that require immediate actions are dealt with as soon as they are identified.

The ICB must ensure that chronologies and Individual Management Reviews are produced by NHS Commissioned Services and GPs where appropriate.

The ICB must ensure that the recommendations attributable to the organisation and subsequent actions following the review are carried out according to the timescale set out by the Safeguarding Adult Review Panel scoping and terms of reference. Both examples of good practice and lessons to be learned should be disseminated across all levels of the organisations as appropriate.

The Quality & Performance Committee on behalf of the Board will monitor the progress of identified recommendations and supporting action plans for issues relating to the ICB.

7.4 Domestic Homicide Reviews

Domestic Homicide Reviews (DHR's) were established on a statutory basis under Section 9 of the Domestic Violence, Crime and Victims Act 2004 and came into force in April 2011.

A domestic homicide review is 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 person to whom they were related or was/has an intimate relationship.
- A member of the same household.

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

The ICB must ensure that chronologies and Individual Management Reviews are produced by NHS Commissioned Services and GPs where appropriate.

The ICB has a duty to have regard to the Domestic homicide reviews: statutory guidance and to ensure that providers across the health economy have the necessary arrangements to respond to this guidance. This is monitored by the

Self- Assessment and Assurance Framework for Safeguarding Adults' and form part of quality contracting monitoring.

The ICB must ensure that the recommendations attributable to the organisation and subsequent actions following the review are carried out according to the timescale set out by the DHR Panel scoping and terms of reference. Both examples of good practice and lessons to be learned should be disseminated across all levels of the organisations as appropriate.

The Quality & Performance Committee on behalf of the Board will monitor the progress of identified recommendations and supporting action plans for issues relating to the ICB.

7.5 **PREVENT and CHANNEL**

- PREVENT and CHANNEL are a statutory part of the Government Contest Strategy led by the Home Office that focus on working with individuals and communities who may be vulnerable to the threat of violent extremism and terrorism.
- Supporting vulnerable individuals and reducing the threat from violent extremism in local communities is a priority for the health service and its partners.
- The ICB Associate Director of Adult Safeguarding and the Designated Professional for Safeguarding Adults will ensure that there are robust PREVENT arrangements in place across the health economy and form part of quality contracting monitoring.
- ICB staff will participate in PREVENT basic awareness training at induction and ongoing refresher training appropriate to their role as outlined in Learning Approach to Adult Safeguarding.
- A member of the Adult or Children's Safeguarding Teams will represent the ICB at the Hertfordshire/West Essex Channel Panels.
- The Associate Director of Adult Safeguarding and the Designated Nurse for Safeguarding Children will participate in any CHANNEL activity as required.

7.6 **Modern Slavery**

- The Modern Slavery Act enacted in 2015 imposes an obligation on the Police and Local Authorities to notify the Home Office if they have reasonable grounds to believe a person may be a victim of human trafficking or slavery. NHS organisations should be able to spot the signs of modern slavery and human trafficking and report to the police.
- Modern slavery includes, human trafficking, forced labour, domestic servitude or debt bondage. Victims can be men, women or children of all ages and backgrounds, who are controlled by force, threats, coercion, abduction, fraud and deception. There are a number of signs but not all of

these suggested indicators below will apply in every case and some situations may not be immediately apparent.

- Show signs of injury, abuse and malnourishment
 - Be under the control of others
 - Have no access to or control of their passport or identity documents
 - Appear scared, avoid eye contact and be untrusting
 - Look unkempt, often in the same clothing and have poor hygiene
 - Live in cramped, dirty, overcrowded accommodation
- To report incidents of modern slavery, contact the ICB Modern Slavery Lead and the Police on 101
 - The UK Modern Slavery Helpline is available 24/7 to offer confidential advice and support regarding modern slavery suspicions or concerns on 08000 121 700

7.7 Information Governance

The Care Act 2014 states that in order to carry out its functions, Safeguarding Adult Boards (SABs) will need access to information that a wide number of people or other organisations may hold. Some of these may be SAB members, such as the NHS and the police. Others will not be, such as private health and care providers or housing providers/housing support providers or education providers.

If someone knows that abuse or neglect is happening, they must act upon that knowledge, not wait to be asked for information.

A SAB may request a person to supply information to it or to another person. The person who receives the request must provide the information provided to the SAB if:

1. The request is made in order to enable or assist the SAB to do its job.
2. The request is made of a person who is likely to have relevant information and then.

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 General Data Protection Regulation (2018), the Human Rights Act 1998 and the common law doctrine of confidentiality.

Wherever possible, the adult at risk 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, or it is felt not appropriate to tell the adult at risk, then it is possible to share information without consent in certain circumstances.

Concern about the abuse of an adult provides sufficient grounds to warrant sharing information on a “need to know” basis and /or “in the public 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.

The ICB will follow the Information Sharing guidance in the [Hertfordshire Safeguarding Adults from Abuse Procedure issue \(2021\)](#) or [Southend, Essex & Thurrock \(SET\) Safeguarding Adults Guidelines \(2020\)](#) which provide guidance to staff as to when and with whom information can be shared.

7.8 Recruitment and Employment

The ICB has a duty to ensure that safe recruitment processes are complied with and act in accordance with the NHS employer’s regulations, the Disclosure and Barring Scheme of the Independent Safeguarding Authority as within the Safeguarding Vulnerable Groups Act 2006 statutory guidance.

The ICB, will ensure that any organisation delivering its recruitment function can demonstrate awareness of the requirements, and systems of practice that ensure that there are robust checks.

Safeguarding adult responsibilities are written into the contract of all HWEICB employees.

HWEICB will ensure that where disciplinary action has been taken against an employee of the ICB the appropriate action has been taken in respect of notification to professional bodies or reporting under the Safeguarding Vulnerable Groups Act (2006).

HWEICB will make appropriate referrals, in line with HR policy and procedure, to the Disclosure and Barring Service to support safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children.

7.9 Allegations Against Staff

When there is an allegation of abuse and/or neglect against a HWEICB employee then the HWEICB Managing Allegations against Staff in Relation to Safeguarding of Children, Young People & Adults at Risk Policy must be instigated.

In the event of staff identifying any concerns of organisational abuse within HWEICB, they must ensure service users safety and escalate this to their line

manager, the safeguarding team and appropriate director without any avoidable delay.

If these actions are taken and the risks remain unchanged or the staff cannot discuss this with any of the above, then the HWEICB Whistleblowing Policy must be followed.

Staff can escalate their concern to the Chief Officer, Care Quality Commission or Local Safeguarding Adults Board. Staff can also call 'Speak Up' for free, independent and confidential advice on the speaking up process on 08000 724725 or visit their website <https://www.speakup.direct/>.

7.10 Training

All staff will receive safeguarding adults training at a level according to their role and as stated within the NHS Intercollegiate Document. This is outlined in the HWEICB 'A Learning Approach to Safeguarding' - [A Learning Approach to Safeguarding](#)

The Intercollegiate document can be accessed here: <https://www.rcn.org.uk/professional-development/publications/pub-007069>

7.11 Safeguarding Supervision

Effective supervision promotes good standards of practice.

The supervision process allows the practitioner to assume responsibility for their own practice and promotes best practice.

Working with adults at risk to ensure they are protected from abuse and/or neglect requires sound professional judgments to be made. It is demanding work that can be distressing and stressful and those involved must have access to advice and support from professionals experienced in the field of safeguarding adults at risk.

Please see the HWEICB Safeguarding Supervision Policy, currently in draft form.

Appendix 1: Key contacts

HWE ICB Adult Safeguarding Team Contact Details:

hertsvalleysccg.safa@nhs.net

Tel: 01442 898881

WECCG.Safeguardingadults@nhs.net

Tel: 01992 566140

Appendix 2: How to make a safeguarding referral

Hertfordshire

Referral Point	Risk to Adult	Email/portal	Telephone Number
Adult Care Services	Adults at risk of abuse or neglect	Adult Care Services Portal	0300 123 4042
HPFT	Adult receiving mental health services who is at risk of abuse or neglect	hpft.spa@nhs.net NB: for non-urgent referrals	0300 777 070
Police	Immediate risk to life or limb, risk of injury or crime being committed		999
Police	For incidents taking place against an adult at risk where there is NO immediate risk to life or property but a police response is required as soon as practicable due to the seriousness of the incident and/or potential loss of evidence		101
Police SAFA	Partner agencies can make a referral to the police SAFA team.	hqsafeguarding@herts.pnn.police.uk	01707 354556

Essex

Referral Point	Risk to Adult	Email/portal	Telephone Number
Adult Social Care	Adults at risk of abuse or neglect	SETSAP referral form: Essex Safeguarding Adults Board - Reporting Concerns (essexsab.org.uk) Email: businesssupport.adults@essex.gov.uk	0345 603 7630 Out of hours referrals: General public 0345 606 1212 Statutory agencies 0300 123 0778
Police	Immediate risk to life or limb, risk of injury or crime being committed		999

Police	For incidents taking place against an adult at risk where there is NO immediate risk to life or property but a police response is required as soon as practicable due to the seriousness of the incident and/or potential loss of evidence		101
Police SAFA	Partner agencies can make a referral to the police SAFA team.	For a non-urgent response email: OC.triage.team.essex@essex.pnn.police.uk	For an urgent response call 101 ext 180022 or ext 180043

Appendix 3: Resources and further information

Independent Mental Capacity Advocate (IMCA)

The **IMCA** service in Hertfordshire is provided by POhWER

Telephone 0300 456 2370

To make a referral: [Make a referral | POhWER](#)

Email: pohwer@pohwer.net

The **IMCA** service in WE is provided via the Local Authority- RETHINK

Referral forms are available online at <https://www.rethinkessexadvocacy.org>

Telephone: 0300 7900 559

Contact Email: essexadvocacy@rethink.org as well as for sending completed forms.

Care Quality Commission

National correspondence,

Citygate,

Gallowgate,

Newcastle upon Tyne

NE1 4PA

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Modern Slavery and Human Trafficking

In a non-emergency to report an incident Police helpline: 101 or www.police.uk/101

Crimestoppers: 0800 555 111 or www.crimestoppers-uk.org

For advice if you suspect an incident:

Modern Slavery Helpline: 0800 0121 700 or www.modernslaveryhelpline.org

[Hertfordshire Safeguarding Adults Board](#) webpage is accessible via this link for information guidance and resources.

[Essex Safeguarding Adults Board](#) webpage is accessible via this link for information guidance and resources.

[NHSE Safeguarding Adults Pocket Guide \(2017\)](#)

Domestic Abuse

Domestic Abuse Services for Hertfordshire

Herts Domestic Abuse Helpline is a confidential, free, support and signposting service for anyone, male or female, affected by domestic abuse.

Call 08 088 088 088

9am-9pm Monday to Friday and 9am-4pm weekends

Confidential email Kim@mailpurple.org

<https://www.hertsdomesticabusehelpline.org/>

Domestic Abuse Services for Essex

COMPASS, Essex Domestic Abuse Helpline, is a consortium of established domestic abuse support agencies providing a single point of access for callers to speak with a trained member of staff who will complete an assessment and ensure contact is made with the most appropriate support service.

Call 0330 333 7444

8am to 8pm weekdays and 8am to 1pm weekends.

<https://www.essexcompass.org.uk/>

24-hour National Domestic Abuse Helpline

A service for women experiencing domestic abuse, their family, friends, colleagues and others calling on their behalf. It is run in partnership between Women's Aid and Refuge.

Callers may first of all hear an answerphone message before speaking to a person.

Tel: 0808 2000 247

<https://www.nationaldahelpline.org.uk/>

National Lesbian, Gay, Bisexual and Trans+ Domestic Abuse Helpline

A confidential helpline providing emotional and practical support for LGBT+ people experiencing domestic abuse.

Tel: 0800 999 5428 (Monday to Friday 10:00am - 5:00pm, Wednesday to Thursday 10:00am - 8:00pm)

Email: help@galop.org.uk

Information: <https://www.galop.org.uk/>

Men's Advice Line

A confidential helpline for all men experiencing domestic abuse.

This includes all men – in heterosexual or same-sex relationships. The service offers emotional support, practical advice and information on a wide range of services for further help and support.

Tel: 0808 801 0327 (days and times of phone support vary)

Information and webchat can be accessed here <http://www.mensadvice.org.uk/>

Email: info@mensadvice.org.uk

Mankind

This is a confidential helpline for male victims of domestic abuse across the UK as well as their friends, family, neighbours, work colleagues and employers.

Tel: 01823 334244

<https://www.mankind.org.uk/>

Respect

A confidential service for people who are abusive and/or violent towards their partners.

Respect offers information and advice to support perpetrators to stop their abuse and change their behaviours. The main focus is to increase the safety of those experiencing domestic abuse.

Tel: 0808 802 4040 (days and times of phone support vary)

www.respectphoneline.org.uk

Modern slavery and Human Trafficking

www.modernslaveryhelpline.org

County Lines

[County lines: criminal exploitation of children and vulnerable adults.](#)

Appendix 4: Good Practice Guidance

Responding to abuse or neglect

- There are ten categories of abuse defined in the Care Act (2014): physical, sexual abuse, domestic abuse, neglect and acts of omission, psychological, financial, organisational, self-neglect, modern slavery or discriminatory abuse.
- Any member of the public, public service or service provider could become aware of the possible or actual abuse of an adult at risk.
- Any person who is concerned about the possible or actual abuse of an adult at risk must share this with a manager/team leader.
- The manager/team leader must ensure a safeguarding concern is raised within one working day

Good practice guidance: Disclosure of abuse

- Speak to the adult in a private and safe place, consider if a chaperone is needed.
- Don't interview the person, but establish basic facts
- Do not promise to keep a secret/ keep information confidential; explain who you will tell and why
- Ask the adult what they would like to happen - this is making safeguarding personal
- Explain how the adult will be kept informed
- Identify an immediate safeguarding plan with the adult at risk
- Where appropriate make a best interest decision about the risks and the immediate protection plan needed if the adult is unable to provide informed consent.

Key Information to establish where possible:

- Basic facts such as what happened, when and by who
- What the immediate risks are
- Mental capacity of the adult to understand the risks and consent to safeguarding enquiry.

If not all the facts can be established initially this MUST NOT prevent you from raising a safeguarding concern.

Good practice guidance: Immediate Action by the Person Raising the Concern

The person raising the concern must first and foremost ensure that immediate safety of the adult.

- Make an immediate evaluation of the risk and take steps to ensure that the adult is in no immediate danger
- Ensure others are not in immediate danger
- If a crime has been committed or life is in danger or at risk dial 999
- In situations where there has been or may have been a crime and the police have been called it is important that forensic and other evidence is collected and preserved. Evidence may be present even if you cannot actually see anything. Try not to disturb the scene, clothing or adult at risk if possible.
- Arrange any medical treatment (note if the allegation is of a sexual nature this will require expert advice from the police/Sexual Assault Referral Centre) Those with mental capacity can refuse to be referred to the police.
- In most cases unless the situation is urgent and an immediate referral to the police and/or the investigating team is needed, staff should follow their organisations internal safeguarding procedures, reporting immediately to their line manager
- Record the details of the concerns as soon as possible after the disclosure or suspicion, using the organisations internal recording procedures.

Good practice guidance: Responsibilities of the organisation/line manager of the person raising the concern (manager)

The Manager should review actions taken in line with your organisations safeguarding policy and procedures. Ensure that the following has been clearly addressed and recorded.

- Evaluate the risk to the adult at risk
- Take reasonable and practical steps to safeguard the adult at risk as appropriate
- Refer to the police if the abuse suspected is a crime
- Arrange any necessary emergency medical treatment (note offences of a sexual nature will require expert advice from the police)
- If the person alleged to have caused the harm is also an adult at risk, arrange for a member of staff to attend to their needs
- Ensure that any staff or volunteer who has caused risk or harm is not in contact with service users and others who may be at risk, for example, the person who has reported the concern
- If the person alleged to have caused the harm is a member of staff, decide whether any action is required under the organisation's disciplinary procedures
- Make sure that other service users are not at risk
- If your service is registered with the Care Quality Commission, and the incident constitutes a notifiable event, complete and send notification to CQC.

Good practice guidance: Reporting a Concern

If on the information available, the following three criteria are met a referral **MUST** be made to the Local Authority, with the consent of the individual, if they have mental capacity to do so.

1. A person has care and support needs
2. They may be experiencing or at risk of abuse and neglect
3. They are unable to protect themselves from neglect because of those care and support needs

Concerns reported by the adult at risk, carers or members of the public should always include the following:

- What the adult wants to happen
- Details of the referrer and contact number
- Details of the adult at risk
- Information about the abuse or neglect
- Details of the person who may be causing the harm (if known)
- Any immediate actions that have been taken

The local authority Safeguarding Teams are responsible for the management of all safeguarding adults from abuse investigations. Allegations of possible or actual abuse should not be investigated without an agreement with the LA Safeguarding Team, the service provider and the police where relevant. This includes interviewing staff, the adult at risk, family/carers and others. Alleged abusers should **NOT** be informed of any allegations until a plan of action has been agreed with the investigating team and the police.

Investigations can be planned by telephone when prompt action is required or at a 'safeguarding adults from abuse' strategy meeting. At the meeting information is shared and actions agreed which will include an investigation and protection plan.

[The Hertfordshire Safeguarding Adults from Abuse Procedure issue \(2021\)](#)

[Southend, Essex & Thurrock \(SET\) Safeguarding Adults Guidelines \(2020\)](#)

Appendix 5: Good Practice Guidance: Virtual contact/meetings

As we are contacting vulnerable people remotely / virtually more often it is important we do all that we can to recognise abuse, harm and neglect, and situations where this might occur so that we can prevent these.

Key principles

- Apply all your skills and training when consulting remotely.
- Remain professionally curious about interactions, language, environment, and presentations.
- Make sure the person you are talking to has time and space to share information.
- Be vigilant.
- The principles of good practice in relation to consent, confidentiality, and good record keeping still apply.
- The decision for offering a remote contact as opposed to a face-to-face consultation should be based on a full risk assessment. Not all contact will be able to be remote.

Things to consider:

- Do you have access to reliable internet and remote tools, for example Microsoft Teams etc. (Please be aware of potential security issues).
- Are your calls confidential, can you be overheard by anyone? Make sure you have a quiet, well-lit private space to have the telephone/video conversation.
- Can the adult be supported to use video technology by a carer or family member where available (with consent and if this is safe for the individual)?
- Is the adult alone? Be aware that the perpetrator of the abuse may be in the house/room. If it is not a safe time, then ask for a suggested safe time to call back. Be aware that situations change quickly, and that risk is dynamic.
- Ask and check if there are others listening to the conversation? It is also important to note that during remote contact there may be other people present and that the adult consents to this.
- Consider any reasonable adjustments that may be needed i.e. hearing/learning disability/ cognitive impairment/English as a second language and if interpreting services are needed. The use of interpreting services can be done through a three-way telephone conversation. It is good practice to avoid the use of family/ friends as interpreters, because of the risk of misinterpretation or lack of understanding and you cannot be confident the translation is exactly as you are saying.
- Do not record the video or audio unless there is a specific reason to do so, and there is explicit and informed consent from the adult.

Appendix 6: NHS Herts and West Essex ICB Equality Impact Assessment Screening Form

Very occasionally it will be clear that some proposals will not impact on the protected equality groups and health inequalities groups.

Where you can show that there is no impact, positive or negative, on any of the groups please complete this form and include it with any reports/papers used to make a decision on the proposal.

Title of policy, service, proposal etc being assessed:

Safeguarding Adults Policy

What are the intended outcomes of this work?

The aim of this policy is to provide HWE ICB staff with information so that they may fulfil their statutory duties to safeguard and protect adults.

How will these outcomes be achieved?

Staff required to follow the policy direction in relation to safeguarding adults that fall within the remit of this policy
--

Who will be affected by this work?

All staff working in the ICB and the service users that are defined within the remit of this policy

What evidence have you considered?

As stated in section 3 of the policy, the equality needs of individuals when interacting with the policy and process will be met to ensure equity of outcome, therefore, providing those needs are met, the impact is expected to be neutral.

Age

This Policy relates to people over the age of 18.

As stated in section 3 of the policy, the equality needs of individuals when interacting with the policy and process will be met to ensure equity of
--

outcome, therefore, providing those needs are met, the impact is expected to be neutral

Disability

Subjects who have any difficulty with sight, reading, or interpreting critical or complex information (either verbal or written) may require additional support to interpret information

As stated in section 3 of the policy, the equality needs of individuals when interacting with the policy and process will be met to ensure equity of outcome, therefore, providing those needs are met, the impact is expected to be neutral

Gender reassignment (including transgender)

This Policy relates to all included subjects irrespective of gender re-assignment

As stated in section 3 of the policy, the equality needs of individuals when interacting with the policy and process will be met to ensure equity of outcome, therefore, providing those needs are met, the impact is expected to be neutral

Marriage and civil partnership

This Policy relates to all included subjects irrespective of marital/partnership status

As stated in section 3 of the policy, the equality needs of individuals when interacting with the policy and process will be met to ensure equity of outcome, therefore, providing those needs are met, the impact is expected to be neutral

Pregnancy and maternity

This Policy relates to all included subjects irrespective of pregnancy or maternity status

As stated in section 3 of the policy, the equality needs of individuals when interacting with the policy and process will be met to ensure equity of outcome, therefore, providing those needs are met, the impact is expected to be neutral

Race

Subjects whose first language is not English may require additional support with translation of the policy. For some people this policy may not be understandable and as such may need additional support to understand the Law and Statutory guidance that underpins this policy

As stated in section 3 of the policy, the equality needs of individuals when interacting with the policy and process will be met to ensure equity of outcome, therefore, providing those needs are met, the impact is expected to be neutral

Religion or belief

Subjects may require additional support with the context interpretation of the policy and as such may need additional support to understand the Law and Statutory guidance that underpins this policy

As stated in section 3 of the policy, the equality needs of individuals when interacting with the policy and process will be met to ensure equity of outcome, therefore, providing those needs are met, the impact is expected to be neutral

Sex

This Policy relates to all included subjects irrespective of Sex

As stated in section 3 of the policy, the equality needs of individuals when interacting with the policy and process will be met to ensure equity of outcome, therefore, providing those needs are met, the impact is expected to be neutral

Sexual orientation

This Policy relates to all included subjects irrespective of sexual orientation

As stated in section 3 of the policy, the equality needs of individuals when interacting with the policy and process will be met to ensure equity of outcome, therefore, providing those needs are met, the impact is expected to be neutral

Carers

This Policy relates to all included subjects irrespective of carer status

As stated in section 3 of the policy, the equality needs of individuals when interacting with the policy and process will be met to ensure equity of

outcome, therefore, providing those needs are met, the impact is expected to be neutral

Other identified groups

Subjects may require additional support with the context interpretation of the policy and as such may need additional support to understand the Law and Statutory guidance that underpins this policy.

As stated in section 3 of the policy, the equality needs of individuals when interacting with the policy and process will be met to ensure equity of outcome, therefore, providing those needs are met, the impact is expected to be neutral

Engagement and involvement

How have you engaged stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available?

Advice from ICB Equality and Diversity Lead

How have you engaged stakeholders in testing the policy or programme proposals?

Policy approved by the ICB

For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:

Summary of Analysis

Considering the evidence and engagement activity you listed above, please summarise the impact of your work.

NA

Now consider and detail below how the proposals could support the elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups (the General Duty of the Public Sector Equality Duty).

The ICB ensures that the Policy enables subjects to access to support from the ICB Safeguarding Team to interpret the Policy and support full understanding by any person who it relates to, where required

Eliminate discrimination, harassment and victimisation

Ensure that the policy does not contain discriminatory language and reiterates the universal provisions for this policy

Advance equality of opportunity

As stated in section 3 of the policy, the equality needs of individuals when interacting with the policy and process will be met to ensure equity of outcome, therefore, providing those needs are met, the impact is expected to be neutral

Promote good relations between groups

This policy is universally applied to all subjects in relation to any allegations made against staff in circumstances that fall within the remit of this policy

Next Steps

Some individuals with protected characteristics around Disability, Race, Religion or Belief and other identified groups such as individuals who are not UK citizens may require support in relation to the interpretation or translation of this policy.

This has been addressed by the policy which includes provision (In section 3) for any affected individual to be encouraged to approach the safeguarding team for support with interpretation or translation.

The completed EqIA will be published on the HWEICB website.

Having considered the proposal and sufficient evidence to reach a reasonable decision on actual and/or likely current and/or future impact I have decided that a full equality impact assessment is not required.

Assessor's name and job title:
Paul Curry,
Equality and Diversity Lead
Date: 9 May 2022.

No specific evidence of need relating to the protected equality groups is presented, however it is clear that there is likely to be an impact on protected equality groups. The proposal recognises that and states that the needs of the equality groups should be met and that, if those needs are met, the impact will be neutral. Decision makers should assure themselves that this is sufficient for them to be able to show Due Regard, as required by the Equality Act 2010.