



Merton

Clinical Commissioning Group



Wandsworth

Clinical Commissioning Group

Safeguarding Adults Policy and Procedures

Merton and Wandsworth CCGs

Author: Marino Latour, Designated Safeguarding Adults Lead
Approved 15th August 2018
To be Reviewed 15th August 2021

Contents

Section Heading	Page No
1. Introduction and Purpose	3
2. Accountability and Responsibility of the Clinical Commissioning Groups	4
2.1. Introduction	4
2.2. All CCG Employees	4
2.3. Safeguarding Adults Executive and Operational Leads;	5
3. Definitions (Safeguarding Adults)	6
3.1. Adult at risk	6
3.2. Abuse Definitions	6
4. Referral/Raising Concerns	7
4.1. CCG Staff raising Safeguarding Adult Concerns	7
4.2. Escalation of Concerns	7
4.3. Participation in the Safeguarding Process	7
5. Mental Capacity Act (including Deprivation of Liberty Safeguards)	8
6. Radicalisation	9
6.1. Contest	9
6.2. Prevent	9
6.3. Channel	9
7. Multi-agency/Strategic Partnerships	10
7.1. Safeguarding Adults Board	10
7.2. Serious Case Reviews/Safeguarding Adult Reviews (SAR)	10
7.3. Domestic Homicide Reviews (DHR)	11
8. CCG Safeguarding Assurance/Quality Monitoring	11
8.1. Provider Trust Assurance	11
8.2. Internal CCG Reporting	11
9. Allegations against CCG employees and Designated Adults Safeguarding Lead role	11
10. Serious Incidents (with Safeguarding Implications)	12
11. Legal Advice	12
12. Transition from Children to Adults (CCGs Statement)	13
13. Consultation and Approval	13

1. Introduction and Purpose

This policy sets out the safeguarding responsibilities for those directly employed by the Clinical Commissioning Groups (hereafter known as the CCGs) of: Merton CCG and Wandsworth CCG as a Local Delivery Unit (LDU) to ensure that, in their role of commissioning and improving the health of their population, they promote and respond to the welfare and safeguarding of adults who are in need of care and support.

The policy has been developed to support the CCGs in their commissioning role with providers across the health economy and any provider function undertaken by the CCG. This is not a replacement for the safeguarding adult procedures as set out in the Protecting adults at risk: London Multi-agency Guidelines, therefore, CCGs employees must continue to follow and adhere to its principles.

CCGs have a responsibility to ensure that clear arrangements are in place with health providers they commission from (including those subcontracted to deliver commissioning services on behalf of the CCG) as well as any provider services delivered directly by the CCG (this does not include GP practices which are required to have their own safeguarding policies) safeguard and promote the welfare of adults at risk of abuse or neglect. It is the expectation that health providers must have their own safeguarding adults' policies and procedures which must be reflective of current national practice/guidance.

CCGs must ensure that, in any commissioning decisions or involvement in safeguarding adult matters, that they strive to adhere to the Government six principles for safeguarding adults¹, these being;

1. Empowerment
2. Protection
3. Prevention
4. Proportionate Response
5. Partnership
6. Accountability

¹DH 2011, [Adult safeguarding: statement of government policy](#)

2. Accountability and Responsibility of the Clinical Commissioning Groups

2.1 Introduction

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 from harm.

The NHS Accountability and Assurance Framework² sets out that CCGs are required to ensure that they have appropriate systems in place for discharging their responsibilities in respect of safeguarding, including:

- Plans to train their employees 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 Safeguarding Adult Boards (SAB)
- Ensuring effective arrangements for information sharing

2.2 CCGs are also required to have a Named Lead for;

- The Mental Capacity Act (MCA)
- PREVENT (part of the Counterterrorism Strategy)
- A Designated Adult Safeguarding Lead

2.3 All CCG Employees

The Care Act Guidance (DH, 2014) states that safeguarding is not a substitute for:

- Commissioners regularly assuring themselves of the safety and effectiveness of commissioned services
- Providers' responsibilities to provide safe care
- The Care Quality Commission (CQC) ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action
- The core duties of the police to prevent and detect crime and protect life and property.

CCG employees, involved in commissioning services, must check that safe and quality care is being provided; prior to procurement of any care package/placements or contracts, this could be done by:

² <http://www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-accountability-assurance-framework.pdf>

- Undertaking visits
- Reviewing CQC Reports
- Healthwatch Reports
- Contacting relevant partner's e.g. Local Authority Contracting Teams.

The CCGs should also check that Providers

- Have a complaint procedure in place for patients/service users and their carers/families.
- Have up to date Safeguarding, MCA and Prevent policies (reflective of local and national policy/guidance) and employees are trained as appropriate to carry out their duties in relation to this.
- Have effective on-going monitoring arrangements and mechanisms in place with their Providers with regards to the quality and safety of care being provided. Ensure suitable attention is provided to the outcomes from any Regulatory/Statutory Inspections (such as the Care Quality Commission and Healthwatch) and implement any necessary additional contract monitoring and seek to gain assurances that safe and quality care is being provided. Ensure any commissioned service is safe for those in vulnerable situations and have effective systems for identifying and responding to abuse and neglect of adults and effective interagency working with local authorities, the police and third sector organisations.

When commissioning Learning Disability services provision and/or placements, the CCGs staff must ensure that the learning from the Department of Health Winterbourne View Serious case report has been considered³.

Safeguarding Adults Executive and Operational Leads:

Merton and Wandsworth CCGs as an LDU must work with the South West London Alliance Executive and Operational Leads to ensure that they are able to discharge their safeguarding adults function effectively. These are:

- The Director for Quality and Governance is the executive lead for Safeguarding who has accountability for this function.
- The Safeguarding Adults and Mental Capacity lead has strategic responsibility for safeguarding adults, MCA and PREVENT.

³ [DH 2012, Transforming care: A National response to Winterbourne View Hospital](#)

3. Definitions (Safeguarding Adults)

3.1 Adult at risk⁴

The term 'adult at risk' has been universally used to replace 'vulnerable adult'. This is because the term 'vulnerable adult' may wrongly imply that some of the fault for the abuse lies with the adult abused.²

The Care Act (2014) states that 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.

3.2 Abuse Definitions

Current accepted definitions in the Care Act (2014) are:

- **Physical abuse** - e.g. assault, hitting, slapping, pushing, misuse of medication
- **Restraint or inappropriate physical sanctions.**
- **Domestic violence** - including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.
- **Sexual abuse** - including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting).
- **Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- **Financial or material abuse** – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- **Modern slavery**– encompasses slavery, human trafficking, forced labour and domestic servitude.
- **Discriminatory abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
- **Organisational abuse** – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home.

⁴ [Protecting adults at risk: London Multi-agency Guidelines, SCIE 2011](#)

- **Neglect and acts of omission** – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
- **Self-neglect** – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

4. Referral/Raising Concerns

4.1 CCG Staff raising Safeguarding Adult Concerns

Under the Care Act (2014), the Local Authority remains the Statutory Lead Agency for Safeguarding Adults and is responsible for carrying out safeguarding enquiries/investigations when adults have a need for care and support. This statutory obligation remains regardless on whether the authority is meeting any of those adults needs⁵.

CCG employees have a duty to consider referring and follow up any Safeguarding Adults Concerns to the relevant Local Authority Safeguarding Adults Team. In doing so, CCG employees must adhere to the most current version of the London Multi-agency Guidelines⁶ with regards to making a referral. Consideration must be given to issues of mental capacity, consent and how CCG staff communicates with those who have experienced harm and abuse, so that they are empowered and their outcomes are improved⁷.

Staff are expected to keep their line manager and the relevant safeguarding adult Lead informed of the response to the concern.

4.2 Escalation of Concerns

If the CCG employees do not feel assured that the Local Council are appropriately addressing the concerns raised, then they should escalate their concerns to the MCCG & WCCG Safeguarding Team in order that a plan can be devised to address this with the Council or, where required, the Safeguarding Adult Board.

4.3 Participation in the Safeguarding Process

The CCGs employees are expected to fully participate in the Safeguarding Process (at both case and Provider Level), in particular, employees who may work directly with individuals and their families as part of the CCGs continuing care function⁸.

This may mean the CCGs employees are required to;

- Attend safeguarding meetings as requested (e.g. strategy meetings, case conferences).
- Carrying out additional health care reviews/assessments.
- Fully participate in any required protection planning.

⁵ [Care Act 2014](#)

⁶ [Protecting adults at risk: London Multi-agency Guidelines, SCIE 2011](#)

⁷ [Making Safeguarding Personal, ADASS, SCIE, LGA 2013](#)

⁸ [National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care, Department of Health, 2011](#)

- Supporting safeguarding investigations at the request of the Local Authority and/or the CCG Safeguarding Adults Lead Nurse.

5. Mental Capacity Act (including Deprivation of Liberty Safeguards) - must be read with the MCCG & WCCG MCA & DoLs Policy.

The Mental Capacity Act 2005 provides a statutory framework to empower and protect people (aged 16 and over) who may lack capacity to make decisions for themselves and establishes a framework for making decisions on their behalf. This applies whether the decisions are life-changing events or everyday matters.

All decisions taken in the Safeguarding Adults process must comply with the principles of the MCA (including the DOLs) and include the referral to and use of an Independent Mental Capacity Advocate (IMCA) where required. CCG staff must ensure that they are assured that services being commissioned are adhering to the legislation as well as following the principles when providing services directly.

Both CCG employees and any commissioned service must adhere to the 5 key principles underpinning the Act⁹: These are:

1. Every adult has the right to make his or her own decisions and must be assumed to have capacity to make them unless it is proved otherwise.
2. A person must be given all practicable help before anyone treats them as not being able to make their own decisions.
3. Just because an individual makes what might be seen as an unwise decision, they should not be treated as lacking capacity to make that decision.
4. Anything done or any decision made on behalf of a person who lacks capacity must be done in their best interests.
5. Anything done for or on behalf of a person who lacks capacity should be the least restrictive of their basic rights and freedoms.

Deprivation of Liberty Safeguards (DOLS)

The MCA permits restrictions and restraint to be used, but only if they are in the best interests of a person who lacks capacity to make the decision themselves.¹⁰

In the event a form of restraint may be required, the supervisory body (local authorities) appoints assessors to see if the conditions are met to allow the person to be deprived of their liberty under the safeguards, these include that:

- The person is 18 or over (different safeguards apply for children).
- The person lacks capacity to decide for themselves about the restrictions which are proposed so they can receive the necessary care and treatment.
- The restrictions would deprive the person of their liberty.
- The proposed restrictions would be in the person's best interests.

⁹ [Mental Capacity Act: Making Decisions, Office Public Guardian, September 2014](#)

¹⁰ [At a Glance, The Deprivation of Liberty Safeguards, SCIE 2011](#)

- Whether the person should instead be considered for detention under the Mental Health Act.

If any of the conditions are not met, deprivation of liberty cannot be authorised. This may mean that the care home or hospital has to change its care plan. For example, if it would be in the person's best interests to be supported in a less restrictive way.

6. Radicalisation

6.1 Contest

Contest is the United Kingdom's Counterterrorism strategy and aims to reduce the risk to the UK and its interests overseas from international terrorism. The most significant current terrorist threat to the UK and its interests overseas comes from Al Qaeda, their affiliates and supporters in other areas¹⁴.

Contest has four work streams;

1. [Pursue: to stop terrorist attacks](#)
2. [Prevent: to stop people becoming terrorists or supporting terrorism](#)
3. [Protect: to strengthen the UK's protection against a terrorist attack](#)
4. [Prepare: to mitigate the impact of a terrorist attack](#)

6.2 Prevent

Prevent¹¹ is part of Contest¹¹. The Department of Health has pledged Health Sector support in terms of identifying those who may be susceptible to (or are already) being drawn into terrorism and onward referring for expert support^{14,12}. Vulnerabilities for being drawn into terrorism may not be the same as existing Safeguarding Adult Policy in terms of who is considered as "an adult at risk" or "in need of care and support".

The CCGs must pledge to fulfil their Prevent duties by:

- Raising their employee's awareness of Prevent (including Channel).
- Carry out their commissioning responsibilities to oversee how organisations from which they commission from meet their Prevent obligations as set out in the National NHS Standard contract¹³.
- Engage with the London Region wide approach to Prevent in ensuring that there is awareness, training, and an effective response to concerns.

6.3 Channel

¹¹ [Protecting the UK against terrorism, DOH 2014](#)

¹² [The health sector contribution to HM Government's Prevent strategy: guidance for healthcare workers, Department of Health 2011](#)

¹³ [NHS England: NHS Standard Contract](#)

Health employees should refer those they may be concerned are/or at risk of becoming radicalised (not limited to patients) to a multi-agency panel known as Channel¹⁴.

CCGs Employees must;

- Make any referral to Channel in accordance with the national guidance available¹³.
- Notify the CCGs safeguarding/ PREVENT Lead when they have made a Channel referral.
- Attend a Channel panel upon request by the Chair (this would however usually be the CCG PREVENT Lead).

7. Multi-agency/Strategic Partnerships

7.1 Safeguarding Adults Board

The Care Act¹⁵ (2014) sets out the statutory framework that requires all Local authorities to institute a Safeguarding Adults Board (SAB) to help and protect adults in its area. The CCGs are statutory members of the Board and are required to ensure health engagement with the Board's work.

The way in which an SAB must seek to achieve its objective is by co-ordinating and ensuring the effectiveness of what each of its members does.

The CCGs are represented at the Local Boards at Executive Level by the Director for Quality & Governance which may be delegated to the Deputy Director for Quality & Governance.

7.2 Serious Case Reviews/Safeguarding Adult Reviews (SAR)

The Care Act (2014) sets out the requirement for the SABs to commission safeguarding adult reviews to identify lessons to be learnt from a particular case and to apply those lessons to reduce the risk of future reoccurrence.

The CCGs (and other members of the SAB) will be expected to participate in any investigation as appropriate and in sharing any learning across the local health economy.

The Director/ Deputy Director of Quality and Governance and/or the Safeguarding Adults Lead Nurse will ensure that the following people are notified within the relevant CCG (and kept updated) when a SCR or SAR will be taking place:

- CCG Chair
- CCG Managing Director
- Director for Quality & Governance
- CCG Quality and Patient Safety Committee Chair
- CCG Communications Lead
- NHS England
- Care Quality Commission (CQC)

¹⁴ [Channel: Protecting vulnerable people from being drawn into terrorism](#)

¹⁵ [The Care Act \(UK\) 2014](#)

7.3 Domestic Homicide Reviews (DHR)

Domestic Homicide Reviews were established on a statutory basis under Section 9 of the Domestic Violence, Crime and Victims Act (2004). The provision came into force in April 2011 and carries statutory duties for agencies, including Health, to contribute to domestic homicide reviews¹⁶.

The Director/ Deputy Director will nominate CCG representation to participate in the review process on behalf of the health economy and ensure implementation of any actions arising from the learning.

The Act defines a DHR as a review of the circumstances in which the death of a person aged 16 or over and has, or appears to have, resulted from violence, abuse or neglect by a perpetrator:

- who were related or with whom they were or had been in an intimate personal relationship with, or;
- who was a member of the same household as the victim.

Where victims of domestic homicide are aged between sixteen and eighteen, a child Serious Case Review should take precedence over a DHR, however, any elements of domestic violence relating to the homicide are addressed fully and the review includes representatives with a thorough understanding of domestic violence.

8. CCG Safeguarding Assurance/Quality Monitoring

8.1 Provider Trust Assurance

The CCG Contracts Managers for individual Trusts must ensure that the Safeguarding team is fully consulted in relation to the CCG contract requirements for safeguarding.

The monitoring of the trusts compliance will take place within the Clinical Quality Review Group (CQRG) process. Safeguarding must be scheduled on the CQRG agenda quarterly. The Account Director is responsible for requesting from the Trust they submit a Safeguarding Adult report to the Clinical Quality Review Group on a quarterly and annual basis which has been through its internal governance process.

The safeguarding team will support the CQRG to gain assurance through analysis of the reports and provide formal written feedback to the Trust.

8.2 Internal CCG Reporting

The Safeguarding Adult Lead Nurse will provide an analysis of the Trusts Safeguarding Adults and MCA reports within their quarterly reports for the CCGs Safeguarding Committees. The Safeguarding team will submit their annual reports for approval to the CCGs Safeguarding Committee.

9. Allegations against CCG employees and Designated Adults Safeguarding Lead role

¹⁶ [Domestic Homicide Review, DOH 2011](#)

Allegations may be made about members of the CCG employees, this includes all employees, contractors, agency employees and anyone else engaged to work in the CCG as well as volunteers.

Under the Care Act (2014) CCGs are specifically required to have a Designated Adult Safeguarding Manager/Lead who will coordinate when allegations are made, or concerns raised, about a person, whether an CCG employee, volunteer or student, paid or unpaid and monitor the progress of allegations made across health organisations.

Underpinning Principles;

- Any allegations will be treated seriously and in strict confidence.
- All allegations of abuse will be reported to the Safeguarding Adult Team.
- The Safeguarding Adults Lead will liaise with the CCG Human Resources Department to determine whether any immediate action needs to be taken, for example, suspension from work and/or further risk assessment.
- Such situations should be dealt with as expeditiously as is consistent with a process that is fair for all concerned.
- Safeguarding referrals should also take place in addition, where appropriate, notification to the Police if it is suspected that alleged criminal activity has taken place.
- Consideration must be given to ensure the employee is treated fairly but that immediate protection to patients must be considered pending any investigation outcomes.

10. Serious Incidents (with Safeguarding Implications)

In the event of a potential Serious Incident the CCG staff must follow the MCCG & WCCG Serious Incident Policy.

Should safeguarding matters arise (as part of the incident) it would be expected that investigations into these matters may require coordination with (but not limited to) the following teams;

- Borough Safeguarding Teams
- Quality Team
- CCG Safeguarding Team
- Providers (where appropriate)
- Police (if there are potential criminal investigations)

The Safeguarding Team will ensure that any learning which may arise following undertaking a serious incident investigation (which impacts on other adults at risk - in terms of prevention) is shared appropriately (e.g. CCG, Provider, and Borough wide, National Level).

11. Legal Advice

In complex situations it may be necessary to seek legal advice and guidance on specific legal matters pertaining to adult safeguarding issues (such as the Mental Health Act and/or Mental Capacity Act). The Director of Compliance will ensure that the CCGs employees have appropriate access to legal advice/solicitors.

12. Transition from Children to Adults (CCGs Statement)

Individuals known to Children's Social Care Services or subject to existing safeguarding children's arrangements (e.g. Looked After Children) when reaching maturity (at 18 years) must not be placed at risk during the transition to adult services. The CCGs expect plans to be in place from 14 years, or as appropriate, to ensure a smooth transition from children's to adult services.

The CCGs must comply with Section 66 of the Care Act 2014 in commissioning the continuation of the children's plan if the transition has not been achieved¹⁷.

13. Consultation and Approval

This policy has been approved by the Director of Governance and Quality CCG Safeguarding committee and the Executive Management Team on the 15th August 2018.

END OF POLICY

¹⁷ [The Care Act: Transition from childhood to adulthood, SCIE 2014](#)

Glossary

South West London Alliance CCGs	A collaboration of the Clinical Commissioning groups of Merton, Wandsworth, Richmond, Kingston and Sutton CCGs.
Wandsworth and Merton LDU	Joint CCG as one Local Delivery Unit.
Clinical Commissioning Groups (CCGs)	Clinical Commissioning groups are GP-led organisations responsible for planning and buying (commissioning) health services for their local population.
Care Quality Commission (CQC)	Care Quality Commission is the independent regulator of all health and social care services in England.
Healthwatch	Healthwatch is a consumer champion for health and social care.
Mental Capacity Act (MCA)	The Mental Capacity Act 2005 provides a statutory framework to empower and protect people (aged 16 and over) who may lack capacity to make decisions for themselves and establishes a framework for making decisions on their behalf.
Social Care Institute for Excellence (SCIE)	Is a United Kingdom resource of good practice and knowledge aimed at improvement of social care services with focus on central role of people who use services.
<i>Prevent</i>	Is part of the UK's Counterterrorism Strategy (Contest) to stop people becoming terrorists or supporting terrorism.
<i>Contest</i>	<i>Contest</i> is the United Kingdom's Counterterrorism strategy and aims to reduce the risk to the UK and its interests overseas from international terrorism.
Care Act	An Act to make provision to reform the law relating to care and support for adults and the law relating to support for carers; to make provision about safeguarding adults from abuse or neglect; to make provision about care standards; to establish and make provision about Health Education England; to establish and make provision about the Health Research Authority; to make provision about integrating care and support with health services; and for connected purposes.
Deprivation of Liberty Safeguards (DOLs)	The Deprivation of Liberty Safeguards are an amendment to the Mental Capacity Act 2005. They apply in England and Wales only. The Mental Capacity Act allows restraint and restrictions to be used – but only if they are in a person's best interests.

