Safeguarding Children and Vulnerable Adults Policy

Version: 1.1

Ratified by: NHS Bury CCG Quality and Risk Committee

Date ratified: 1st November 2017

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Responsible Committee / individual: Quality and Performance Committee

Date issued: 1st December 2017

Review date: 31st October 2019

Target audience: NHS Bury Clinical Commissioning Group staff, volunteers and contractors

Impact Assessed: Yes
Further information regarding this document

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<tr>
<th>Document name</th>
<th>Safeguarding Children and Vulnerable Adults Policy</th>
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<tbody>
<tr>
<td>Category of Document in The Policy Schedule</td>
<td>Governance</td>
</tr>
<tr>
<td>Author(s) Contact(s) for further information about this document</td>
<td>Maxine Lomax, Head of Safeguarding</td>
</tr>
<tr>
<td>This document should be read in conjunction with</td>
<td>NHS Bury CCG Safeguarding Accountability Framework and Safeguarding Training Strategy</td>
</tr>
<tr>
<td>This policy supersedes</td>
<td>Policy 18th</td>
</tr>
<tr>
<td>This document has been developed in consultation with</td>
<td>The Executive Lead for Safeguarding</td>
</tr>
<tr>
<td>Published by</td>
<td>NHS Bury Clinical Commissioning Group 21 Silver Street Bury BL9 0EN</td>
</tr>
<tr>
<td>Copies of this document are available from</td>
<td>The Corporate Office  CCG Website</td>
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### Version Control

**Version History:**

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<td>18/11/2015</td>
</tr>
<tr>
<td>1.1</td>
<td>Quality and Performance Committee</td>
<td>8/11/2017</td>
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1. **Introduction**

Clinical Commissioning Groups (CCG’s) have statutory responsibilities to safeguard children, young people and adults at risk of harm. These responsibilities are outlined in the authorisation document.

In discharging these statutory duties/responsibilities, account must be taken of:

- **Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004** (HM Government 2007)
- **Working Together to Safeguard Children** (HM Government 2015)
- **Statutory Guidance on promoting the Health and well-being of Looked After Children** (DH 20015)
- **No Secrets** (DH and Home Office 2000)
- **Mental Capacity Act 2005: Code of Practice** (Department for Constitutional Affairs 2007)
- **Safeguarding Adults: The Role of Health Services** (DH 2011)
- The policies and procedures of the Local Safeguarding Children Board (LSCB) and the Local Safeguarding Adults Board (LSAB).
- The Care Act 2014

As commissioning organisations, CCGs have a statutory duty to ensure that all health providers, from whom it commissions services, have robust single and multi-agency policies and procedures in place to safeguard and promote the welfare of children and protect vulnerable adults from abuse or the risk of abuse. Health providers must be linked to local Safeguarding Children and Adult Boards and contribute to multi agency working.

2. **Purpose**

This policy applies to all employed and contracted staff within NHS Bury CCG and aims to safeguard children and vulnerable adults in line with good practice and statutory guidance.

2.1 **Scope**

This policy aims to ensure that no act of commission or omission on behalf of the CCG as a commissioning group, or by the health care it commissions, puts a service user at risk and robust systems are in place to safeguard and promote the welfare of children and protect vulnerable adults from the risk of harm.

Safeguarding children, young people and adults at risk is everyone’s responsibility and is defined as:

- Prevention of harm and abuse through high quality care
- Effective response to allegations of harm and abuse that are in line with multi-agency procedures
2.2 Policy aim

- The policy is aimed at the continual improvement of services for children in terms of equity, effectiveness, safety, efficiency and child-centeredness.
- The purpose of the safeguarding policy and procedures is to provide a framework for the safe and effective safeguarding of children and adults at risk within the CCG ensuring that:
  - The organisation is conforming to the standards required in section 11 of The Children Act 2004 and in the Care Quality Commission Essential Standards outcome 7 (regulation 11), the Accountability and Assurance Framework (NHS Commissioning Board 2015) and in the statutory guidance Working Together to Safeguard children (2015).
  - Staff understand their responsibilities in respect of safeguarding children and adults at risk and know how to access the policies, procedures, training and advice which enable them to practice effectively and to fully participate in the multi-agency safeguarding of children and adults at risk.
  - All staff employed by the CCGs are alerted to the possibility of adult and/or child abuse or neglect. Within their working role, staff should recognise any child or adult where there is a safeguarding concern, respond appropriately and understand their responsibility in the management of a child and/or adult. This includes awareness of the impact of adult issues on children e.g. parental mental ill-health, parental substance misuse and domestic abuse.

The following policy should be read and used in conjunction with the interagency procedures of the Bury Safeguarding Children Board (BSCB) accessed on the below link;


Other national guidance can be found in;


“What to do if you’re worried a child is being abused” Advice for practitioners (2015)

3. **Principles**

In developing this policy CCGs recognise that safeguarding children and vulnerable adults is a shared responsibility with the need for effective joint working between agencies and professionals that have different roles and expertise if those vulnerable groups in society are to be protected from harm. In order to achieve effective joint working there must be constructive relationships at all levels, promoted and supported by:

- the commitment of senior managers and board members to safeguarding children and vulnerable adults;
- clear lines of accountability within the organisation for work on safeguarding;
- service developments that take account of the need to safeguard all service users, and is informed, where appropriate, by the views of service users;
- staff training and continuing professional development so that staff have an understanding of their roles and responsibilities, and those of other professionals and organisations in relation to safeguarding children and vulnerable adults;
- safe working practices including recruitment and vetting procedures;
- a process for managing allegations of abuse by staff
- effective interagency working, including effective information sharing.

4. **Definitions**

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

**Children**: In this policy, as in the Children Act 1989 and 2004, a child is anyone who has not yet reached their 18th birthday. ‘Children’ therefore means children and young people throughout.

4.1 **Safeguarding and promoting the welfare of children** is defined in *Working Together to Safeguard Children (2015)* as:

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

4.2 **Child protection**: Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.
4.3 **Young carers**: Are children and young people who assume important caring responsibilities for parents or siblings, who are disabled, have physical or mental health problems, or misuse drugs or alcohol.

4.4 **Looked After Children**: The term ‘looked after children and young people’ is generally used to mean those looked after by the state, according to relevant national legislation which differs between England, Northern Ireland, Scotland and Wales. This includes those who are subject to an interim care order, care order (The Children Act 1989 section 31, 38) or temporarily classed as looked after on a planned basis for short breaks or respite care. The term is also used to describe ‘accommodated’ (The Children Act 1989, section 20) children and young people who are looked after on a voluntary basis at the request of, or by agreement with, their parents.

4.5 **Adult Safeguarding**: The Principles for Adult Safeguarding (DH, 2011)

- **Empowerment** - Presumption of person led decisions and informed consent.
- **Protection** - Support and representation for those in greatest need.
- **Prevention** - It is better to take action before harm occurs.
- **Proportionality** – Proportionate and least intrusive response appropriate to the risk presented.
- **Partnership** - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- **Accountability** - Accountability and transparency in delivering safeguarding

4.6 **Vulnerable Adult**: Whilst there is no formal definition of vulnerability within health care, some people receiving health care may be at greater risk from harm than others, sometimes as a complication of their presenting condition and their individual circumstances. The risks that increase a person’s vulnerability should be appropriately assessed and identified by the health care professional//Care Home provider at the first contact and continue throughout the care pathway (DH 2010).

Under Section 59 Supporting Vulnerable Groups Act 2006 a person aged 18 years or over is also defined as a vulnerable adult where they are ‘receiving any form of health care’ and ‘who needs to be able to trust the people caring for them, supporting them and/or providing them with services’.

The Care Act 2014 requires agencies to work together to develop shared strategies for safeguarding vulnerable adults. All health, social care professionals and care workers play a key role in safeguarding of vulnerable adults who are in receipt of health or care services. It is everybody’s responsibility to protect vulnerable adults from abuse, harm and omissions of care.

4.7 **Adult at risk**: Safeguarding duties apply to an adult aged 18 or over and who:
• Has needs for care and support (whether the local authority is meeting any of those needs or not) and;
• Is experiencing, or is at risk of abuse or neglect; and
• As a result of those care needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

For the purpose of this policy the term adult at risk is used interchangeably with vulnerable adult.

4.8 Prevent (Radicalisation of vulnerable people): Prevent is one of the 4 key principles of the CONTEST strategy, which aims to stop people becoming terrorists or supporting terrorism. The Prevent Strategy addresses all forms of terrorism including extreme right wing but continues to prioritise according to the threat posed to our national security. The aim of Prevent is to stop people from becoming terrorists or supporting terrorism and operates in the pre-criminal space before any criminal activity has taken place.

• Radicalisation refers to the process by which people come to support, and in some cases to participate in terrorism
• Violent Extremism is defined by the Crown Prosecution Service (CPS) as the demonstration of unacceptable behaviour by using any means or medium to express views which:
  ▪ foment, justify or glorify terrorist violence in furtherance of particular beliefs;
  ▪ seek to provoke others to terrorist acts;
  ▪ foment other serious criminal activity or seek to provoke others to serious criminal acts;
  ▪ foster hatred which might lead to inter-community violence in the UK.

4.9 Prevent and Health

The overall principle of health is to improve the health and wellbeing through the delivery of healthcare services while safeguarding those individuals who are vulnerable to any form of exploitation. PREVENT is also about protecting individuals.
PREVENT aims to protect those who are vulnerable to exploitation from those who seek to get people to support or commit acts of violence.

Healthcare staff are well placed to recognise individuals, whether patients or staff, who may be vulnerable and therefore more susceptible to radicalisation by violent extremists or terrorists. It is fundamental to our ‘duty of care’ and falls within our safeguarding responsibilities.

Every member of staff has a role to play in protecting and supporting vulnerable individuals who pass through our care.
Further advice can be obtained via the: *Prevent* strategy (HM Government, 2011)


5 General Roles and Responsibilities of NHS Bury CCG

The ultimate accountability for safeguarding sits with the Chief Officer of the CCG. Any failure to have systems and processes in place to protect children and adults at risk in the commissioning process, or by providers of health care that the CCG commission, would result in failure to meet statutory and non-statutory constitutional and governance requirements.

Fundamentally the role of the CCG is to work with others to ensure that critical services are in place to respond to children and adults who are at risk or who have been harmed, and delivering improved outcomes and life chances for the most vulnerable.

The CCG must demonstrate appropriate systems are in place for discharging statutory duties in terms of safeguarding. These include:

- The CCG must establish and maintain good constitutional and governance arrangements with capacity and capability to deliver safeguarding duties and responsibilities, as well as effectively commission services ensuring that all service users are protected from abuse and neglect.
- A clear line of accountability for safeguarding, reflected in governance arrangements
- Clear policies setting out the commitment and approach to safeguarding including safe recruitment practices and arrangements for dealing with allegations against people who work with children and adults as appropriate.
- Gain assurance from all commissioned services, both NHS and independent healthcare providers, throughout the year to ensure continuous improvement
- Training of staff in recognising and reporting safeguarding issues, appropriate supervision and ensuring staff are competent to carry out their roles and responsibilities.
- Effective inter-agency working with the local authority, the police and third sector organisations which includes appropriate arrangements to co-operate with the local authority in the operation of the Local Safeguarding Children Board (LSCB), Local Safeguarding Adult Board (SAB), and Health and Wellbeing Board.
- To employ or secure the expertise of a Designated Doctor and Nurse for Safeguarding Children; a Designated Doctor and Nurse and for Children Looked After (CLA); a Designated Paediatrician for Child Deaths.
To have a Designated Adult Safeguarding Manager (DASM) which includes the Adult Safeguarding Lead and a Mental Capacity Act Lead; supported by relevant policies and training.

- Effective systems for responding to abuse and neglect of adults
- Ensuring effective arrangements for information sharing
- Work with the local authority to enable access to community resources that can reduce social and physical isolation for adults
- Supporting the development of a positive learning culture across partners for safeguarding adults to ensure that organisations are not unduly risk adverse

5.1 Chief Officer

- Ensures that the health contribution to safeguarding and promoting the welfare of children and vulnerable adults is discharged effectively across the whole local health economy through the organisation’s commissioning arrangements.
- Ensures that the organisation not only commissions specific clinical services but exercises a public health responsibility in ensuring that all service users are safeguarded from abuse or the risk of abuse.
- Ensures that safeguarding children and vulnerable adults is identified as a key priority area in all strategic planning processes.
- Ensures that safeguarding children and vulnerable adults is integral to clinical governance and audit arrangements.
- Ensures that all providers from whom services are commissioned have comprehensive single and multi-agency policies and procedures for safeguarding which are in line with the LSCB / LSAB policies and procedures, and are easily accessible for staff at all levels.
- Ensures that all contracts for the delivery of health care include clear service standards for safeguarding children and vulnerable adults; these service standards are monitored thereby providing assurance that service users are effectively safeguarded.
- Ensures that all staff in contact with children, adults who are parents/carers and vulnerable adults in the course of their normal duties are trained and competent to be alert to the potential indicators of abuse or neglect for children and vulnerable adults, know how to act on those concerns in line with local guidance.
- Ensures the CCG co-operates with the local authority in the operation of the LSCB and LSAB.
- Ensures that all health organisations with which the CCG has commissioning arrangements have links with their LSCB and LSAB; that there is appropriate representation at an appropriate level of seniority; and that health workers contribute to multi-agency working.
- Ensures that any system and processes that include decision making about an individual patient (e.g. funding panels) takes account of the requirements of the Mental Capacity Act 2005; this includes ensuring that actions and
decisions are documented in a way that demonstrates compliance with the Act.

5.2 CCG Board Lead with responsibility for safeguarding

- Ensures that the CCG has management and accountability structures that deliver safe and effective services in accordance with statutory, national and local guidance for safeguarding and children looked after.
- Ensures that service plans/specifications/contracts/invitations to tender etc. include reference to the standards expected for safeguarding children and vulnerable adults.
- Ensures that safe recruitment practices are adhered to in line with national and local guidance and that safeguarding responsibilities are reflected in all job descriptions.

Ensures that staff in contact with children and or adults in the course of their normal duties are trained and competent to be alert to the potential indicators of abuse or neglect and know how to act on those concerns in line with local guidance. CCGs must fulfil the NHS England Safeguarding Accountability and Assurance Framework issued June 2015

5.3 The CCG safeguarding team

The team comprises of:

- Designated Nurse for Child Protection and Head of Safeguarding
- Designated Nurse for Adult Safeguarding
- Designated Doctor for Child Protection
- Named GP for Safeguarding
- Specialist Nurse for Adult Safeguarding and Quality
- Specialist Nurse for Child Protection and Looked After Children
- The team will:

- provide strategic guidance on all aspects of the health service contribution to protecting children and safeguarding adults within the CCG and to Bury LSCB and SAB area
- Provide professional advice on safeguarding issues to the multi-agency network and member practices
- Be an advisor to the LSCB, SAB and relevant sub-groups as required, delegating to other health professionals as appropriate
- Provide advice, support an supervision to safeguarding professionals in provider organisations

5.4 CCGs Individual staff members.

All staff must;

- Be alert to the potential indicators of abuse or neglect for children and adults and know how to act on those concerns in line with local guidance.
Listen to children and adults and ensure the concerns expressed are recorded and take appropriate action in line with safeguarding policies and guidance to address concerns.

Report concerns to a senior manager or to the CCG safeguarding team where they feel unable to report to their line manager or remain concerned that the adult(s) is/are still at risk.

Report concerns directly to the CQC or Bury Adult Care Customer Services (and the police if they believe a crime has been committed) when they feel unable to raise concerns within the organisation or believe that their concern has not been acted upon.

Undertake training in accordance with their roles and responsibilities as outlined in the CCG training so that they maintain their skills and are familiar with procedures aimed at safeguarding children and adults at risk.

Understand the principles of confidentiality and information sharing in line with local and government guidance.

Contribute, when requested to do so, to the multi-agency meetings established to safeguard children and adults at risk.

6. Safe recruitment of staff

The NHS Bury CCG should be alert to the possibility that individuals employed by them or other organisations may pose a risk of causing harm to children. The CCGs have a selection process following national guidelines and local policy including appropriate Disclosure and Barring Service checks on employees where required.

All Job descriptions will include the follow statement:

All employees have a responsibility to protect and safeguard vulnerable individuals at risk (whether children or adults). They must be aware of local child and adult protection procedures and who to contact within the CCG for further advice. All employees are required to attend safeguarding awareness training and to undertake additional training appropriate to their role.

7. Allegations of abuse clinicians and staff

The CCG will ensure that all allegations of abuse against clinicians and staff, including where there is clear evidence that they are false or malicious, will be recorded and monitored using the organisation’s incident management policy.

All other allegations that a clinician or member of staff has caused or been complicit in abuse or neglect (i.e. where there is no immediate evidence that it is false) must be reported to the Local Authority Designated Officer (LADO) and managed according to local multi-agency safeguarding children procedures.

CCG managers must also consider the need for temporary exclusion or redeployment under the disciplinary policy based on potential risk to the alleged victim or other children whilst investigation takes place.
The CCG will ensure that all other concerns relating to the conduct or capability of staff are monitored and that any safeguarding related concerns are managed in accordance with this policy and local multi-agency procedures.

The CCG will ensure that any safeguarding concerns arising from disclosures made during the course of an investigation or other human resources process are managed in accordance with this policy and local multi-agency policies.

8. **Governance Arrangements**

The governance arrangements are set out in the accountability framework of the organisation.

9. **Safeguarding training**

Staff are expected to follow the safeguarding training framework which details what training is expected of all CCG employees, including agency staff and CCG members.

10. **Breaches of Policy**

This policy is mandatory.

11. **Reference Documents**

In developing this Policy account has been taken of the following statutory and non-statutory guidance, best practice guidance and the policies and procedures of the Local Safeguarding Children and Adults Board.

11.1 **Statutory Guidance**


HM Government (2007) *Safeguarding children who may have been trafficked*, DCSF publications

HM Government (2005) *Serious Crime Act*
11.2 Non-statutory guidance
HM Government (2015) What to do if you’re worried a child is being abused, DCSF publications
Royal College Paediatrics and Child Health et al (2014) Safeguarding Children and Young people: Roles and Competencies for Health Care Staff. Intercollegiate Document supported by the Department of Health

11.3 Best practice guidance
Department of Health (2004) Core Standard 5 of the National Service Framework for Children Young People and Maternity Services plus those elements beyond standard 5 that deal with safeguarding and promoting the welfare of children
Department of Health (2009) Responding to domestic abuse: a handbook for health professionals
National Institute for Health and Clinical Excellence (2009) When to suspect child maltreatment, Nice clinical guideline 89

11.4 Local Safeguarding Children Board
Policies, procedures and practice guidance accessible at:
http://www.safeguardingburychildren.org/default.htm

Learning and Recommendations from Serious Case Review accessed at:
http://www.safeguardingburychildren.org/default.htm

11.5 Local Safeguarding Adults Board
Policies, procedures and practice guidance accessible at:
11.6 Care Quality Commission
### 12. Appendix 1
Roles and responsibilities of the CCG as outlined in the NHS England Safeguarding Accountability and Assurance Framework issued June 2015

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<td>A clear line of accountability for safeguarding, properly reflected in the CCG governance arrangements, i.e. a named executive lead to take overall leadership responsibility for the organisation’s safeguarding arrangements.</td>
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<td>Clear policies setting out their commitment, and approach, to safeguarding including safe recruitment practices and arrangements for dealing with allegations against people who work with children and adults as appropriate.</td>
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<td><strong>3</strong></td>
<td>Training their staff in recognising and reporting safeguarding issues, appropriate supervision and ensuring that their staff are competent to carry out their responsibilities for safeguarding.</td>
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<td><strong>4</strong></td>
<td>Effective inter-agency working with local authorities, the police and third sector organisations which includes appropriate arrangements to cooperate with local authorities in the operation of LSCBs, SABs and Health and Wellbeing Boards.</td>
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<td><strong>5</strong></td>
<td>Ensuring effective arrangements for information sharing.</td>
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<td><strong>6</strong></td>
<td>Employing, or securing, the expertise of Designated Doctors and Nurses for Safeguarding Children and for Looked After Children and a Designated Paediatrician for unexpected deaths in childhood.</td>
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<td><strong>7</strong></td>
<td>Having a Designated Adult Safeguarding Manager (DASM) which should include the Adult Safeguarding lead role and a lead for the MCA, supported by the relevant policies and training.</td>
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<td><strong>8</strong></td>
<td>Effective systems for responding to abuse and neglect of adults.</td>
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<td>9</td>
<td>Supporting the development of a positive learning culture across partnerships for safeguarding adults to ensure that organisations are not unduly risk averse.</td>
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<td>10</td>
<td>Working with the local authority (LA) to enable access to community resources that can reduce social and physical isolation for adults.</td>
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<td>11</td>
<td>CCG representatives at the LSCB must be accompanied by their Designated Professional to ensure their professional expertise is effectively linked into the local safeguarding arrangements.</td>
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<td>12</td>
<td>Designated Professionals are responsible for undertaking serious case reviews/ case management reviews/significant case reviews on behalf of health commissioners and for quality assuring the health content.</td>
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<td>13</td>
<td>Designated Professionals must be consulted and able to influence at all points in the commissioning cycle to ensure all services commissioned meet the statutory requirement to safeguard and promote the welfare of children.</td>
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<td>14</td>
<td>Designated Professionals are responsible for providing expert advice to HEE and Local Education and Training Boards to ensure that the principles of safeguarding are integral to education and training curricula for health professionals.</td>
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<td>The Designated Professional must have direct access to the Executive (Board level) Lead to ensure that there is the right level of influence of safeguarding on the commissioning process.</td>
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<td>16</td>
<td>The CCG Accountable Officer (or other executive level nominee) should meet regularly with the Designated Professional to review child safeguarding.</td>
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<td>17</td>
<td>Specific responsibilities of the DASM will include:</td>
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• Responsibility for the management and oversight of individual complex cases.

• Coordination where allegations are made, or concerns are raised, about a person, whether an employee, volunteer or student, paid or unpaid.

• Promoting partnership working and keeping in regular contact with their counterparts in partner organisations.

• Assessing and highlighting the extent to which their own organisation prevents abuse and neglect taking place.

• Ensuring that appropriate recording systems are in place that provide clear audit trails about decision making and recommendations in all processes relating to the management of adult safeguarding allegations against the person alleged to have caused the harm or risk of harm and ensure the control of information in respect of individual cases is in accordance with accepted data protection and confidentiality requirements.

It is recommended that the DASM role also incorporates the safeguarding adult lead.

18 CCGs are required to have a Designated MCA lead who is responsible for providing support and advice to clinicians in individual cases and supervision for staff in areas where these issues may be particularly prevalent and/or complex. They should also have a role in highlighting the extent to which their own organisation, and the services that they commission, are compliant with the MCA through undertaking audit, reporting to the governance structures and providing or securing the provision of training.

19 Under delegated arrangements, CCGs will be responsible for ensuring that the GP services commissioned have effective safeguarding arrangements and are compliant with the MCA. NHS England will require assurance that such arrangements are in place before CCGs take on such responsibility. The overall effectiveness of CCGs in discharging their safeguarding and MCA duties will also be monitored as part of the CCG assurance process.
Whatever arrangements are in place for securing the expertise of Designated Professionals it is vital that CCGs enable and support Designated Professionals to fulfil their system-wide role.

It is strongly recommended that two Named GP sessions per 220,000 population is secured as a minimum.

Broadly the role of the Named GP/Named Professional includes:

- Providing specific expertise on child health and development in the care of families in difficulty as well as children who have been abused or neglected.
- Providing supervision, expert advice and support to GPs and other primary care staff in child protection issues.
- Offering advice on local arrangements with provider organisations for safeguarding children.
- Promoting, influencing and developing relevant training for GPs and their teams.
- Providing input as a skilled professional to child safeguarding processes, in line with the procedures of Local Safeguarding Children Boards.
- Taking a lead in writing the general practice components of serious case reviews, independent management reviews, SAAF, section 11 and multi-agency audits.
- Supporting processes required by regulator unannounced and announced single and multi-agency inspections.
- Working with commissioners to develop and improve the quality of safeguarding arrangements locally.
| 21 | Supporting and encouraging collaborative working across the local safeguarding system with a particular role to work with the nominated safeguarding leads in GP practices. |
| 22 | Local Authorities (LAs) are held to account for the public health duties that are transferred to them, through local management structures and LSCBs/SABs in the usual way. They are able to access specialist support and advice via the CCG safeguarding team or the Safeguarding Forum. |
Appendix 2

13.1 Signs and symptoms that a child may be at risk or suffering significant harm

In this policy document, as in the Children Acts 1989 and 2004, a child is anyone who has not yet reached their 18th birthday. ‘Children’ therefore means ‘children and young people’ throughout. The fact that a child has become 16 years of age is living independently or is in further education, or is a member of the armed forces, or is in hospital, or in prison or a young offenders’ institution does not change their status or their entitlement to services or protection under the Children Act 1989.

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults or another child or children.

13.2 Physical abuse
Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child.

13.3 Emotional abuse
Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

13.4 Sexual abuse
Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways. Page 18 of 21
13.5 Neglect
Neglect is the persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food and clothing, shelter including exclusion from home or abandonment, failing to protect a child from physical and emotional harm or danger, failure to ensure adequate supervision including the use of inadequate care-takers, or the failure

What to do if you are worried a child is being abused
Abuse may take the form of physical abuse, sexual abuse, emotional abuse or neglect

Any member of staff who believes or suspects that a child may be suffering, or is likely to suffer significant harm should always refer their concerns to Children’s Social Care. (There should always be an opportunity to discuss concerns with a manager, named professional or qualified social worker, but never delay emergency action to protect a child)

Are you concerned a child is suffering or likely to suffer harm, for example:
• You may observe an injury or signs of neglect
• You are given information or observe emotional abuse
• A child discloses abuse
• You are concerned for the safety of a child or unborn baby

Step 1
Inform parents/carers that you will refer to Children’s Social Care

UNLESS
The child may be put at increased risk of further harm (e.g suspected sexual abuse, suspected fabricated or induced illness, female genital mutilation, increased risk to child, forced marriage) or there is a risk to your own personal safety

Step 2
Make a telephone referral to Children’s Social Care (tel: 0161 253 3678)
• Follow up referral in writing within 48 hours
• Document all discussions held, actions taken, decisions made including who was spoken to (for physical injuries document injuries observed)
• Where a CAF has been completed, forward this with written referral

Step 3
Children’s Social Care acknowledged receipt of referral and decide on next course of action. If the referrer has not received an acknowledgement within 2 working days contact Children’s Social Care again.

Step 4
You may be requested to provide further reports/information or attend multi-agency meetings.

Who to contact in Children’s Social Care
Duty Social Worker (Mon to Fri 8.45am to 5pm)
0161 253 3678
Emergency Duty Team (Out of Hours) 0161 213 6606

Who to contact in the Police Public Protection Unit
Tel: 101 Request to speak to the PPU for the area in which the child resides
In an emergency contact the police on 999

Who to contact for local NHS advice
Designated Nurse Safeguarding Children 0161 762 3214
Lead GP Safeguarding/Named Doctor 0161 762 3214
Designated Doctor Safeguarding Children 0161 762 3214

Staff should update their knowledge by accessing regular training and be familiar with local safeguarding policies including those of Bury Safeguarding Children’s Board.

Possible signs and indicators of abuse and neglect can be found overleaf
Appendix 3

14.1 Signs and Symptoms of Adults of abuse and or neglect in adults at risk

The Care and Support Statutory Guidance issued under the Care Act 2014 replaces “no secrets” guidance. Safeguarding adults’ duties have a legal effect in all organisations including the NHS, Police and Local Authority.

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. Professionals should work with the adult at risk to establish what being safe means to them. The categories below are taken from the Care Act.

15. Categories of abuse

15.1 Physical abuse: including assault, hitting, slapping, pushing and misuse of medication, restraint or inappropriate physical sanctions.

15.2 Domestic violence: including psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence.

15.3 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.

15.4 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.

15.5 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.

15.6 Modern slavery: encompasses slavery, human trafficking and 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.

15.7 Discriminatory abuse: including forms of harassment, slurs or similar treatment;
because of race, gender and gender identity, age, disability, sexual orientation or religion.

15.8 Organisational abuse: including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

15.9 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.

15.10 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.
16. Contact Information

16.1 Bury CCG

Head of Safeguarding and Designated Nurse Child Protection - Maxine Lomax 0161 762 3124 maxine.lomax@nhs.net

Designated Nurse (Manager) Adult Safeguarding - Clare Holder 0161 762 3124 clare.holder@nhs.net

Specialist Nurse Adult Safeguarding and Quality – Lorraine Weatherall 0161 762 3124 Lorraine.weatherall@nhs.net

Specialist Nurse Child Protection and Looked After Children – Sophie Babb 0161 762 3124

Administrator – Sobia Amin 0161 762 3124 sobia.amin@nhs.net

Designated Doctor Bury – Children’s Safeguard – Dr Rob Rifkin rob.rifkin@nhs.net

Executive Safeguarding Lead Bury CCG – Dr Cathy Fines cathy.fines@nhs.net

LA Safeguarding Service Manager 0161 253 6057

LA Strategic Adults Safeguarding Manager 0161 253 5644

Named Nurse for Safeguarding Children and Adults Community Services Bury (PCFT) 0161 762 7349 / 0161 762 7351

Bury Division – Greater Manchester Police 0161 856 8064

16.2 Bury Local Authority

Adults Care Services – 0161 253 5151

Children’s Social Care – 0161 253 5454

Children’s Multi Agency Safeguarding Hub (MASH) – 0161 253 5678

OUT OF HOURS EMERGENCY DUTY SOCIAL WORK TEAM

0161 253 6606
Adult Safeguarding Referral Flowchart

Assess risk & consult Bury multi-agency safeguarding policy

Is the person an Adult at risk?

Yes  No

Has the adult at risk come to significant harm as a result of an intentional or unintentional act or failure to act?

Yes  No

Is the incident part of a pattern or trend? Or is it likely that the incident(s) could recur leading to harm to an adult at risk?

Yes  No

Make a Safeguarding referral to Bury Adult Care Service on 0161 253 5151
Flowchart of key questions for information sharing

You are asked to or wish to share information

Is there a clear and legitimate purpose for sharing information?

Yes
- Does the information enable a person to be identified?
  
  Yes
  - Is the information confidential?
    
    Yes
    - Do you have consent?
      
      Yes
      - Is there sufficient public interest to share?
        
        Yes
        - You can share
          
          Share information:
          - Identify how much information to share.
          - Distinguish fact from opinion.
          - Ensure that you are giving the right information to the right person.
          - Ensure you are sharing the information securely.
          - Inform the person that the information has been shared if they were not aware of this and it would not create or increase risk of harm.
          
          Record the information sharing decision and your reasons, in line with your agency’s or local procedures.

        No
        - Do not share

    No
    - Not sure
      - Seek advice

No

If there are concerns that a child may be at risk of significant harm or an adult may be at risk of serious harm, then follow the relevant procedures without delay.
Seek advice if you are not sure what to do at any stage and ensure that the outcome of the discussion is recorded.

Seven golden rules for information sharing can be found overleaf
Seven golden rules for information sharing

1. Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.

2. Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

3. Seek advice if you are in any doubt, without disclosing the identity of the person where possible.

4. Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.

5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.

6. Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.

7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Extract from HM Government Information Sharing: Guidance for practitioners and managers. Copies can be obtained from www.ecm.gov.uk/informationsharing