

## Appendix Four: Safeguarding Adults Structures and Organisations

### Safeguarding Adults Board (SAB)

All Local Authorities must establish a SAB as set out in the Care Act. The Act (Schedule 2) gives the local SAB three specific duties it must do:

1. Publish a strategic plan for each financial year that sets out how it will meet its main objective and what each member is to do to implement that strategy. In developing the plan it must consult the Local Healthwatch organisation and involve the community.
2. Publish an annual report detailing what the SAB has done during the year to achieve its objective and what it and each member has done to implement its strategy as well as reporting the findings of any Safeguarding Adults Review (SARs) including any ongoing reviews
3. Decide when a SAR is necessary, arrange for its conduct and if it so decides, to implement the findings.

[The Social Care Institute for Excellence Safeguarding Adults Board Checklist and Resources](#) provides a comprehensive narrative and account of the roles and responsibilities of the SAB.

Partnerships with SABs may include:

- Community Safety Partnerships;
- Local Children Safeguarding Boards;
- Health and Wellbeing Boards;
- Quality Surveillance Groups;
- Clinical Commissioning Group Boards; and
- Health Overview and Scrutiny Committees (OSCs).

### Community Safety Partnerships

Community safety partnerships (CSPs) are made up of representatives from the 'responsible authorities', which are the:

- Police
- Local Authorities
- Fire and Rescue Authorities
- Probation Service
- Health

The responsible authorities work together to protect their local communities from crime

and to help people feel safer. They work out how to deal with local issues like antisocial behaviour, drug or alcohol misuse and reoffending. They annually assess local crime priorities and consult partners and the local community about how to deal with them.

### **Local Safeguarding Children Board (LSCB)**

[Section 13 of the Children Act 2004](#) requires each Local Authority to establish a LSCB for their area and specifies the organisations and individuals (other than the Local Authority) that should be represented on the LSCBs. The Police and health are core members of both the LSCB and the SAB.

### **Health and Wellbeing Boards**

[The Health and Social Care Act 2012](#) establishes health and wellbeing boards as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. They are an important feature of the NHS reforms and are key to promoting greater integration of health and local government services. Boards strike a balance between status as a council committee and role as a partnership body.

### **Quality Surveillance Groups (QSGs)**

Quality Surveillance Groups are primarily concerned with NHS commissioned services: those services that are funded by the NHS, including relevant public health services. There are strategic links between SABs and QSGs. The National Quality Board (NQB) published a second edition of the QSG operating model [How to make your Quality Surveillance Group effective](#)

The QSGs are supported by NHS England. They provide an open forum for local supervisory, commissioning and regulatory bodies to share intelligence and give the opportunity to co-ordinate actions to ensure improvements in services. Its purpose is to ensure quality by early identification of risk, and; reduce the burden of performance management and regulation on providers.

The strategic links with the SAB provides further opportunity to escalate concerns and share risks, and take a sub region view of quality concerns.

### **Senior Strategic Roles**

The Care Act 2014 prescribes that each SAB should include the Local Authority, the Clinical Commissioning Group and the Police. The Chief Officers<sup>4</sup> must sign off their organisation's contributions to the Strategic Plan and Annual Reports. Chief Officers should receive regular briefings of case law from the Court of Protection and the High Courts. [Roles and responsibilities are outlined in this link.](#)

[Briefings produced by Skills for Care](#) provide detail on the role of the three statutory members of the SAB.

#### ***The role and function of the police***

Although the police are a mandatory member of the SAB by virtue of [Section 43 of the Care Act 2014](#), they are not an agency responsible for the provision of care. The

police role in adult safeguarding is related to their policing function. The core duties of the police are to:

- Prevent and detect crime
- Keep the peace
- Protect life and property

The Police are now represented on every local SAB and contact details for the individuals concerned will be available to the board and all board members. Each SAB is supported by a senior officer, Superintendent or Detective Chief Inspector. Each Community Safety Unit is headed up by a Detective Inspector.

If you are unsure which Police Force area you need to contact then contact the Force area where the incident or concern is/was located. This is the way primacy for investigation is determined within the Police.

## **Other Organisations with adult safeguarding responsibilities**

### **Care Quality Commission (CQC)**

Safeguarding is a key priority for CQC and people who use services are at the heart of their policy. Their work to help safeguard children and adults reflects both their focus on human rights and the requirement within the Health and Social Care Act 2008 to have regard to the need to protect and promote the rights of people who use health and social care services.

Health and adult social care regulated services all have a key role in safeguarding vulnerable children and adults at risk. The CQC will monitor how these roles are fulfilled through its regulatory processes by assessing the quality and safety of care provided based on the things that matter to people. It does this by using five key lines of enquiry to ensure that health and social care services provide people with safe, effective, caring, responsive and well led services. Specifically, it considers safeguarding within the 'Safe' key line of enquiry.

CQC will share with local partners, where they are not already aware, the safeguarding information that it receives so that they can take the appropriate action to protect the individual. Safeguarding information is also used within its intelligent monitoring systems in order to assess its impact upon the service and the associated level of risk. This information is then used to inform CQC inspection process.

Although there are differences in the statutory basis and policy context between safeguarding children and adult safeguarding, the CQC have the same approach with an overarching objective of enabling people to live a life free from abuse.

The CQC also has a [role in health and safety in collaboration with the Health and Safety Executive and local authorities](#) .

## **Commissioners**

Commissioners from the CCG, Local Authority, and NHS England are all vital to promoting adult safeguarding. Commissioners have a responsibility to assure themselves of the quality and safety of the organisations they procure and ensure that contracts have explicit clauses that holds Providers to account for preventing and dealing promptly and appropriately with any concerns of abuse and neglect. Commissioners have a shared and common vision to prevent, reduce and delay the need for care and support. For safeguarding this means, ensuring that people have easy access to information and advice, and early intervention services. Increasingly there is joint commissioning to meet the growing needs within a financial climate of austerity, with greater emphasis on prevention and early intervention. This is in line with the safeguarding principles.

## **Community Nursing**

Community nurses largely provide treatment in individual's own homes which includes care homes. A high proportion of people they visit are adults at risk of abuse or neglect by the fact that they have care and support needs and many cannot protect themselves. Community nurses are trained to recognise the signs of abuse and neglect, and to raise their concerns through their line manager, or directly with Local Authorities. The most common concerns raised relate to neglect.

Through holistic assessments, nursing staff may identify that the person is not getting their health or social care needs met. This could be because of gaps in what is provided by the statutory agencies, or because of decisions made on their behalf by family or friends. Nurses are in a good position to identify possible abuse or neglect particularly financial abuse or domestic violence, including where this could be a response to the pressures of caring.

Pressure ulcer management and quality of care in care settings, are further areas that nursing staff are able to use their clinical judgements about whether or not abuse and neglect has or is likely to arise. Because community nurses make repeated visits to their patients, they are also in a good position to review risks and the effectiveness of safeguarding plans in response to concerns.

## **The Coroner**

Coroners are independent judicial officer holders who are responsible for investigating violent, unnatural deaths or deaths of unknown cause, and deaths in custody or otherwise in state detention, which must be reported to them. The Coroner may have specific questions arising from the death of an adult at risk. These are likely to fall within one of the following categories:

- Where there is an obvious and serious failing by one or more organisations
- Where there are no obvious failings, but the actions taken by organisations require further exploration/explanation
- Where a death has occurred and there are concerns for others in the same

household or setting (such as a care home) or

- Deaths that fall outside the requirement to hold an inquest but follow-up
- Enquiries / actions are identified by the Coroner or his or her officers

[Coroners must undertake an investigation where a person has died who was subject to a Deprivation of Liberty](#)

## **Crown Prosecution Service**

The CPS is the principal public prosecuting authority for England and Wales and is headed by the Director of Public Prosecutions. Support is available within the judicial system to support adults at risk to enable them to bring cases to court and to give best evidence. If a person has been the victim of abuse that is also a crime, their support needs can be identified by the police, the CPS and others who have contact with the adult at risk. Witness Care Units exist in all judicial areas and are run jointly by the CPS and the police.

## **Court of Protection**

The Court of Protection deals with decisions and orders affecting people who lack capacity. The court can make major decisions about health and welfare, as well as property and financial affairs. The court has powers to:

- Decide whether a person has capacity to make a particular decision for themselves
- Make declarations, decisions or orders on financial and welfare matters affecting
- Individuals who lack capacity to make such decisions
- Appoint deputies to make decisions for persons lacking capacity to make those decisions
- Decide whether a lasting power of attorney or an enduring power of attorney is valid
- Remove deputies or attorneys who fail to carry out their duties.

In most cases decisions about personal welfare will be able to be made legally without making an application to the court, as long as the decisions are made in accordance with the core principles set out in the [Mental Capacity Act 2005](#) and the Best Interests Checklist and any disagreements can be resolved informally. However, it may be necessary and desirable to make an application to the Court in a safeguarding situation where there are:

- Particularly difficult decisions to be made
- Disagreements that cannot be resolved by any other means
- Ongoing decisions needed about the personal welfare of a person who lacks capacity to make such decisions for themselves

- Matters relating to property and/or financial issues to be resolved
- Serious healthcare and treatment decisions, for example, withdrawal of artificial nutrition or hydration
- Concerns that a person should be moved from a place where they are believed to be at risk
- Concerns or a desire to place restrictions on contact with named individuals because of risk or where proposed Adult safeguarding actions may amount to a deprivation of liberty outside of a care home or hospital.

**Environmental Health** – responsible for health and safety enforcement in businesses, investigating food poisoning outbreaks, pest control, noise pollution and issues related to health and safety. Local authorities are responsible for the enforcement of health and safety legislation in shops, offices, and other parts of the service sector.

### **General Practitioners**

GPs have a significant role in Safeguarding Adults. This includes:

- Making a referral to a Safeguarding Adults referral point should they suspect or know of abuse and neglect in line with these procedures
- Playing an active role in planning meetings and safeguarding plans
- Supporting safeguarding actions where there is organisational abuse and/or neglect

**Health Providers** - All health providers are responsible for the safety and quality of services. Health Providers are required to demonstrate that they have safeguarding leadership, expertise and commitment at all levels. Health Providers are required to have effective arrangements in place to safeguard adults at risk of abuse or neglect and to assure themselves, regulators and their commissioners that these are effective and meet the required standards. Safeguarding arrangements mirror those of the CCG. All health Service Providers are required to be registered with the Care Quality Commission (CQC).

**Named professionals (health providers)** - Named professionals have a key role in promoting good professional practice within their organisation, supporting the local safeguarding system and processes, providing advice and expertise for fellow professionals, and ensuring safeguarding training is in place. They should work closely with their organisation's safeguarding lead, designated professionals and the SAB.

Safeguarding adult leads support and advise commissioners on adult safeguarding within contracts and commissioned services. They also have responsibility to improve systems and embed referral routes for adults at risk across the health system. They provide a health advisory role to the SAB, supporting the CCG SAB member.

### **Healthwatch**

[Healthwatch England](#) is the national consumer champion in Health and Care and must be consulted on the strategic plan. It has significant statutory powers to ensure the

voice of the consumer is strengthened. It challenges and holds to account commissioners, the Regulator and Providers of health and social care services. Healthwatch

- Identifies common problems with health and social care based on people's experiences
- Recommends changes to health and social care services that they know will benefit people
- Hold those services and decision makers to account and demands action.

As a statutory watchdog, their role is to ensure that health and social care services, and the government, put people at the heart of their care.

## **Housing Providers**

The Care Act states that a Local Authority must consider cooperating with Social Housing Providers in order to exercise its care and support duties. An authority must do this in particular when protecting adults at risk of harm and neglect and when identifying and sharing lessons to be learned from cases of serious abuse or neglect.

**Social Housing Providers** are registered with, and regulated, by the Homes & Communities Agency. They are also known as Registered Providers of Social Housing (RPs) or registered social landlords (RSLs). They include Local Authority landlords, arm's-length management organisations (ALMOs) that manage council housing stock, private for-profit or not-for-profit housing providers, and Voluntary Sector Providers such as alms houses. Most not-for-profit RPs are also known as Housing Associations.

RPs provide a wide range of housing and housing-related services. They provide much of the supported accommodation in England, such as sheltered housing, care homes, supported living scheme housing, extra care schemes, hostels, foyers for young people, domestic abuse refuges, etc.

### ***Implementing the principles***

Beyond the core service of providing housing, RPs may also engage in initiatives that enhance their customers' wellbeing and create sustainable communities, such as: housing support, community safety, better neighbourhoods, responding to anti-social behaviour, employment & training, domestic abuse, self-neglect & hoarding, fraud awareness, debt & financial inclusion, reducing isolation, tenancy sustainment support, etc.

Local Authorities must take into account that the suitability of accommodation is a core component of wellbeing and good housing provision can variously promote that wellbeing. This includes minimising the circumstances, such as isolation, which can make some adults more vulnerable to abuse or neglect in the first place. The nature and diversity of RPs' work, therefore, can mean that their staff are often well placed to:

- Have a good knowledge of the individual and the communities with whom they

work

- Be working with persons who are unable to protect themselves from abuse or neglect due to their care and support needs, but who are not already known to Adult Social Care Services
- Identify individuals experiencing or at risk of abuse or neglect and raise concerns
- Be the first professionals to whom individuals might first disclose abuse or neglect concerns
- Be the only professionals working with the adult at risk
- Provide essential information and advice regarding the adult at risk
- Contribute actively to person-led safeguarding risk assessments and arrangements to support and protect an individual, where appropriate
- Carry out a safeguarding enquiry, or elements of one
- Work with agencies to support someone who is hoarding
- Work together with agencies to resolve issues with someone who refuses support or self-neglects, or when someone may not be eligible for a safeguarding service or social care support
- Work with Local Authorities to promote safeguarding awareness, information and prevention campaigns
- Be instrumental in helping a Local Authority to successfully exercise its safeguarding and well-being duties

Housing Providers should ensure that they develop a safeguarding culture through:

- Board and Leadership commitment & ownership of safeguarding responsibilities
- Policies or guidance that promote the 6 principles of adult safeguarding
- Policies that reflect the adult safeguarding framework set out by a SAB
- Staff being vigilant about adult safeguarding concerns
- Learning and development for staff on adult safeguarding and the Mental Capacity Act 2005 enabling them to fulfil their roles and responsibilities
- Sharing information appropriately to safeguard adults at risk and engaging with Information Sharing Agreements where required
- Developing inter-housing networks as well as multi-agency mechanisms

### **South Central Ambulance Service**

There are a number of ways in which South Central Ambulance Service staff may receive information or make observations which suggest that an adult at risk has been abused, neglected or is at risk of abuse and neglect.



## **Royal Berkshire Fire and Rescue Service**

Royal Berkshire Fire and Rescue Service (RBFRS) staff become aware of safeguarding concerns in a number of ways, not only when responding to emergency calls, but during community safety preventative work such as home fire safety visits. RBFRS staff do receive safeguarding training so that they are able to identify whether an adult has been, or is at risk of being abused and/or neglected, and are aware of how to report concerns following the procedures for recording, managing and referring concerns to Local Authorities set out in our safeguarding policies.

## **National Probation Service and Thames Valley Community Rehabilitation Company**

Since 1<sup>st</sup> June, 2014 the delivery of Probation Services has been carried out by the National Probation Service (NPS) and Community Rehabilitation Company (CRC). NPS are responsible for supervising high and very high risk of serious harm offenders on licence and community orders, and/ or those subject to Multi-Agency Public Protection Arrangement (MAPPA), preparing pre-sentence reports for courts, preparing parole reports, supervising offenders in approved premises, and delivering sex offender treatment programmes, support to victims of serious violent and sexual offences through the Victim Liaison Unit.

The CRC are responsible for supervising low and medium risk of serious harm offenders on licence and community orders, Community Payback, Accredited Programmes and other interventions.

Both services have a remit to demonstrate a continuous focus on assessment and risk of harm, to protect adults at risk, children and young people, and victims of crime. One of their key objectives is to evidence that routine checks are completed (with appropriate agencies) and information accessed is used to inform the assessment and management of risk in all cases. There is an emphasis on partnership working across Berkshire at a strategic and local level. Whilst each division has its own role and responsibilities, a close working relationship with each other is maintained.

The NPS works in partnership with other agencies through the Multi Agency Public Protection Arrangements (MAPPA). The purpose of the MAPPA framework is to reduce the risks posed by sexual and violent offenders in order to protect the public. The responsible authorities in respect of MAPPA are the police, prison and the National Probation Service that have a duty to ensure that a local MAPPA is established and the risk assessment and management of all identified MAPPA offenders is addressed through multi-agency working.

Although not a statutory requirement, representation from the National Probation Service and the Community Rehabilitation Company on the Safeguarding Adults Board should be considered.

## **NHS England**

The general function of NHS England is to promote a comprehensive health service to improve the health outcomes for people in England. NHS England has a statutory requirement to oversee assurance of CCGs in their commissioning role.

The mandate from Government sets out a number of objectives which NHS England is legally obliged to pursue. The objectives relevant to safeguarding are:

- Continuing to improve safeguarding practice in the NHS;
- Contributing to multi-agency family support services for vulnerable and troubled families; and
- Contributing to reducing violence, in particular by improving the way the NHS shares information about violent assaults with partners, and supports victims of crime.

They have two distinct safeguarding roles:

1. Direct commissioning: Commissioning primary care, specialised services, health care services in justice, health services for armed forces and families and some public health services. As a commissioner of health services, NHS England also needs to assure itself that the organisations from which it commissions have effective safeguarding arrangements in place.
2. Assurance and system leadership: discharged through the Chief Nursing Officer (CNO) who has a national safeguarding leadership role. The CNO is the Lead Board Director for safeguarding and has a number of forums through which to gain assurance and oversight, particularly through the NHS England National Safeguarding Steering Group

In addition, NHS England is responsible for ensuring, in conjunction with local CCG Clinical Leads, that there are effective arrangements for the employment and development of a named GP/named professional capacity for supporting Primary Care within the local area.

### ***Safeguarding networks***

CCGs and NHS England provide support and advice to the designated and specialist professionals to be able to access the widest possible expertise to support improving safeguarding practice across the NHS system. In order to support this, NHS England has established local 'safeguarding networks'.

Safeguarding networks have taken forward the lessons learnt from the [Robert Francis Inquiry \(2013\)](#) and other key safeguarding reports.

The complexity of the healthcare system is outlined in [Understanding the New NHS](#).

### **Office of the Public Guardian (OPG)**

The OPG was established under the [Mental Capacity Act 2005](#) to support the Public Guardian and to protect people lacking capacity by:

- Setting up and managing separate registers of lasting powers of attorney, and of court- appointed deputies
- Supervising deputies

- Sending Court of Protection visitors to visit individuals who lack capacity and also those for whom it has formal powers to act on their behalf
- Receiving reports from attorneys acting under lasting powers of attorney and deputies
- Providing reports to the Court of Protection
- Dealing with complaints about the way in which attorneys or deputies carry out their duties.

The OPG can carry out an investigation into the actions of a deputy, of a registered attorney (lasting powers of attorney or enduring powers of attorney) or someone authorised by the Court of Protection to carry out a transaction for someone who lacks capacity, and report to the Public Guardian or the court.

## **Providers**

All commissioned service provider organisations should produce their own guidelines that are consistent with the multi-agency Safeguarding Adults policy and procedures. These should set out the responsibilities of staff, clear internal reporting procedures and clear procedures for reporting to the local Safeguarding Adults process. In addition, provider organisations' internal guidelines should cover:

- A 'whistleblowing' policy which sets out assurances and protection for staff to raise concerns
- How to work within best practice as specified in contracts
- How to meet the standards in the [Health and Social Care Act 2008](#) (regulated activities) and the [Care Quality Commission \(Registration\) Regulations 2009](#)
- How to fulfil their legal obligations under statutory processes
- Robust recruitment arrangements
- Training and supervision for staff.

## **Public Health**

The Health & Social Care Act 2012 set out the legislative framework for the changes to the health and care system that led to the creation of Public Health England and the transfer of responsibility for most public health duties at a local level to local government. Public Health England (PHE) was established on 1 April 2013 to bring together public health specialists from more than 70 organisations into a single public health service, for the first time combining health protection and health improvement in one organisation. From April 2013 responsibility for public health transferred from the NHS to local government and Public Health England.

## **Trading Standards**

Trading standards provide advice for businesses and is responsible for enforcing laws covering the safety, descriptions and pricing of products and services. Trading Standards Officers have particular skills in dealing with fraud, tricks and scams

**The Voluntary Sector or Community Sector** (also non-profit sector or 'not-for-profit' sector) is the duty of social activity undertaken by non-statutory organisations.

The Voluntary and Community Sector & V sector should include safeguarding adults within their induction programmes.

Safeguarding should be integral to policies and procedures and policies, for example:

- Staff and volunteers are aware of what abuse is and how to spot it
- Having a clear system of reporting concerns as soon as abuse is identified or suspected
- Respond to abuse appropriately respecting confidentiality
- Prevent harm and abuse through rigorous recruitment and interview process

The Voluntary and Community organisations can promote safeguarding and support statutory organisations through consultations on policy and developments, work on prevention strategies and promoting wider public awareness. The SAB has the discretion to invite membership to Voluntary and Community Sector.