



Guidance on multi-agency safeguarding roles and responsibilities

December 2016

Introduction

The revised statutory guidance to the Care Act (2014) clarifies that there should be clear and collaboration should take place at all the following levels:

- Operational
- Supervisory line management
- Practice leadership
- Strategic leadership within the senior management team
- Corporate/cross authority
- Chief officers/chief executives
- Local authority members and PCC
- Providers of services
- Voluntary organisations

Local Authorities

Local Authorities with social services responsibilities have the lead co-ordinating role for safeguarding adults at risk of abuse, neglect or exploitation. This includes the co-ordination of the application of this Policy Framework into practice; lead responsibility for statutory safeguarding enquiries including the coordination of activity between organisations; ensuring that enquiries undertaken by other bodies on its behalf are robust and satisfactorily resolve the situation; lead the wider implementation of the making Safeguarding Personal approach; review of practice; facilitation of joint training; dissemination of information; and monitoring and review of progress within the Local Authority area.

In addition to that strategic co-ordinating role, the Local Authority adult social care department and integrated health and social care teams, also have responsibility for co-ordinating the action taken by organisations in response to concerns that a person at risk is being, or is at risk of being, abused or neglected.

All social workers undertaking work with adults should have access to a source of additional advice and guidance particularly in complex and contentious situations. Principal social workers are often well-placed to perform this role or to ensure that appropriate practice supervision is available.

Principal social workers in the local authority are responsible for providing professional leadership for social work practice in their organisation and organisations undertaking statutory responsibilities on behalf of the local authority. Practice leaders/principal social workers should ensure that practice is in line with this guidance.

As the professional lead for social work, principal social workers and senior healthcare safeguarding professionals should have a broad knowledge base on safeguarding and making safeguarding personal and are confident in its application in their own and others' work.

Health Care Professions Council (HCPC)

The HCPC is the Professional Body that regulates social workers and allied health professionals. HCPC professional standards were amended in Jan 2016 to require all those registered with that body to comply with a professional DUTY to take appropriate action to address and report concerns about safety or wellbeing of people using services, follow up concerns and be open and honest if things go wrong.

Multi –Agency Safeguarding Policy and Guidance 2nd Edition December 2016

4LSAB Multi-Agency Guidance

Elected members (Councillors)

Elected members have the following responsibilities in relation to safeguarding adults:

- They and their fellow councillors understand their responsibilities for safeguarding persons at risk
- The corporate strategy identifies the council's role in safeguarding persons at risk and what priority this is given
- The council formally considers the annual report of the Safeguarding Adults' Board, and the issues this identifies for the local council area.

Director of Adult Social Services

The Director of Adult Social Services has specific responsibilities under statutory guidance issued by the Department of Health. Within adult social services, the director has a responsibility to:

- Maintain a clear organisational and operational focus on safeguarding adults
- Make sure relevant statutory requirements and other national standards are met
- Make sure DBS standards are met.
- The Director is also responsible for either chairing, or ensuring the effective chairing of the local Safeguarding Adults Board.

Police

Hampshire Constabulary is determined to achieve equality of outcome for victims of crime. It is recognised that the impact of events which lead to the involvement of police services differ according to the needs of the recipient. All police officers and staff in the Constabulary must take into consideration that persons at risk in particular may have difficulty in engaging with the police service due to learning difficulties or other disabilities as well as cultural, language or other communication difficulties.

It is the responsibility of the police to lead investigations where criminal offences are suspected by preserving and gathering evidence at the earliest opportunity. Where necessary the police will interview the alleged victim, the alleged person causing harm, and any witnesses. As the lead investigating agency they will work with the Local Authority and other partner agencies in line with the local Safeguarding Adults Policy Framework to ensure that all relevant information is shared and identified risks are acted on with a risk management or safeguarding support plan being agreed at an early stage.

In cases where criminal proceedings are deemed inappropriate, the police will work with partnership agencies in order to share information and agree courses of action to effectively safeguard adults at risk of harm.

Clinical Commissioning Groups (CCGs)

CCGs are groups of GPs that are responsible for designing local health services in England. They will do this by commissioning or buying health and care services including elective hospital care, rehabilitation care, urgent and emergency care, most community health services, mental health and learning disability services.

All staff and volunteers

All staff and volunteers from any service or setting should have in place adult safeguarding policy and procedures. Staff and volunteers from any service or setting who have contact with persons at risk have a responsibility to be aware of issues of abuse, neglect or exploitation. This includes personal assistants paid for from direct payments or personal budgets. All staff and volunteers have a **duty to act** in a timely manner on any concern or suspicion that an adult who is vulnerable is being, or is at risk of being, abused, neglected or exploited and to ensure that the situation is assessed and investigated.

All managers

All Managers in any service or setting should ensure that they:

- Make staff aware of their duty to report any allegations or suspicions of abuse to their line manager, or if the line manager is implicated, to another responsible person or to the Local Authority
- Meet their responsibilities under the Health and Social Care Act 2008 and ensure compliance with the CQC Essential Standards of Quality and Safety
- Operate safe recruitment practices and routinely take up and check references
- Adhere to and operate within their own organisation's whistleblowing policy in relation to any member of staff who raises concerns
- Link safeguarding procedures into internal quality assurance, governance and risk management processes
- Have mechanisms in place to ensure that learning from investigations leads to positive change and influences practice.
- Managers of 'regulated activity' must fulfil their legal obligations under the *Safeguarding Vulnerable Groups Act 2006*. Managers have responsibility for making checks on and referring staff and volunteers who have been found to have harmed a person at risk or put a person at risk of further harm.

Managers in regulated health settings should also report concerns as a Serious Incident Requiring Investigation (SIRI) in line with clinical governance procedures and a decision must be made whether the circumstances meet the criteria for raising a safeguarding concern in line with the Multi-agency Safeguarding Adults Policy and Procedures.

All commissioners and contractors

Commissioners and contractors of services should set out clear expectations of provider agencies and monitor compliance to defined quality standards or benchmarks. NHS commissioners have responsibilities for commissioning high quality health care for all patients in their area. However, they have particular duties for those patients who are less able to protect themselves from harm, neglect or abuse, for example, due to impaired mental capacity. All commissioners and contractors have a responsibility to:

- Ensure that they play an active role in the Adult Safeguarding Boards and liaise with regulatory bodies
- Ensure that managers are clear about their leadership role in safeguarding adults and assuring the quality of outcomes for people using services, the supervision and support of staff, and responding to, and investigating, a concern about a person at risk
- Ensure that agencies, from whom services are commissioned and contracted with, know about and adhere to relevant CQC registration requirements, guidance and CQC Essential Standards of Quality and Safety

- Ensure that all documents such as service specifications, invitations to tender, service contracts and service level agreements adhere to the Multi-agency Safeguarding Adults Policy and Procedures
- Commission a workforce with the right skills to understand and implement adult safeguarding principles
- Ensure staff have received induction and training appropriate to their levels of responsibility
- Ensure that people who commission their own care are given the right information and support to do so from those providing their care
- Ensure that the commissioning and contracting of services such as brokerage services includes information on safeguarding and dignity
- Ensure that services are commissioned in a way that raises service users' and carers' expectations in relation to quality of services
- Ensure that commissioning staff develop links with front-line staff to review performance of providers in relation to complaints, standards of care and safeguarding
- Ensure that commissioning and contracting sets out quality assurance and service standards that safeguard service users and promote their dignity and control, with clear reporting requirements placed on providers
- Ensure that contract monitoring has a clear focus on safeguarding and dignity, and that any shortfalls in standards are actively addressed
- Ensure that commissioning and contracting regularly audit reports of risk and harm and require providers to address any issues identified
- Ensure that reporting across providers is tracked, and under or over reporting patterns are addressed
- Ensure that when there is a pattern of concerns, a root cause analysis is carried out and where appropriate, a safeguarding concern is raised
- Ensure that there is robust, timely action when standards in services place service users at risk.

NHS funded services

The NHS is accountable to patients for their safety and well-being through delivering high quality care. This duty is underpinned by the NHS Constitution that all providers of NHS services are legally obliged to take account of. Quality is defined as providing care that is effective and safe and which results in a positive patient experience.

Some patients may be unable to uphold their rights and protect themselves from harm or abuse. They may have the greatest dependency and yet be unable to hold the service to account for the quality of care they receive. The NHS has particular responsibilities to ensure that those patients receive high quality care and that their rights are upheld, including their right to be safe.

All providers of healthcare should have in place named professionals, who are a source of additional advice and support in complex and contentious cases within their organisation. There should be a designated professional lead in the CCG, who is a source of advice and support to the governing body in relation to the safeguarding of individuals and is able to act as the lead in the management of complex cases.

All commissioners and providers of healthcare should ensure that staff have the necessary competences and that training in place to ensure that their staff are able to deliver the service in relation to the safeguarding of individuals. This is strengthened by the development of the safeguarding adults: roles and competences for health care staff - intercollegiate document, which details the levels of training and competencies required for the different groups of staff in the organisations.

Managers of health services, their commissioners and regulators will also need assurance that where harm or abuse occurs, responses are in line with local Multi-agency Safeguarding Adults Procedures and national frameworks for Clinical Governance and investigating patient safety incidents. Health services must produce clear guidance to managers and staff that sets out who is responsible for any decision making processes and for initiating action under the above processes and to support clarity about what constitutes a safeguarding adults incident. Safeguarding in the NHS encompasses:

- A patient centred approach to how services are commissioned and assured
- Leading an organisational culture that safeguards patients
- Using systems and processes that support safeguarding and connect aligned areas
- Developing partnerships with patients, public and multi-agency partners
- Using robust assurance to understand and improve safeguarding adult's arrangements
- Commissioners working with providers, regulators and multi-agency partners to address concerns in services.

NHS managers and Boards

Managers and Boards have responsibility for implementing six fundamental actions to safeguard adults:

- Use the safeguarding principles to shape strategic and operational safeguarding arrangements
- Set safeguarding adults within the strategic objectives of the service
- Use integrated governance systems and processes to prevent abuse occurring and respond effectively where harm does occur
- Work with the Local Safeguarding Adults Board, patients and community partners to create safeguards for patients
- Provide leadership to safeguard adults
- Ensure accountability and use learning within the service and the partnership to bring about improvement.

Health practitioners

Health care staff are often working with patients who, for a range of reasons, may be less able to protect themselves from neglect, harm or abuse. Health care practitioners play a vital role in prevention and reporting, responding and supporting the recovery of adults who may have experienced or are at risk of abuse.

Ambulance service

There are a number of ways in which staff may receive information or make observations which suggest that a person at risk has been abused or is at risk of harm. Staff will often be the first professionals on the scene and their actions and recording of information may be crucial to subsequent enquiries. Staff will not investigate suspicions and, if there is someone else present, will avoid letting the person know they are suspicious. If the patient is conveyed to hospital, the staff should inform a senior member of the A&E staff, or nursing staff if conveying to another department, of their concerns about possible abuse. They will complete a patient report form and give a copy to the staff at A&E or other location where clinical responsibility is being handed over. Staff should also follow local procedures for contacting the Local Authority

General Practitioners (GPs)

The British Medical Association issued *Safeguarding Persons at risk – a Tool Kit for General Practitioners* in October 2011, which contains the following guidance for GPs:

“Where doctors or other health professionals suspect that a serious crime may have been, or may be about to be, committed, action should be taken as a matter of urgency. Although health professionals owe a duty of confidentiality to all their patients, this duty is not absolute. Where an adult has the relevant decision making capacity, they retain the freedom to decide how best to manage the risks to which they may be exposed, including whether a referral through multi-agency procedures would help them. Where other individuals may be at risk of harm, however, or where there is concern that a serious crime may be, or may have been, committed a referral must be made through appropriate procedures. In these circumstances health professionals should discuss the matter with the social services adult protection team as a matter of urgency. It may also be necessary directly to contact the police.”

The toolkit also refers to measures GPs should consider in relation to information sharing, reporting wider patient safety concerns and concerns in relation to regulated services and colleagues.

Patient Advice and Liaison Service (PALS) and complaints departments

PALS and complaints departments provided by acute, specialist and community health trusts have been established to provide confidential advice and support to patients, families and carers, including providing confidential assistance in resolving problems and concerns. PALS act as a focal point for feedback from patients to inform service developments and as such can act as an early warning system about concerns including quality of care for NHS trusts and Commissioning Care Groups.

PALS staff are in a position to recognise that a concern which is raised with them either by a patient or a carer or friend could indicate that the person is at risk of abuse or neglect. They should raise that concern with their own health trust via senior managers and safeguarding adult's leads and raise a concern to the relevant Local Authority to ensure that appropriate action is taken under the Multi-agency Safeguarding Adults Policy and Procedures.

NHS Improvement Agency (NHSI)

The NHSI is the independent regulator of NHS Foundation Trusts. They were established in January 2004 to authorise and regulate NHS foundation trusts. They are independent of central government and directly accountable to Parliament. The three main strands to their work are:

- Determining whether NHS trusts are ready to become NHS foundation trusts
- Ensuring that NHS Foundation Trusts comply with the conditions they signed up to including that they are well-led and financially robust
- Supporting NHS Foundation Trust development.

HealthWatch

HealthWatch is an independent consumer champion and a statutory part of the Care Quality Commission (CQC), to champion services users and carers across health and social care.

At local level:

- Local HealthWatch organisations ensure that the views and feedback from patients and carers are an integral part of local commissioning across health and social care
- Local Authorities are able to commission local HealthWatch or HealthWatch England to provide advocacy and support, helping people access and make choices about services, and supporting individuals who want to make a complaint. In particular, they will support people who lack the means or capacity to make choices; for example, helping them choose which General Practice to register with
- Local HealthWatch organisations are funded by and accountable to, Local Authorities and will be involved in Local Authorities' new partnership functions. To reinforce local accountability, Local Authorities are responsible for ensuring that local HealthWatch are operating effectively, and for putting in place better arrangements if they are not
- Local HealthWatch organisations provide a source of intelligence for national HealthWatch and will be able to report concerns about the quality of providers, independently of the Local Authority.

At national level:

- HealthWatch England provides leadership, advice and support to local HealthWatch, and is able to provide advocacy services on their behalf if the Local Authority wishes
- HealthWatch England provides advice to the Health and Social Care Information Centre on the information which would be of most use to patients to facilitate their choices about their care
- HealthWatch England provides advice to the NHS Commissioning Board, Monitor and the Secretary of State
- Based on information received from local HealthWatch and other sources, HealthWatch England has powers to propose CQC investigations of poor services.

Faith communities

Churches, other places of worship and faith-based organisations provide a wide range of activities for persons at risk and have an important role in safeguarding persons at risk and supporting their families. Religious leaders, staff and volunteers who provide services in places of worship and in faith-based organisations will have various degrees of contact with persons at risk.

Like other organisations that work with persons at risk, churches, other places of worship and faith-based organisations need to have appropriate arrangements in place for safeguarding and promoting the welfare of persons at risk. In particular these should include:

- Procedures for staff and others to report concerns that they may have about the abuse, neglect or exploitation of a person at risk
- Appropriate codes of practice for staff, particularly those working directly with persons at risk
- Safe recruitment procedures, alongside training and supervision of staff (paid or voluntary).

Fire and Rescue Services

When adults become vulnerable they become vulnerable to fire. While the number of people within the population who meet the No Secrets definition of a vulnerable adult is very small the overwhelming majority of fire deaths occur within this population of people. For this reason The Fire and Rescue Service have two roles to play in safeguarding adults at risk.

The first is to support other agencies to recognise, assess and manage fire risks for vulnerable adults. Fire and rescue services will provide awareness raising and training around identifying and managing fire risks in the domestic environment and, through the home fire safety visit programme, visit identified adults at risk and provide advice that is specific to the occupant and their home environment.

The second is to have good internal safeguarding procedures. Fire and Rescue personnel respond to emergencies, visit people in their homes when carrying out Home Safety Checks and undertake Fire Safety (Protection) visits in residential/institutional settings. Fire and Rescue service staff should be trained to recognise a concern and report it appropriately. Where Fire and Rescue personnel have a concern that a person at risk may be being abused, neglected or exploited they must follow their internal safeguarding procedure.

Care Quality Commission (CQC)

The CQC regulates and inspects health and social care services including domiciliary services and protects the rights of people detained under the Mental Health Act 1983. They have a role in identifying situations that give rise to concern that a person using a regulated service is or has been at risk of harm, or may receive an allegation or a complaint about a service that could indicate potential risk of harm to an individual or individuals. CQC Safeguarding Protocol describes their role in safeguarding both children and adults. It covers all the relevant health and social care sectors for which CQC has regulatory responsibility. It provides the principles for how CQC will work to help ensure people are protected. It may also provide helpful guidance for stakeholders, providers of services and members of the public on the role of CQC in local safeguarding procedures.

Office of the Public Guardian (OPG)

The Office of the Public Guardian Safeguarding Adults Policy states that the organisation will strive to ensure that persons at risk receive their entitlement to safeguards that:

- Prevent abuse from occurring and/or continuing, where possible
- Identify abuse promptly
- Ensure the abuse ceases and the person causing harm is dealt with, wherever possible.

The OPG also undertakes to notify Local Authorities, the police and other appropriate agencies when an abuse situation is identified. The OPG may be involved in safeguarding persons at risk in a number of ways, including:

- Promoting and raising awareness of legal safeguards and remedies, for example, lasting powers of attorney and the services of the OPG and the Court of Protection
- Receiving reports of abuse relating to persons at risk ('whistleblowing')
- Responding to requests to search the register of deputies and attorneys (provided free of charge to Local Authorities and registered health bodies)
- Investigating reported concerns, on behalf of the Public Guardian, about the actions of a deputy or registered attorney, or someone acting under a single order from the court
- Working in partnership with other agencies, including adult social care services and the Police.

Multi –Agency Safeguarding Policy and Guidance 2nd Edition December 2016

4LSAB Multi-Agency Guidance

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. Local Authorities can use the OPG protocol to refer concerns to the OPG relating to anyone who falls within the OPG definition of an adult at risk, as given above. The OPG will refer all concerns and allegations relating to people not covered by the OPG Safeguarding Adults Policy to the relevant adult social care service. Where it is considered that a crime has or may have been committed, a report will be made to the police.

Housing organisations

Staff who work in housing organisations are in a position to identify tenants who are vulnerable and are at risk of abuse, neglect and exploitation. They are therefore required to follow a multi agency policy guidance and toolkit in relation to this responsibility.

Crown Prosecution Service (CPS)

The CPS is the principal public prosecuting authority for England and Wales and is headed by the Director of Public Prosecutions. The CPS has produced a policy on prosecuting crimes against older people which is equally applicable to adults at risk, who may also be vulnerable witnesses.

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 vulnerable adult. Witness Care Units exist in all judicial areas and are run jointly by the CPS and the police.

The CPS has a key role to play in making sure that special measures are put in place to support vulnerable or intimidated witnesses to give their best evidence. Special measures were introduced by the Youth Justice and Criminal Evidence Act 1999 and are available both in the Crown Court and in the magistrates' courts.

These include the use of trained intermediaries to help with communication, screens and arrangements for evidence and cross-examination to be given by video link.

Coroners

Coroners are independent judicial officers who are responsible for investigating violent, unnatural deaths or sudden deaths of unknown cause, and deaths in custody, which must be reported to them. The Coroner may have specific questions arising from the death of an adult with care and support needs. 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 other setting (such as a care home)
- Deaths that have occurred when someone was the subject of a deprivation of liberty
- 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.

In the above situations the local Safeguarding Adults Board should give serious consideration to instigating a safeguarding adult review.

Probation Services

Following government reorganisation 'probation' has been split into two services: Community Rehabilitation Companies and the National Probation Service. These services protect the public by working with offenders to reduce re-offending and harm. It works jointly with other public and voluntary services to identify, assess and manage the risk in the community of offenders who have the potential to do harm. The services use the Offender Assessment System (OASys) to assess risk and identify factors that have contributed to offending. The Probation Service also has a remit to be involved with victims of serious sexual and other violent crimes.

Probation services share information and work in partnership with other agencies including Local Authorities and health services, and contribute to local Multi Agency Public Protection Arrangements to help reduce the re-offending behaviour of sexual and violent offenders in order to protect the public and previous victims from serious harm. Although the focus of the probation services is on those who cause harm, they are also in a position to identify offenders who themselves are at risk from abuse and to take steps to reduce the risk to those offenders in line with the principles of this Policy Framework.

Prison Service

The Prison Service promotes the welfare of all prisoners, particularly persons at risk, and protects them from all kinds of harm and neglect. Prisoners, particularly adults at risk, are provided with a safe and secure environment which protects them from harm and neglect. They receive safe and effective care and support. Prisons work to the following benchmark standards:

- The risks to prisoners are recognised and there are guidance and procedures to help reduce and prevent harm or abuse from occurring
- When abuse is alleged or suspected to have occurred, prompt and appropriate action is taken to protect the prisoner
- An individual care plan is in place to address a prisoner's assessed needs
- Care plans are thorough and reviewed regularly, involving all relevant staff
- Up-to-date Government and local guidance about safeguarding adults is accessible and safeguarding procedures are known and used by all staff, including how to raise a safeguarding concern
- The safeguarding policy and any prison codes of conduct are informed by the underlying five principles of the Mental Capacity Act 2005
- Where possible, access to advocates and/or appropriate adults is in place to aid prisoners' capacity to understand and consent
- The prison has a code of conduct informing staff of their duty to raise legitimate concerns about the conduct of an individual in relation to the treatment and management of prisoners
- Staff feel confident and safe to raise concerns
- Staff are aware of their personal and professional responsibility to protect persons at risk and undergo appropriate training
- Staff are subject to recruitment and vetting procedures which comply with necessary legislation.

Disclosure and Barring Service

The primary role of the Disclosure and Barring Service (DBS) is to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups including children. The DBS was established under the Protection of Freedoms Act 2012 and merges the functions previously carried out by the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

Local Area Teams (LAT)

The LAT is a local extension of the NHS Commissioning Board and will have the following core functions of clinical commissioning group development and assurance, ensuring emergency planning within the NHS to secure both resilience and response and oversight of the whole health system within their area, with a particular focus on quality and safety. The LAT is responsible for commissioning of highly specialist services in addition to GP and dental services, pharmacy and certain aspects of optical services.