Healthier Together
Improving health and care in Bristol, North Somerset and South Gloucestershire

NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Bristol, North Somerset and South Gloucestershire ICB Safeguarding Adults Policy

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Policy ref no:	83
Responsible Executive Director:	Rosi Shepherd
Author and Job Title:	Faye Kamara
Date Approved:	7th April 2025
Approved by:	Shane Devlin, Chief Executive
Date of next review:	7th April 2028

Policy Review Checklist

	Yes/No/NA	Supporting information
Has an Equality Impact Assessment Screening been completed?	Yes	This is supported as an appendix to this policy
Has the review taken account of latest Guidance/Legislation?	Yes	There are several pieces of legislation and guidance documents that underpin the principles of safeguarding adults which are pertinent to the work of the ICB. These are listed on pages 8 9 and 20 - 23. References are also made throughout the document to key pieces.
Has legal advice been sought?	N/a	This is not required as it is mandatory for every NHS organisation to have a safeguarding policy, and the ICB have statutory safeguarding duties to fulfil.
Has HR been consulted?	Yes	Yes through Contract Policy Review Group
Have training issues been addressed?	Yes	Safeguarding training has been addressed on Pages 21-22 and outlines organisational requirements for staff to be trained.
Are there other HR related issues that need to be considered?	No	There is a section on Safer Recruitment which includes managing allegations of People in a Position of Trust.
Has the policy been reviewed by Staff Partnership Forum?	N/a	
Are there financial issues and have they been addressed?	N/a	
What engagement has there been with patients/members of the public in preparing this policy?	N/a	
Are there linked policies and procedures?	Yes	Safeguarding Children, Safeguarding Children in Care, Domestic Abuse, Prevent and the Mental Capacity Act.

	Yes/No/NA	Supporting information
Has the lead Executive Director approved the policy?	Yes	This has been approved by our Executive Lead for Safeguarding, Rosi Shepherd, Chief Nursing Officer.
Which Committees have assured the policy?	Yes	Safeguarding Governance Group have offered guidance.
Has an implementation plan been provided?		This will form part of the safeguarding implementation plan to raise awareness for 2025 – 2027 see Appendices.
How will the policy be shared with		This policy will be available via the BNSSG staff intranet and website. The updated policy will also be launched at HWGNFY and through the Voice Newsletter. It will be a public document.
Will an audit trail demonstrating receipt of policy by staff be required; how will this be done?	No	This is not required. All staff can access this policy via the Hub.
Has a DPIA been considered in regard to this policy?	Yes	This was discussed at the Corporate Policy Review Group and a separate impact assessment was not necessary at this time providing implications were clear (see below).
Have Data Protection implications have been considered?	Yes	Schedule 3, Parts 1 and 5 of the Data Protection Act. Supports that in cases where safeguarding concerns relate to children and adults at risk, organisations are not obliged to give access to information, respond to a request to delete information or inform individuals that their data is being processed if it is deemed that to do so could cause harm or prevent a safeguarding referral. Organisations should make reference to the Data Protection Act 2018 exemptions and the exemptions that are available in Article 23 and Chapter IX of the GDPR in their safeguarding procedures. This is also supported by two Information Sharing Agreements across the system. One a Tier 1 agreement and another Tier 2 which references why and how the

	Yes/No/NA	Supporting information
		system shares safeguarding information.

Version	Date	Consultation
1.0	12th May 2023	Internal team and CPRG
2.0	16th August 2023	Further changes made by personnel in team
3.0	June 2024	Final Draft
4.0	Jan 2025	Following comms edits- last proof read before sign off

1. Introduction

Bristol North Somerset and South Gloucestershire Integrated Care Board (BNSSG ICB) is responsible for ensuring that it commissions good quality services on behalf of its population. BNSSG ICB has a statutory duty to ensure that, in discharging its functions, it has regard to the need to safeguard and promote the welfare of adults at risk within its population. This policy outlines how Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care Board (the ICB) will deliver its statutory duty to safeguard and promote the welfare of adults. It promotes structures, systems and standards that reflect policy and support both internally and within the Safeguarding Adults Boards that exist across BNSSG.

BNSSG ICB recognises the human rights of everyone to live in safety, free from harm or exploitation, in accordance with principles of respect, autonomy, equity and privacy. The ICB will encourage a positive service culture and zero tolerance to adult abuse in all settings of care delivery. Safeguarding is a key objective of the ICB, and commissioners will seek to make it integral to all commissioning activities.

This policy has been updated to reflect changes to legislation and the development of the Integrated Care System (ICS), as appropriate to maintain assurance on the delivery of safeguarding arrangements. This policy will be led by the Chief Nursing Officer, and closely supported by the Head of Safeguarding (all age) and ICB Safeguarding Team. Our Safeguarding Partner organisations, - health partner organisations, Local authorities, Avon and Somerset Constabulary as the main partners who form part of the ICS, are responsible for maintaining their own respective organisational policies and procedures.

BNSSG ICB Values

This policy has been written with due regard to the ICB's values combined with safeguarding arrangements to uphold a strong ethos of partnership working. It aims to promote safety and optimal outcomes for adults within the BNSSG population.

2. Purpose and scope

The Care Act 2014 places duties and responsibilities on local authority adult social services, police, and Integrated Care Board (ICB) to work together to protect adults at risk from abuse and harm. This gives the ICB the responsibility to seek assurances that people in the most vulnerable situations are safe from abuse or neglect. The Care Act 2014 also creates a legal framework for key organisations and individuals with responsibilities for adult safeguarding to agree how they must work together and what roles they must play to

keep adults at risk safe. Adult safeguarding is a dynamic process that must be done with people and not to people.

The purpose of this policy is to set out the safeguarding responsibilities for those directly employed by BNSSG ICB to ensure that, in their role of commissioning and improving the health of the population of BNSSG, they promote and respond to the welfare and safeguarding of adults who need care and support. All ICB staff have a role in raising awareness of safeguarding concerns and connecting with the Safeguarding Team for advice when required, therefore this policy applies to all members of staff.

This policy has been developed to support the ICB in its commissioning role with health partners across the health economy and any provider function undertaken by the ICB. This is not a replacement for the safeguarding adult procedures as set out by the three BNSSG Safeguarding Adult Boards (appendix 1) therefore, ICBs employees must also continue to follow and adhere to those principles.

This policy will be implemented by the Head of Safeguarding (all-age) and ICB Safeguarding Team with oversight and monitoring undertaken by the Outcomes, Quality and Performance Committee reporting into the ICB Board.

This safeguarding policy addresses the increased risk of harm and abuse to people with protected characteristics. It also promotes equality of opportunity between people who share a protected characteristic and those who do not. It is expected that everyone who implements this safeguarding policy will pay due regard to the Public Sector Equality Duty. (Public Sector Equality Duty | Equality and Human Rights Commission (equalityhumanrights.com)

The aims of this policy are:

- To demonstrate how BNSSG ICB meets its corporate accountability for safeguarding adults.
- To provide guidance to BNSSG ICB employees to enable them to fulfil their safeguarding responsibilities.
- To provide guidance and signposting to ensure the ICB meets its safeguarding learning and development responsibilities.
- The ICB must ensure that, in any commissioning decisions or involvement in safeguarding adult matters, that they strive to adhere to the Department of Health (2011) as follows; • **Empowerment** • **Protection** • **Prevention** • **Proportionate** • **Partnership** • **Accountability.**

3. Duties – legal framework for this policy

Safeguarding Adults strongly features in one of the core purposes of Integrated care Systems set out by NHS England and therefore within BNSSG system:

- To improve the outcomes in population health and healthcare

Safeguarding is also underpinned by the Human Rights Act 1998 (The Human Rights Act (HRA) | Overview for social care | SCIE) . The ICB has a responsibility to uphold these rights and protect patients who are unable to do this for themselves.

The main legislation for adult safeguarding is the Care Act 2014 which sets out a clear legal framework for how local authorities and other statutory agencies should protect adults with care and support needs at risk of abuse or neglect.
Other key documents from the extensive guidance, national regulations, reports and legislation that govern best practice, provision, management and monitoring of services can be found on the following links.

The Crime and Disorder Act 1998 Female Genital Mutilation Act 2003 Sexual Offences Act 2003 Mental Capacity Act 2005 Convention on the Rights of Persons with Disabilities 2006 Mental Health Act 2007 Serious Violence Duty - Statutory Guidance (publishing.service.gov.uk)	Modern Slavery Act 2015 Serious Crime Act 2015 Mental Capacity (Amendment) Act 2019 NHS Constitution and Values (updated Jan 2021) Domestic Abuse Act 2021 Police, Crime, Sentencing and Courts Act 2022

Responsibilities for safeguarding are enshrined in national legislation. Safeguarding Adults has transformed in recent years with the introduction of new legislation, creating duties and responsibilities which need to be incorporated into the widening scope of NHS safeguarding practice. Regardless of the developing context, all health organisations are required to adhere to the following arrangements and legislation.

4. Responsibilities and Accountabilities

The Safeguarding Accountability and Assurance Framework 2024 sets out clearly the safeguarding roles and responsibilities of all individuals working in providers of NHS-funded care settings and NHS commissioning organisations which includes the ICB.

ICBs are the major commissioners of locality health services and as so, need to assure themselves that the organisations from which they commission have effective and robust arrangements in place to safeguard any adult at risk of harm and promote the welfare of adults with care and support needs.

The ICB is monitored in fulfilling its safeguarding functions by NHS England, The Care Quality Commission (CQC), NHS Litigation Authority and the Bristol North Somerset and South Gloucestershire Safeguarding Adult Board arrangements. The monitoring arrangements are the same for children and includes monitoring by the Safeguarding Children Partnerships. There is a separate safeguarding policy for children.

BNSSG ICB works in partnership with Keeping Bristol Safe Partnership (KBSP), North Somerset Safeguarding Adults Board (NSSAB) and South Gloucestershire Safeguarding Adult Board (SGSAB) in accordance with The Care Act 2014 and associated guidance to ensure that its safeguarding policies and practices are consistent with agreed local multi-agency procedures and meets the organisation's legal obligations. The Adults Boards hold the ICB to account on their delivery of statutory responsibilities. The Adult Boards are also chaired independently to support this challenge to all partners.

As key partners of BNSSG Safeguarding Adults Boards (NSSAB, KBSP and SGSAB) there is assurance that services are provided, managed, and monitored effectively to safeguard and protect adults at risk. Safeguarding is everybody's business and that means protecting an adult's right to live in safety, free from abuse and neglect. It means organisations need to work together to help prevent and stop abuse and neglect and make safeguarding personal by having due regard to the person's views, wishes, feelings and beliefs in deciding on the action, if any required.

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

BNSSG ICB has corporate accountability for safeguarding adults with care and support needs and must demonstrate that appropriate systems are in place for discharging their responsibilities in this respect including:

- Having an appointed safeguarding lead (Designated Professional/Nurse) for adults.

- Having a Named GP for Safeguarding (All-Age) to support Primary Care competencies in responding to safeguarding issues.
- Ongoing training to support staff to recognise and report safeguarding issues.
- Inclusion of clear Safeguarding standards within commissioning arrangements.
- A clear line of accountability for safeguarding properly reflected in the BNSSG ICB governance arrangements. The Head of Safeguarding all ages reporting to the Chief Nursing Officer is responsible for performance management of the Designated Safeguarding functions.
- Appropriate arrangements to co-operate with local authorities in the operation of the three BNSSG Safeguarding Adults Board (SABs), the Community Safety Partnerships and BNSSG Safeguarding Children Partnership Executive Meetings. This includes appropriate professional representation at Board level.
- Identify learning from safeguarding processes to inform health improvement and reduce health inequalities for the BNSSG population.
- Provide a strategic lead for the health sector in interagency planning within the BNSSG ICB area and ensure that our health workforce contribute to inter-agency working in respect of safeguarding.

Specific Roles in Relation to Safeguarding

Chief Executive

The Chief Executive of the ICB has definitive accountability for ensuring that the health contribution to safeguarding adults is discharged effectively through ICB commissioning arrangements. Part of this will be by working in partnership with all safeguarding arrangements and boards.

Non-Executive Lead

The non-executive Board Lead for safeguarding provides scrutiny on the safeguarding performance of the ICB and commissioned services to ensure that NHS organisations are acting in line with statutory safeguarding duties. This postholder also chairs the Outcomes, Quality and Performance Committee.

ICB Board

The ICB Board will hold the Executive Lead for Safeguarding, who is the Chief Nursing Officer, to account on how as an organisation the ICB is ensuring that adults who are at risk of harm and abuse receive high quality care which is evidence-based and personalised to the individual. This will be achieved through the effective commissioning of health services where safeguarding is seen as a priority.

Outcomes, Quality and Performance Committee

The Outcomes, Quality and Performance Committee will provide scrutiny to the delivery of the ICB Safeguarding Team's work programme through quarterly reports and seek assurance on how the ICB's statutory duties for safeguarding are being fulfilled. The quarterly reports will also include safeguarding training compliance for the organisation and key health providers commissioned in the BNSSG system.

Chief Nursing Officer

The Chief Nursing Officer is the Executive Director holding ICB Board level responsibility for safeguarding adults. Their role is to oversee safeguarding and governance systems including the leadership of any changes. Their role is also to contribute to the Safeguarding Adult Boards as referenced in the Care Act 2014. This postholder works closely with the NHS Provider Trusts' Directors, Chief Executives in Adult Social Care and the Police, supporting progressive development to improve safeguarding practice within each organisation and across the health community and wider system. The CNO is supported in this role by the Deputy CNOs who act as Delegated Safeguarding Partners and attend Safeguarding Adult Boards on behalf of the ICB as needed.

Head of Safeguarding (All Age)

The Head of Safeguarding (All Age) provides leadership and support across the broad safeguarding agenda encompassing Children, Children in Care, Adults, and other safeguarding workstreams specific to ICB statutory duties for example, Violence against Women and Girls, Serious Violence Duty, Modern Slavery/Human Trafficking and Prevent to name a few. Therefore, with the support of the ICB Safeguarding team, this postholder will also lead the implementation of this policy. This post holder will also have oversight of the ICB Safeguarding training compliance for the organisation and be responsible for training provision. The postholder will also have responsibility for receiving Annual Reports from our main NHS Providers within BNSSG each year as evidence of meeting their statutory and contracted safeguarding responsibilities. The Head of Safeguarding with their team will ensure liaison with wider ICB and ICS groups responsible for commissioning and assuring the safe delivery of services for Adults to support effective strategic decision making, using a safeguarding lens.

Designated Nurse's/ Professional's Safeguarding Adults

The Designated Nurse's / Professionals provide expert clinical, strategic leadership to Executive leads, ICB Board members, senior managers, commissioners and staff within the ICB to ensure that safeguarding standards are upheld and monitored across all health care providers across BNSSG.

The ICB will ensure the appointment of Designated Nurse's / Professionals for Safeguarding Adults as per the Safeguarding Accountability and Assurance Framework 2024, and that their roles and responsibilities are clearly identified within relevant job descriptions- with reference to the Intercollegiate Guidance; Adult Safeguarding: Roles and Competencies for Health Care Staff | Royal College of Nursing (rcn.org.uk) The ICB must also ensure that these postholders are compliant with the training required for their role– further details below on page 19 under Section 7- Safeguarding Training.

Named GPs for Safeguarding

The Safeguarding Accountability and Assurance Framework (SAAF) NHSE 2024 states that the Integrated Care Boards should employ a Named GP for Safeguarding (all-age) to advise and support GP safeguarding practice leads. The ICB will actively ensure that a Named GP is employed to support the training of staff in Primary Care, and share the lessons learnt from statutory safeguarding reviews for all-age safeguarding. The ICB will establish a network of Safeguarding Leads within GP Practices across the system to promote best practice, support colleagues and ensure that safeguarding training is undertaken.

ICB Prevent Lead

'Prevent' is a government policy aimed at reducing the threat to the UK from terrorism by stopping people, including children and young people, becoming terrorists or supporting terrorism – please see ICB Prevent Policy for further information.

The Safeguarding Accountability and Assurance Framework (SAAF) NHSE 2024 states that the Integrated Care Boards should employ a ICB Prevent Lead. The ICB will actively ensure that there is a ICB Prevent Lead within the BNSSG Safeguarding Team. The ICB Prevent Lead is responsible for ensuring that best practice around Prevent is promoted, implemented and monitored both within the ICB and within commissioned provider services. The ICB Prevent Lead is responsible for collaborating with other Prevent Leads in the partnerships, and health and social care economies to influence local thinking and practice by working with partner agencies to provide joint strategic leadership on the Prevent agenda.

The Prevent Lead is also responsible for ensuring that provider contracts specify compliance with the Prevent Strategy and that commissioned services are supported and contract monitored for training compliance. Please see the ICB Prevent Policy for more details.

ICB Safeguarding Team

The ICB Safeguarding Team are accessible and available to the organisation to provide advice and support to colleagues within the ICB, GPs and Practice staff, as well as to other

health staff across BNSSG ICS as required. Please contact the safeguarding team via bnssg.safeguardingadmin@nhs.net

Responsibilities of ICB Employees

All ICB staff will be able to recognise where there is a safeguarding adult concern and respond appropriately; BNSSG ICB staff will: -

- Understand their responsibility in the management of an adult where a safeguarding concern has been identified.
- Access and follow the agreed safeguarding procedures.
- Comply with the ICB's mandatory safeguarding training requirements, as per the BNSSG ICB Training Matrix and commensurate to role as per national guidance (Intercollegiate Document, RCN, 2019).
- Support the organisation's role in raising awareness of safeguarding issues.

5. What does Safeguarding Mean?

Safeguarding is defined as protecting an adult's right to live in safety, free from abuse and neglect. Adult safeguarding 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 ensuring the adult's wellbeing is promoted including having regard to their views, wishes, feelings and beliefs in deciding on any action. Professionals and other staff should not advocate 'safety' measures that do not take account of individual wellbeing.

a. Making Safeguarding Personal

Making Safeguarding Personal (MSP) is a change in culture responding to the understanding we now have in what makes safeguarding effective for the person being safeguarded perspective. It means working with someone, listening to them, and recognising that they are expert in their own lives and enhancing their choice and control over decisions.

b. Adult Safeguarding duty under the Care Act 2014 – now known as ' Adults at risk'

The adult safeguarding duties under the Care Act (2014) apply to an adult, aged 18 or over, whom:

- has needs for care and support (whether the local authority is meeting any of those needs) **and**;
- is experiencing, or at risk of, abuse or neglect; **and**
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

They may be a person who (this is a non-exhaustive list):

- is elderly and frail due to ill health, physical disability or cognitive impairment;
- has a learning disability
- has a physical disability and/or a sensory impairment
- has mental health needs, including dementia
- has a long-term illness or condition
- misuses substances or alcohol
- is a carer (family member/friend) and is subject to abuse
- does not have capacity to make a decision and is in need of care and support

Key principles

The following six safeguarding principles underpin all adult safeguarding work:

Principle 1: Empowerment

What does this mean?

People should be supported and encouraged to make their own decisions. This should be done by:

- making services more personal
- giving people choice and control over decisions
- asking people what they want the outcome to be

What does this mean for the adult?

You are asked what you want to happen and services plan safeguarding round this.

Principle 2: Prevention

What does this mean?

Organisations should work together to stop abuse before it happens by:

- raising awareness about abuse and neglect
- training staff
- making sure clear, simple and accessible information is available about abuse and where people can get help

What does this mean for the adult?

You will get clear and simple information about what abuse is and who to ask for help.

Principle 3: Proportionality

What does this mean?

When dealing with abuse situations services must ensure that they always think about the risk. Any response should be appropriate to the risk presented. Services must respect the person, think about what is best for them and only get involved as much as needed.

What does this mean for the adult?

Services think about what is best for you and only get involved when they need to.

Principle 4: Protection

What does this mean?

Organisations must ensure that they know what to do when abuse has happened by:

- what to do if there are concerns
- how to stop the abuse
- how to offer help and support for people who are at risk

What does this mean for the adult?

You can get help and support to tell people about abuse and can get involved in the safeguarding as much or as little as you want.

Principle 5: Partnership

What does this mean?

Organisations should work in partnership with each other and local communities. Local people also have a part to play in preventing, detecting and reporting abuse.

What does this mean for the adult?

Staff look after your personal information and only share it when this helps to keep you safe.

Principle 6: Accountability

What does this mean?

Safeguarding is everybody's business. Everyone must accept that we are all accountable as individuals, services and as organisations.

Roles and responsibilities must be clear so that people can see and check how safeguarding is done.

What does this mean for the adult?

You know what all the different people should do to keep you safe.

Abuse and Neglect

Defining abuse or neglect is complex and depends on many factors. Abuse can be physical, verbal, or psychological, it may occur where a person is persuaded to enter a financial or sexual transaction to which they have not consented or cannot consent. Everyone has the right to live in safety, free from abuse and neglect.
Abuse and neglect can occur anywhere, in a person's own home, public place, in hospital, care home, day centre or in a place of further or higher education. The person causing harm may be a stranger, but most commonly seen involving someone known to a person such as relative, friend, neighbour or a person in position of trust, health, or care professional.

Incidents of abuse may be one-off or multiple and affect one person or more. Professionals and others should look beyond single incidents or individuals to identify patterns of harm. Repeated instances of poor care may be an indication of more serious problems and of what we now describe as organisational abuse. In order to see these patterns, it is important that information is recorded and appropriately shared.

Abuse or neglect may be the result of deliberate intent, negligence, or ignorance. Exploitation can be a common theme in the experience of abuse or neglect. Whilst it is acknowledged that abuse or neglect can take different forms, the Care Act guidance identifies the following types of abuse or neglect:

- **Physical abuse:** being hit, slapped, pushed, or restrained, being denied food or water, misuse of medicines, not being helped to the bathroom when needed.
- **Domestic violence and abuse;** an incident or pattern of incidents of controlling, coercive or threatening behaviour, violence, or abuse by someone who is, or has been an intimate partner or family member (including adolescent and adult children).
- **Sexual abuse:** includes indecent exposure, sexual harassment, inappropriate touching/looking, being forced to watch or take part in sexual acts, rape, and sexual photography.
- **Psychological abuse**: emotional abuse, threats to hurt or abandon you, stopping you from seeing people, verbal abuse, cyberbullying, isolating you, humiliating, blaming, controlling, intimidation or harassment and unreasonable unjustified withdrawal of services or support networks**.**
- **Financial or material abuse;** someone stealing money or valuables, or someone appointed to look after your money and is using it inappropriately or coercing you to spend it in a way you're not happy with. Internet scams and doorstep crimes are also financial abuse.

- **Modern slavery:** Modern slavery encompasses slavery, human trafficking, forced and compulsory 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. A large number of active organised crime groups are involved in modern slavery. But it is also committed by individual opportunistic perpetrators. There are many different characteristics that distinguish slavery from other human rights violations, however only one needs to be present for slavery to exist.
- **Discriminatory abuse;** includes forms of harassment, slurs, or unfair treatment because of; race, sex, gender and gender identity, age, disability, sexual orientation, religion, being married or in a civil partnership, and being pregnant or on maternity leave.
- **Organisational abuse:** Organisational abuse is the mistreatment, abuse, or neglect of an adult by a regime or individuals in a setting or service where the adult lives or that they use. Such abuse violates the person's dignity and represents a lack of respect for their human rights. Organisational abuse occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice which affect the whole setting and deny, restrict, or curtail the dignity, privacy, choice, independence, or fulfilment of adults with care and support needs.
- **Neglect and acts of omission;** ignoring medical, emotional, or physical care needs, failure to access health, social care, or education services, withholding necessities; medication, adequate nutrition, and heating. A failure to intervene in situations that are potentially dangerous to the person concerned, especially if the person lacks capacity to assess risk themselves.
- **Self-neglect.** Self-neglect entails neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It is also defined as the inability (intentional or unintentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and wellbeing of the individual and sometimes to their community.

Other types of abuse in the wider safeguarding context are:

- Hate Crime- is any crime against an individual motivated by hostility or prejudice.
- Exploitation by individuals who promote violence; criminal and/ or sexual exploitation including cuckooing.
- “Honour- based” abuse e.g., Forced Marriage, Female genital mutilation (FGM)
- Violence against women and girls: including but not limited to harassment, stalking, rape, sexual assault, murder, honour-based abuse, coercive control. While men and boys also suffer from many of these forms of abuse, they disproportionately affect women.

Prevent and Radicalisation

Prevent is part of the Government's counter-terrorism strategy CONTEST and aims to disrupt people supporting terrorism or becoming terrorists. Prevent operates in a 'pre-criminal space' providing support and re-direction to vulnerable individuals. Please see the ICB Prevent Policy for more information.

Modern Day Slavery and Human Trafficking

The Modern Slavery Act received Royal Assent in 2015. The Act covers a wide range of activities including domestic servitude, forced labour, sexual exploitation, forced criminality and organ harvesting.

The ICB and its commissioned services must ensure that all staff are able to recognise a situation where a child or adult may be at risk of or affected by slavery. It should be included in all levels of training with staff confident in their knowledge of how to protect children and adults. This is covered in Consult OD training, see next section for more information on training.

The Modern Slavery Act 2015 introduced changes in UK law, which focus on increasing transparency in supply chains. Many organisations are legally required to have a Modern Slavery statement displayed on their website.

Please refer to the BNSSG ICB human trafficking statement on the ICB website - Modern Slavery & Human Trafficking Statement - BNSSG ICB.

If you become aware / concerned that an adult is at risk or a victim of modern slavery you have a responsibility to report this safeguarding concern to Adult Social Care- see Page 21 on how to report safeguarding adult concerns.

Domestic Abuse

The cross-Government definition of domestic abuse is:
Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can include but is not limited to the following types of abuse:

- **psychological**
- **physical**
- **sexual**
- **financial**

- **emotional**

Forced marriage is a form of domestic abuse practiced in certain communities. Honour violence and killings are also included. For a comprehensive definition of domestic abuse please view the link below:

https://www.gov.uk/guidance/domestic-violence-and-abuse

Domestic Abuse affects significant numbers of adults and their families with the potential to cause immediate and long-term harm. The ICB will ensure that commissioned services have policies and processes in place to identify and mitigate the risk of harm from domestic abuse. If you have concerns that an adult is being harmed or at risk of exposure to domestic abuse and they have care and support needs, please make an adult safeguarding referral. If the adult has children, please also make a child protection referral to the local authority area.

If ICB staff disclose that they are experiencing domestic abuse, coercive control or there is a concern about this please refer to the 'ICB Domestic Abuse Supporting Staff Policy'. If you are working with a patient, and there are concerns in relation to domestic abuse, please also refer to the 'Domestic Abuse Supporting Staff Policy' and its appendices for guidance on how to identify abuse, how to support individuals and where to refer or signpost.

The Domestic Abuse Act 2021 received Royal Assent in April 2021. It aims to improve the effectiveness of the justice system to providing protection for victims of domestic abuse and bringing perpetrators to justice. Increasing awareness of the impact of domestic abuse on individuals and families. This Act also recognizes children as victims in their own right of domestic abuse.

In June 2022 the following offences of non-fatal strangulation and non-fatal suffocation and the offence of racially or religiously aggravated non-fatal strangulation or non-fatal suffocation was introduced by the Domestic Abuse Act (2021).

Transitional Safeguarding in Health

'Transitional safeguarding' is about recognising that the needs of children do not change or stop when they reach 18 and move into adult services. Although the laws and services supporting them often recognise transitional needs it is about making sure young adults have the help, they need to keep themselves safe and are able to be as independent as possible. It is an approach to safeguarding that moves through developmental stages, rather than just focusing on chronological age, building on best practice, and learning from both adult and children's services.

Transitional Safeguarding describes the need for a seamless journey from adolescents into young adulthood through the collaboration of partners, having an emphasis on the resilience of developmental needs rather than solely focusing on physical care and support needs. This requires a holistic safeguarding approach, which should be person-led, and outcome focused ensuring young people have control of what their future looks like.

Transitional safeguarding is not a model or a framework. It is a systemic and provider level change of culture in how we safeguard our children more fluidly and effectively. Understanding the individual safeguarding vulnerabilities and needs as our children's journey into adulthood. Practitioners should be curious about the childhood of the adult they are supporting and ambitious for the adult futures of the children that they guide.

Transitional safeguarding is important, because the wider child safeguarding system does not always work effectively for adolescents as they are often designed to meet the needs of younger children. Adolescents are believed to need services and a professional approach in line with their developmental needs, recognising that harm and its effects do not stop at age 18.

Many of the environmental and structural factors that increase a child's vulnerability continue into adulthood, resulting in unmet needs and costly later interventions. The children's and adults' safeguarding systems have developed from different theories, come under different laws, and have different processes as a result. This can make the transition to adulthood harder for children facing ongoing risk and mean that children entering adulthood experience a 'cliff-edge' in terms of support.

The ICB safeguarding team recognises the impact of this developmental period on adolescents and the potential risks and endeavours to promote a coordinated approach across adult and children's services, providing information on transition safeguarding within safeguarding training and are available for advice, support, and strategic guidance on this.

Further information:

For more information and detail on the types of adult abuse and making safeguarding personal please see this exemplar policy by our colleagues in another area Joint Safeguarding Adults Policy FINAL June 2016 (safeguardingsomerset.org.uk) and Safeguarding adults | SCIE

All ICB Staff members need to be aware that Incidents of abuse may be one-off or multiple and affect one person or more. Professionals and others should look beyond single incidents or individuals to identify patterns of harm. Repeated instances of poor care may be an indication of more serious problems and of what we now describe as organisational abuse. In order to see these patterns, it is important that information is recorded and appropriately shared or reported (see section 7 and section 12).

Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS)

The Mental Capacity Act 2005 (MCA) provides a statutory framework to empower and protect anyone aged 16 or over who is unable to make their own decisions. It is essential that all ICB staff work in accordance with the MCA and in conjunction with the Mental Capacity and DoLS Policy. Please see the ICB MCA Policy for further information.

Reporting a safeguarding adult concern (see flowchart appendix 2)

To discuss an adult safeguarding concern please contact the ICB safeguarding team via bnssg.safeguardingadmin@nhs.net where you will be directed to an appropriate member of the team or if you feel able and do not need to discuss the concern, you can share make a safeguarding referral to the appropriate Local Authority Adult Social Care team:

For Bristol: Care Direct 0117 9222 700
For South Glos Adult Care 01454 868007
For North Somerset: 01275 888801
For out of hours 01454 615165

If you have immediate concerns about your own or someone else's safety, call the Police on 101 or if an emergency 999.

Electronic safeguarding adult referral forms for each of the three BNSSG Adult Social Care areas are:
Bristol Adult Care Referral Form (bristol.gov.uk)
North Somerset NSSAB adult safeguarding concern referral form.docx (live.com)
South Gloucestershire Concerned about an adult? | Safeguarding South Gloucestershire Safeguarding (southglos.gov.uk) (phone referral 01454 615165)

ICB Safeguarding Team participation in multiagency adult safeguarding reviews and learning from safeguarding themes:

The BNSSG ICB Designated Professional for Safeguarding Adults, the Named GP and other members of the safeguarding team participate in safeguarding adult meetings, investigations, and reviews as statutory partners in the three safeguarding adult boards (appendix 1). These include:

MARAC (Multi Agency Risk Assessment Conference)

A MARAC is a meeting where information is shared on the highest risk domestic abuse cases between representatives of the local police, probation, health, children and adults

safeguarding bodies, housing practitioners, substance misuse services, independent domestic violence advisers (IDVAs) and other specialists from the statutory and voluntary sectors. Professionals share information on reducing the domestic violence and abuse risk and put in place a risk management plan.

Multi Agency Public Protection Arrangements (MAPPA)

The purpose of the multi-agency public protection arrangements (MAPPA) framework is to reduce the risks posed by sexual and violent offenders in order to protect the public, including previous victims, from serious harm. The responsible authorities in respect of MAPPA are the Police, Prison and Probation Services who have a duty to ensure that MAPPA is established in each of their geographic areas and to undertake the risk assessment and management of all identified MAPPA offenders (primarily violent offenders on license or mental health orders and all registered sex offenders). The Police, Prison and Probation Services have a clear statutory duty to share information for MAPPA purposes. Other organisations including the health service, which sometimes may be the ICB or a health partner have a duty to co-operate with the MAPPA to share information when necessary and appropriate.

Domestic Homicide Reviews (DHRs)

DHRs were established on a statutory basis under Section 9 of the Domestic Violence, Crime and Victims Act (DVCVA) 2004. As per the statutory guidance, these are led by the Community Safety Partnerships with significant support from the local authorities. The ICB Safeguarding Team are responsible for contributing to the process with information from GP Practices and acting as a navigator to the process for any other health agency that may be required to participate.

For further guidance see: –

Multi-agency statutory guidance domestic homicide reviews

A Domestic Homicide Review would be required when the definition in section 9 of the Domestic Violence Crime and Victims Act (2004) is met in that:
…the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse, or neglect by

(a) a person to whom he* is related or with whom he was in an intimate personal relationship, (includes relationships between adults who are or have been intimate partners or family members, regardless of gender or sexual orientation) or
(b) a member of the same household

*Section 6 of the Interpretation Act 1978 - words importing the masculine gender includes the feminine.

Safeguarding Adults Review (SAR)

The Care Act 2014 introduced statutory Safeguarding Adults Reviews (previously known as Serious Case Reviews), mandates on Safeguarding Adult Boards to arrange for there to be a review of a case involving an adult in its area with needs for care and support if there is reasonable cause for a concern about how the SAB, members of it worked together to safeguard the adult when either the adult has died or has experienced serious abuse and neglect.

SARs should seek to determine what the relevant agencies and individuals involved in the case might have done differently that could have prevented harm or death. This is so that lessons can be learned from the case and those lessons applied in practice to prevent similar harm occurring again. The purpose of the reviews is not to hold any individual or organisation to account; there are other processes that exist for that, (CQC, General Medical Council GMC, Nursing Midwifery Council NMC and Care Professions Council).

It is vital, if individuals and organisations are able to learn from the past, that reviews are trusted and safe experiences that encourage honesty, transparency and sharing of information to obtain maximum benefits from them.

As previously mentioned, the ICB Safeguarding team's role in these reviews is to contribute information from the GP Practice and act as a health navigator for the Chair to ensure that all health agencies that need to be involved in the review are invited.

How learning from safeguarding processes informs the ICB and population health.

The BNSSG ICB safeguarding team use the learning from adults safeguarding themes seen in the MARAC, MAPPA, DHR and SAR processes to inform, develop and deliver bitesize safeguarding training sessions. All members of the ICB are encouraged to use this learning to inform their roles in the ICB in improving population health needs. In addition, information can be found Domestic homicide reviews: key findings from research - GOV.UK (www.gov.uk) or via BNSSG DHRs and SARs published on the Local Authority/Safeguarding Board/Community Safety Partnership websites see appendix 1)

6. Training requirements

The ICB is committed to having arrangements in place to ensure there is effective safeguarding training for all staff. The ICB expects all staff to be trained in children's and adults' safeguarding commensurate with their role and in reference to the relevant Intercollegiate documents.

A safeguarding training matrix exists to provide clarity and support to this expectation. All ICB Staff members are required to undertake either Level 1 or Level 2 Safeguarding Adults and Safeguarding Children courses on ConsultOD as part of their statutory mandatory training; this is dependent on the directorate in which they work within. All ICB Staff in the Chief Nursing Office Directorate are required to undertake Level 2 ConsultOD packages commensurate with their function and teams within they work as a minimum. All new starter ICB Staff will also have an introduction to safeguarding as part of the Induction.

The Intercollegiate Guidance document below provides reference to roles and responsibilities which maybe patient facing, for example Funded Care, Continuing HealthCare Teams, Key worker roles within the Chief Nursing Office Directorate- these roles require postholders to undertake Level 3 training; this is included within the safeguarding training matrix and the training is accessed separately and recorded on Consult OD. Adult Safeguarding: Roles and Competencies for Health Care Staff | Royal College of Nursing (rcn.org.uk)

ICB Staff Compliance with safeguarding training will be monitored by their line manager and overseen by the employees' Directorate. Training compliance is also shared with the Outcomes, Quality and Performance Committee through the Safeguarding Reports. The Head of Safeguarding (all age) will have full visibility of the compliance records. Persistent non-compliance with training will be reported to the Chief Nursing Officer and Chief People Officer and managed via the appropriate disciplinary policy.

The Head of Safeguarding (All-Age) will include within quarterly reporting compliance with safeguarding training requirements for key commissioned health providers in the BNSSG system. This will be reported to the Outcomes, Quality and Performance Committee. The safeguarding team provides safeguarding training to primary care professionals, specifically the Safeguarding Leads within GP Practices, for both children and adults training. Primary Care professionals are also directed and signposted to other resources to ensure that they are commensurate with the requirements clearly outlined in the Intercollegiate Guidance.

7. Information Sharing

Staff should recognise that the sharing of information plays a vital part in ensuring that adults with care and support needs and at risk are protected from abuse and neglect.

Promoting adults' well-being and safeguarding them from significant harm is dependent upon effective information sharing. All employees are required to follow the HM Government Information Sharing: Guidance for Practitioners and Managers (HM Government 2018) - Information sharing: advice for practitioners (publishing.service.gov.uk)

The ICB works collaboratively with other organisations and agencies to safeguard adults, and the sharing of information is underpinned by the Tier 1 signed Information Sharing Agreements which exist to support this process.

Health professionals' organisations must provide information to the local authority / police when there are concerns about adult abuse / potential adult abuse.

All ICB staff employed or contracted are required to share and record information in line with the requirements of the:

- Human Rights Act 1998
- Data Protection Act 1998 (and subsequent Data Protection Acts)
- General Data Protection Regulation (2016)
- Information sharing: Guidance for safeguarding practitioners - Gov 2018)

7 Golden Rules of information Sharing

The 7 Golden Rules are as follows:

1. Remember that the General Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights law are not barriers to justified information sharing but provide a framework to ensure that personal information about living individuals is shared appropriately.

2. Be open and honest with the individual (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 from other practitioners, or your information governance lead, if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.

4. Where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.

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

6. Necessary, proportionate, relevant, adequate, 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 individuals who need to have it, is accurate and upto-date, is shared in a timely fashion, and is shared securely (see principles).

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

The law does not prevent the sharing of necessary information without consent if:

- The public interest in safeguarding the child or adult at risk's welfare overrides the need to maintain confidentiality
- Information is being shared to inform an assessment being undertaken by social care under section 47 & Children Act 2004
- Disclosure is required under a court order or other legal obligation

Professionals must always seek advice if they are in any doubt as to whether information needs to be shared. If a staff member is asked to make an official statement relating to safeguarding concerns to any outside agencies, they should seek support and advice from either their line manager, the Designated Safeguarding Professionals or the SCW Information Governance Service.

8. Safer Recruitment

The recruitment of ICB staff working directly with adults or children at increased risk of abuse will take into account the need to safeguard and promote the welfare of adults, children or young people at risk. The ICB's recruitment policies and procedures which comply with relevant legislation and guidance must be followed. This includes arrangements for appropriate checks on new staff and volunteers including visits by fundraisers and celebrities (which the ICB may engage outside of normal recruitment practice). The ICB will ensure that managers have access to training in safer recruitment practices as appropriate this will be provided by the South, Central and West Commissioning Support Unit HR Team.

BNSSG ICB is committed to promoting a culture where employees can raise concerns about safeguarding issues and will be supported in doing so. This information is held on the internal intranet for staff and on the BNSSG ICB website.

People in Positions of Trust

A person in a position of trust is an employee, volunteer or trainee who works with adults with care and support needs. This work may be paid or unpaid. Members of ICB staff need

to raise a safeguarding referral if they have a concern about another, either an employee, volunteer, or trainee in relation to:

- Inappropriate behaviour in a way that has harmed or may have harmed an adult with care and support needs, or possibly committed a criminal offence against or related to a person, OR
- Behaviour towards an adult with care and support needs is indicating that she / he is unsuitable to work with an adult with care and support needs.

The nature of the concerns about a person in a position of trust or the risk they may pose to adults with care and support needs, may be varied and far ranging. Person in a position of trust (PIPoT) is the process for a decision if a disclosure needs to be made to the employer or registering body of a person working in a position of trust with adults at risk. Staff must consult with the Designated Professional Safeguarding Adults for advice and refer to BNSSG ICB Disciplinary Policy and Procedure and Local Authority PiPoT guidance as below:

https://bristolsafeguarding.org/media/o0kfgelx/kbsp-pipot-guidance.pdf
https://nssab.co.uk/sites/default/files/2021-11/PiPoT%20framework-acc.pdf
Guidance-on-managing-allegations-against-people-in-a-position-of-trust-2023.pdf

If the safeguarding concerns for the person in a position of trust relate to the care of a child or young person, please contact the Local Authority Designated Officer (LADO).

Bristol: https://bristolsafeguarding.org/children/lado-concerns-about-professionals/ South Gloucestershire: http://sites.southglos.gov.uk/safeguarding/children/i-am-a-professional/managing-allegations/
North Somerset: https://nsscp.co.uk/professionals-practitioners/managing-allegations

Staff can be confident that allegations will be dealt with fairly and in line with the three BNSSG Safeguarding Adult Board PiPoT arrangements and BNSSG ICB employment policy.

Freedom to Speak Up

Effective safeguarding practice for adults is underpinned by staff having full confidence to work within a culture of open practice. The BNSSG ICB Board fully endorses this through the current Freedom to Speak Up policy and ICB Freedom to Speak up guardians.

Concerns may be raised about risk, malpractice or wrongdoing and may be exampled as, but not restricted to, issues of unsafe or poor patient care, poor working conditions and/ or bullying and suspicions of fraud.

9. Equality Impact Assessment

Name of Proposal being assessed: BNSSG ICB Safeguarding Adults Policy 2025-2027

Does this Proposal relate to a new or existing programme, project, policy or service?
This is an existing policy.

Lead Officer completing EIA	**Faye Kamara**
Job Title	**Head of Safeguarding (All ages)**
Department/Service	**Nursing Directorate**
Telephone number	07423 813696
E-mail address	faye.kamara@nhs.net
Lead Equality Officer	**Samantha Hill**
Key decision which this EIA will inform and the decision-maker(s)	**Approval of: BNSSG ICB Safeguarding Policy 2025 - 2027**

Please see Appendices on page 29 for full details of the Equality Impact Assessment also please see separately the attached screening tool.

10. Implementation and Monitoring Compliance and Effectiveness

The policy sets out how, as a commissioning organisation, BNSSG ICB will fulfil its statutory duties and responsibilities for safeguarding both within its own organisation and across the local health economy via its commissioning arrangements.

Policy implementation and ICB staff mandatory training will be monitored and reviewed by the Head of Safeguarding (all-age) with support from commissioning and contracting leads as well as the ICB Safeguarding Team.

Feedback will be received from across the safeguarding partners regarding the effectiveness of the policy in supporting staff and their decision-making around safeguarding adult concerns.

When commissioning services, the ICB will use safeguarding standards in contracts for all providers. The standards are informed by legislation, statutory guidance and research evidence. The ICB will seek assurance that these standards are met via the Quality Schedule and contract monitoring undertaken by the ICB. Health Partners/NHS Providers will submit an annual safeguarding report to their own board and a copy of this will be sent

to the Head of Safeguarding (all-age) which will need to provide assurance of compliance with these standards as per the NHS Standard Contract.

The policy has been revised to reflect the new ICS arrangements and will be reviewed bi-annually thereafter. This document is one of a suite of safeguarding policies and should be considered alongside others if required for example Think Family approach.

11. Countering Fraud, Bribery and Corruption

The ICB is committed to reducing fraud in the NHS to a minimum, keeping it at that level and putting funds stolen through fraud back into patient care. The ICB recognises that our ICB Staff could be at risk of counter fraud due to their role within the organisation and safeguarding concerns might occur simultaneously.

Any safeguarding incidents involving financial abuse or raising any suspicions of fraud, bribery or corruption will be reported to the ICB's Local Counter Fraud Specialist for advice, investigation or onward referral to the police.

12. Appendix

APPENDIX 1: Safeguarding Adults Board

1) South Glos SAB Category: Adults | Safeguarding South Gloucestershire Safeguarding (southglos.gov.uk)

2) Bristol (KBSP) Welcome to the Keeping Bristol Safe Partnership website. (bristolsafeguarding.org)

North Somerset SAB Adult Safeguarding Board | Adult Safeguarding Board (nssab.co.uk)

APPENDIX 2: Adult Safeguarding Flowchart

Safeguarding Referral Process Flo

Implementation Plan

BNSSG ICB Safeguarding Policy (Revised 2025/27)

Policy Owner: Faye Kamara, Head of Safeguarding (All age)

Target Group	Implementation or Training objective	Method	Lead	Target start date	Target End date	Resources Required
All ICB Staff	Raise awareness of revised Safeguarding Policies to all staff And ensure that this is also shared as a standalone policy	Input on Revisions and importance of Safeguarding at 'Have we got news for you'	Faye Kamara and Designated Team	March 2025	May 2025	None
All ICB Staff	Work with Comms to ensure they are cited on safeguarding campaigns organised for the year with partnerships	Share calendar of safeguarding campaigns with Comms and work on ICB messaging	Band 5 Safeguarding Coordinator	March 2025	April 2025	None