

Safeguarding Adults Policy

April 2019

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	Relevant	Screening	Full / Completed	Outcome
Equality Impact Assessment	Yes	Yes	Yes	<i>No Issues Identified</i>
Sustainability Impact Assessment	Yes		Yes	<i>No Issues Identified</i>
Privacy Impact Assessment	Yes	Yes	Yes	<i>No Issues Identified</i>
Bribery Checklist	Yes		Yes	<i>No Issues Identified</i>
Target Audience:	All employees, members, committee and sub-committee members of the group and members of the governing body and its committees. All persons contracted to provide services to the CCG			
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The on-line version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such may not necessarily contain the latest updates and amendments.

POLICY AMENDMENTS

Amendments to the Policy will be issued from time to time. A new amendment history will be issued with each change.

New Version Number	Issued by	Nature of Amendment	Approved by & Date	Date on Intranet
V1.1	Designated Professionals	Refresh in accordance with national, regional and local updates.		

Applicable <input checked="" type="checkbox"/>	Committee / Group	Consultation / Information/ Ratification	Date taken to group	Date last Approved
<input type="checkbox"/>	Audit Committee	Choose an item.		
<input type="checkbox"/>	Business Executive Committee	Choose an item.		
<input type="checkbox"/>	Council of Clinical Representatives	Choose an item.		
X	Joint Finance, Performance, Commissioning and Contracting Committee	Information		
<input type="checkbox"/>	Governing Body	Choose an item.		
<input type="checkbox"/>	Primary Care Co-Commissioning	Choose an item.		
X	Joint Quality and Clinical Governance Committee	Ratification		
<input type="checkbox"/>	Remuneration Committee	Choose an item.		
<input type="checkbox"/>	Senior Management Team	Choose an item.		
X	All Employees	Information		
<input type="checkbox"/>	Yorkshire and Humber Social Partnership Forum	Choose an item.		
<input type="checkbox"/>	Other	Choose an item.		

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1

INTRODUCTION

- 1.1** NHS North Yorkshire CCG is a geographically diverse organisation providing commissioning services principally on the behalf of GP Practices and their patients in these areas. For the purposes of this policy are referred to as “the CCG”.
- 1.2** Safeguarding is everyone’s responsibility and aims to protect people's health, wellbeing and human rights, and enable them to live free from harm, abuse and neglect, and is fundamental to high quality health and social care.
- 1.3** The CCG has a statutory duty under the Care Act 2014 to ensure it makes arrangements to safeguard adults from abuse and neglect, this document aims to support this duty.
- 1.4** In discharging these statutory duties account must be taken of:
- Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework 2019
 - The Care Act 2014
 - Care & Support Statutory Guidance- Section 14 Safeguarding
 - Mental Capacity Act 2005
 - Mental Capacity (Amendment) Act 2019
 - Modern Slavery Act 2015
 - Statutory Prevent Duty Guidance in Counter-Terrorism and Security Act 2015 revised 2019
 - Adult Safeguarding: Roles and Competencies for Health Care Staff 2018
 - Local Safeguarding Adult Board Policies and Procedures
 - Relevant CCG Policies and Procedures
- 1.5** The safeguarding duty applies where there is reasonable cause to suspect an adult:
- has needs for care and support (whether or not the local authority is meeting any of those needs)
 - is experiencing, or at risk of, abuse or neglect

- 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.

1.6 This policy demonstrates that the CCG recognises that safeguarding adults at risk of abuse or neglect is a shared responsibility with the need for effective joint working between agencies and professionals that have different roles and expertise if those individuals are to be protected from harm. In order to achieve effective joint working there must be constructive relationships at all levels, promoted and supported by:

- A commitment of senior managers and board members to seek continuous improvement with regards to safeguarding both within the work of the CCG and of services commissioned.
- Clear lines of accountability within the CCG for work on safeguarding.
- Clear policies setting out their commitment and approach to safeguarding including safe recruitment practices and arrangements for dealing with allegations against people who work with adults as appropriate.
- Service developments that take account of the need to safeguard all service users, and are informed, where appropriate, by the views of service users.
- Staff training and continuing professional development including appropriate supervision and support for staff in relation to safeguarding practice.
- Effective interagency working including effective information sharing.

2 IMPACT ANALYSES

2.1 Equality

2.1.1 As a result of performing the screening analysis, the policy does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage.

2.1.2 All reasonable endeavours must be used to establish an individual's preferred method of communication, and to communicate in a way they can understand. This will include ensuring access to an interpretation service where people use languages (including signing) other than English. Every effort must be made to respect the person's preferences regarding gender and background of the interpreter.

2.1.2 The results of the screening are included as Appendix 4.

2.2 Sustainability

2.2.1 A Sustainability Impact Assessment has been undertaken. The results of the assessment are included as Appendix 5.

2.3 Data Protection Impact Assessment

2.3.1 A Data Protection Impact Assessment (DPIA) has been undertaken. The results of this assessment are included as Appendix 6.

2.4 Bribery Act 2010

2.4.1 This policy is subject to the constraints of the Bribery Act 2010 and duties outlined therein.

3 SCOPE

3.1 The policy applies to the CCG and all its employees (whether paid or unpaid) and any services commissioned by or on behalf of the CCG, and must be followed by all those who work for the organisation including the Governing Body, those on temporary or honorary contracts, secondments, pool staff, contractors and students.

3.2 Where commissioning support services hosted by other CCGs or North Yorkshire County Council are involved in the commissioning of services on behalf of the CCG, this policy will apply.

3.3 In April 2015, the Care Act 2014 entered the statute and the CCG has responsibilities under this legislation. Safeguarding Vulnerable People in the NHS (2015), The Care Act 2014 and the Intercollegiate Document (2018) provide clear direction for those responsible for commissioning and providing services.

3.4 Independent Contractors are responsible for the development and management of their own documents and for ensuring compliance with relevant legislation and best practice guidelines for Safeguarding Adults. The CCG Safeguarding Adults team will provide advice and support as required.

3.5 This policy covers all types of abuse of adults including: physical abuse; domestic violence and abuse; modern slavery and human trafficking; radicalisation; sexual abuse and exploitation; neglect and acts of omission; psychological abuse; financial or material abuse; discriminatory abuse; organisational abuse; and self-neglect, although this list is not exclusive.

4 POLICY PURPOSE AND AIMS

- 4.1** The policy aims to ensure that no act of commission or omission on behalf of the CCG as a commissioning organisation or by a service it commissions puts a service user at risk of abuse or neglect and that robust systems are in place to safeguard and promote the welfare of adults at risk of abuse or neglect. The policy reinforces the organisational philosophy that safeguarding is everybody's business and that all staff should respond and act to raise safeguarding awareness and address emerging issues.
- 4.2** The policy details the roles and responsibilities of the CCG as a commissioning organisation and of its employees, directly or indirectly employed.
- 4.3** To support the implementation of this policy a set of contractual safeguarding quality standards have been developed, see Appendix 3, for health care providers (including independent and voluntary sector providers). These standards form part of the contractual arrangements with all commissioned services and are audited at a minimum annually to ensure that all service users are protected from abuse and the risk of abuse. The duty to safeguard adults extends to all employees of the CCG.
- 4.4** An adult is defined as a person age 18 years and above; an adult experiencing, or at risk of abuse or neglect will hereafter be referred to as 'the adult' throughout the policy.

5 DEFINITIONS

- 5.1** Adult Safeguarding: The Care Act (2014) enshrines the six principles of safeguarding, that of:-
- Empowerment - People being supported and encouraged to make their own decisions and informed consent. Protection - Support and representation for those in greatest need.
 - Prevention - It is better to take action before harm occurs.
 - Proportionality – Proportionate and least intrusive response appropriate to the risk presented.
 - Partnership - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

- Accountability - Accountability and transparency in delivering safeguarding.

5.2 Making Safeguarding Personal: The Care and Support Statutory Guidance (DoHSC 2018) reinforced the 2016 principle of Making Safeguarding Personal as the recommended approach to safeguarding adults, which supports the principles of safeguarding listed above. Making Safeguarding Personal also means embracing core statutory principles of the Human Rights Act 1988 the wellbeing principle detailed in the Care Act 2014, and the core principles of the Mental Capacity Act 2005. It is about having conversations with people about how a response in a safeguarding situation enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. It is about seeing people as experts in their own lives and working alongside them.

6 ROLES, RESPONSIBILITIES AND DUTIES

6.1 Chief Officer

- The ultimate accountability for safeguarding sits with the Chief Officer for the CCG. Any failure to have systems and processes in place to protect adults at risk in the commissioning process, or by the providers of commissioned services would result in failure to meet statutory and non-statutory constitutional and governance requirements by the CCG.
- Robust arrangements must be in place to demonstrate compliance with safeguarding responsibilities. This includes:-
 - A clear line of accountability for safeguarding reflected in governance arrangements.
 - Establishing and maintaining good constitutional and governance arrangements with capacity and capability to deliver safeguarding duties and responsibilities, as well as effectively commissioning services ensuring that all service users are protected from abuse and neglect.
 - Having in place clear policies setting out the commitment and approach to safeguarding including safe recruitment practices and arrangements for dealing with allegations against people who work with adults as appropriate.
 - Supporting improvements in the quality of safeguarding practice across primary medical care.
 - Ensuring safeguarding plays an integral role in all parts of the commissioning cycle, from procurement to quality assurance.

- Seeking assurance from all commissioned services, both NHS and independent healthcare providers, throughout the year to ensure continuous improvement and to demonstrate compliance with statutory safeguarding duties.
- Ensuring staff are trained in recognising and reporting safeguarding issues, have access to appropriate supervision, and are competent to carry out their roles and responsibilities.
- Effective inter-agency working with the local authority, the police and third sector organisations which includes appropriate arrangements to co-operate with the local authority in the operation of Safeguarding Adult Board's .
- **H**aving an Adult Safeguarding Lead, Prevent Lead and Mental Capacity Act Lead; supported by relevant policies and training.
- Effective systems for responding to abuse and neglect.
- Effective arrangements for information sharing.
- Working with the local authority to enable access to community resources that can reduce social and physical isolation for adults
- Supporting the development of a positive learning culture across partners for safeguarding adults to ensure that organisations are not unduly risk adverse.

6.2 Executive Board Lead with Responsibility for Safeguarding

- Ensures that the CCG has management and accountability structures that deliver safe and effective services in accordance with statutory, national and local guidance for safeguarding adults.
- Ensures that service plans/specifications/contracts/invitations to tender include reference to the quality standards expected for safeguarding adults at risk.
- Ensures that safe recruitment practices are adhered to in line with national and local guidance and that safeguarding responsibilities are reflected in all job descriptions.
- Ensures that staff in contact with adults in the course of their normal duties are trained and competent to be alert to the potential indicators of abuse or neglect and know how to act on those concerns in line with local guidance.

6.3 The CCG Safeguarding Team (Designated and Professional Leads for Safeguarding, Prevent and Mental Capacity Act)

- Designated leads will work across the local health system to support other professionals in their agencies on all aspects of safeguarding.

- To ensure the CCG meet the requirements of the Mental Capacity Act 2005 (MCA), and Mental Capacity (Amendment) Act 2019 which include Deprivation of Liberty Safeguards (DoLS).
- To ensure that safeguarding adults is an integral part of the CCG's clinical governance framework.
- To promote, influence and develop safeguarding training and supervision – on a single and interagency basis - to meet the training and supervision needs of staff.
- To provide clinical advice on the development and monitoring of the safeguarding aspects of contracts/service specifications.
- To provide a health perspective into single and multi-agency learning reviews
- To fulfil the Lead role for allegations against People in Positions of Trust concerns, in accordance with LSAB guidance; resolving any interagency issues that may arise and liaising with the LSAB's as necessary whilst adhering to the CCG Managing Allegations Against Staff Policy.
- To provide advanced expert knowledge and advice on safeguarding adults to a wide range of professional groups and organisations/agencies and where necessary taking responsibility for the oversight of complex cases, and ensuring that recommendations from learning lesson review processes are reported to the CCG Quality and Governance Committee.
- To undertake statutory designated safeguarding functions as outlined in statutory guidance, and detailed in the Safeguarding Adults: Roles and competences for health care staff Intercollegiate Document (2018).
- To provide an annual report on safeguarding which will be considered by the governing body.

6.4 Line Managers

- To understand the safeguarding policy and the commitment of the CCG to ensure all staff are supported to maintain safeguarding training and awareness.
- To conduct regular reviews of the safeguarding roles and responsibilities required for each role in accordance with the current Intercollegiate Document. A full reassessment will be required if changes are made to the duties of the role which warrant a new and different level of employment check or training requirement (e.g. if the post holder takes on new duties involving adults at risk of harm or abuse).

6.5 Individual Staff Members

- To be alert to the potential indicators of abuse or neglect in adults, and know how to act on those concerns in line with the CCG Safeguarding Adult Policy and LSAB guidance.
- To undertake safeguarding training in accordance with their roles and responsibilities as outlined by the CCG Safeguarding Adult Training Strategy (2019), current and Safeguarding Children Training Strategy.
- Understand the principles of confidentiality and information sharing in line with local and government guidance.
- To contribute, when requested to do so, to the multi-agency meetings and safeguarding enquiries held under Section 42 of the Care Act 2014, established to safeguard adults at risk.

7. IMPLEMENTATION

7.1 Managing Safeguarding Concerns

7.1.1 When there is a reasonable belief that an adult is experiencing, or at risk of experiencing abuse or neglect and is unable to protect themselves, a safeguarding adults concern should be raised with the relevant local authority where the abuse has taken place. The correct local authority can be found here: <https://www.gov.uk/find-local-council> .

7.1.2 Abuse and neglect often involve the actions of one person towards another. However, self-neglect involves situations where a person is placing themselves at risk of harm. This could be due to their reluctance, or inability to accept the assistance they need with their care and support needs. A safeguarding concern may need to be considered where an adult appears to self-neglect.

7.1.3 All concerns should be raised on the day they are identified to ensure timely and appropriate actions can be taken to help safeguard the individual. A flow chart to illustrate the decision making process when deciding to raise a safeguarding concern is included in Appendix A.

7.1.4 All safeguarding concerns must include the following information as a minimum:

- Information to confirm you believe the adult to have care and support needs;
- The specific nature of the abuse or neglect;
- The views of the person you are concerned about (where it is safe to gain these);
- The actions undertaken to date to safeguard the person from abuse or neglect.

7.1.5 It is necessary to ensure that safeguarding concerns are raised in accordance with the principles of the Mental Capacity Act 2005 and as a general rule no decisions should be made, or actions taken without the consent of the adult you are concerned about. How

consent was gained should be recorded on the safeguarding adults concern form, and within the CCG records. For further information consult the current Mental Capacity Act Policy.

7.1.6 There will however be occasions when it will be necessary to raise a concern without the adult's consent and this will include situations where:

- There is a risk of serious harm to the wellbeing and safety of the adult or others, for example concerns about organisational abuse or neglect within provider organisations.
- Other adults or children could be at risk from the person causing harm.
- It is necessary to prevent a serious crime or you are concerned a crime may have been committed.
- The person lacks mental capacity to consent.
- Gaining consent would put the adult at further risk.

7.1.7 If it is necessary to raise a concern against the wishes of the adult or without the person's consent, the person involved in making the decision where possible should inform the adult about the decision and the reasons for taking this action, unless telling them at the point of raising the concern would jeopardise their safety or the safety of others. This will ensure they understand why actions they have not consented to are being undertaken and what will happen next.

7.1.8 If any person is unsure whether they should raise a safeguarding concern, they should contact the Safeguarding Adult Team for advice or the relevant local authority, see Appendix 2 for contacts.

7.1.9 If the person raising a concern believes there is a medical emergency or other danger to life; risk of imminent injury or if a crime is in progress which requires an immediate response then they should call 999 for the appropriate emergency response.

7.1.10 When reporting a crime that does not require an immediate response or concerns about a potential crime call 101 to report concerns. When a safeguarding concern is raised with the police it will also be necessary to ensure the relevant local authority is notified by completing the safeguarding adults concern form on the relevant Local Authority safeguarding adult website (see 7.1.1), and retain a copy within the CCG records.

7.1.11 Consideration of the safety and well-being of other adults or children should be made when safeguarding concerns are being raised. A children safeguarding referral should be made to Children and Families Services where a child or children may be affected by the harm or abuse of an adult. Please see the CCG Safeguarding Children policy.

7.2 Information Sharing

7.2.1 Effective sharing of information between practitioners and local organisations and agencies is essential to keep adults at risk safe: Section 45 of the Care Act 2014 gives a safeguarding adults board (SAB) power to obtain information in support of its functions.

7.2.2 Practitioners must have due regard to the relevant data protection principles which allow them to share personal information, as provided for in the Data Protection Act 2018 and the General Data Protection Regulation 2018 (GDPR).

http://www.legislation.gov.uk/ukpga/2018/12/pdfs/ukpga_20180012_en.pdf.

7.2.3 Practitioners looking to share information should consider which processing condition in the Data Protection Act 2018 is most appropriate for use in the particular circumstances of the case. This may be the safeguarding processing condition or another relevant provision. All practitioners should be confident of the processing conditions, which allow them to store, and share, the information that they need to carry out their safeguarding role.

7.2.4 Practitioners should ensure they have undertaken mandatory Information Governance training; this will clarify what information is appropriate to share. Attempts should be made to resolve any disputes with information-sharing through the responsible Safeguarding Leads in the relevant organisations.

8.0 PREVENT and the NHS

8.01 The Health Service is a key partner in the Prevent agenda in accordance with the Statutory Prevent Duty Guidance in the Counter-Terrorism and Security Act 2015 revised 2019, and it applies to all parts of the NHS including charitable organisations and private sector bodies which deliver health services directly or indirectly to NHS patients. Locally this would apply to any services commissioned by the CCG.

8.02 All staff who work in Healthcare staff have a key role in Prevent. The strategy focuses on working with vulnerable individuals who may be at risk of being exploited by radicalisers and subsequently drawn into terrorist-related activity.

8.1 Spotting the Signs

8.1.1 There is no single profile of a person likely to become involved in extremism and the process of radicalisation is different for every person. Radicalisers use normal social processes such as loyalty, self-perception, and fear of exclusion to influence others.

8.1.2 Some of the signs where a vulnerable person is being groomed or drawn into extremism can be linked to changes in behaviour and thought processes. The person may become withdrawn or stop participating in his / her usual activities. A person may express feelings

of: Anger; grievance; injustice; going missing from their home, school or care setting; having a new group of friends who have an extremist ideology; using language that supports 'us and them' thinking.

8.2 Channel Process

8.2.1 The Channel process is a key element of the Contest strategy and is a multi-agency approach to receiving referrals from agencies to protect and prevent vulnerable people at risk from radicalisation.

8.3 Information Sharing and PREVENT

8.3.1 Effective information sharing is essential to the delivery of the Prevent agenda as it enables partner agencies to take informed action as appropriate. This will sometimes require the sharing of information between partner agencies, including the CCG; to ensure that the best support is provided to the individual at risk of radicalisation.

8.3.2 The decision to share information is on a case by case basis, and consideration will be given to:

- Is the public interest served by disclosure of personal information and does this outweigh the public interest served by protecting confidentiality?
- Could your action prevent a serious crime?
- Notice, Check and Share is the process that practice staff can use to manage any PREVENT concern and enables informed decisions to be made on actions required;
 - ▶ **Notice:** if you have a cause for concern about someone, perhaps their altered attitude or change in behaviour
 - ▶ **Check:** discuss concern with appropriate other (CCG Safeguarding Officer or Designated Professional)
 - ▶ **Share:** appropriate, proportionate information (See Appendix 1)

9 TRAINING AND AWARENESS

9.1 The CCG is committed to have arrangements in place to ensure effective safeguarding training of all staff. The CCG expects all of their staff to be trained in adult safeguarding commensurate with their role and in accordance with the current CCG Safeguarding Adult Training Strategy. Further levels of training will be determined by the responsibilities set out in job descriptions/role functions.

9.2 Line managers will agree the level of safeguarding training required for each employee depending on their role and responsibilities, in line with the current CCG Safeguarding

Adult Training Strategy, and review compliance as part of the Professional Development Review.

10 MONITORING AND AUDIT

- 10.1** The CCG's Designated Professionals for Safeguarding Adults are responsible for the monitoring, revision and updating of this policy. The Designated Professionals will act on behalf of the Chief Nurse in this respect, and will update the Chief Nurse on its implementation.
- 10.2** Provider performance in relation to safeguarding will be managed primarily through the usual contract monitoring arrangements. Where Contract Monitoring Boards are in place, these will be used to gain assurance against the standards.
- 10.3** The CCG may require providers to produce additional information regarding their safeguarding work, in order to monitor compliance with this policy.
- 10.4** Providers will be required to undertake a safeguarding adult's annual self-assessment as determined by the CCG. The self-assessment will be against the Safeguarding Quality Standards as tabulated in Appendix 3. A remedial action plan for any non-compliant areas will be submitted to the CCG.

11 BREACHES OF POLICY

- 11.1** This policy is mandatory. Where it is not possible to comply with the policy or a decision is taken to depart from it, this must be notified to the CCG Chief Nurse as the Executive Lead for Safeguarding so that the level of risk can be assessed and an action plan can be formulated.
- 11.2** Where the CCG is a lead commissioner it will notify associate commissioners of a provider's non-compliance with the standards contained in this policy, including action taken where there has been a significant breach.

12 POLICY REVIEW

- 12.1** The policy will be fully reviewed every three years and updated in accordance with the publication of national legislation and guidance annually.

13 REFERENCES AND ASSOCIATED DOCUMENTATION

Data Protection Act 2018 and the General Data Protection Regulation 2018 (GDPR).

http://www.legislation.gov.uk/ukpga/2018/12/pdfs/ukpga_20180012_en.pdf

East Riding of Yorkshire Safeguarding Adults Board Policy and Procedures

<http://www.ersab.org.uk/policy-documents/>

North Yorkshire Safeguarding Adults Board Policy and Procedures

<https://safeguardingadults.co.uk/resource-library/page/4/>

York Safeguarding Adults Board Policy and Procedures

<https://www.safeguardingadultsyork.org.uk/the-board/policy-and-procedures/>

Revised Prevent Duty Guidance (April 2019)

<https://www.gov.uk/government/publications/prevent-duty-guidance>

The Care Act 2014

<https://www.gov.uk/government/publications/care-act-statutory-guidance>

Department of Health and Social Care (2018) The Care and Support Statutory Guidance

<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

<http://www.legislation.gov.uk/ukdsi/2014/9780111117613/contents>

Making Safeguarding Personal Outcomes Framework (2018)

<https://www.local.gov.uk/sites/default/files/documents/msp-outcomes-framework-final-report-may-2018.pdf>

Human Rights Act (1998)

Modern Slavery Act (2015)

Safeguarding Vulnerable Groups Act (2006)

[Adult Safeguarding: Roles and Competencies for Health Care Staff \(2018\)](#)

Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework (2019) <https://www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-children-young-people-adults-at-risk-saaf.pdf>

CCG Associated Policies, Procedures, Documents and Guidance

CCG Data Protection and Confidentiality Policy

CCG Local Anti-Fraud, Bribery and Corruption Policy

CCG Managing Allegations Against Staff Policy

CCG Mental Capacity Act 2005 Policy

CCG Safeguarding Adults Policy for Primary Care

CCG Safeguarding Adult Training Strategy

CCG Safeguarding Children Policy

CCG Safeguarding Children Policy for Primary Care

CCG Recruitment Policy

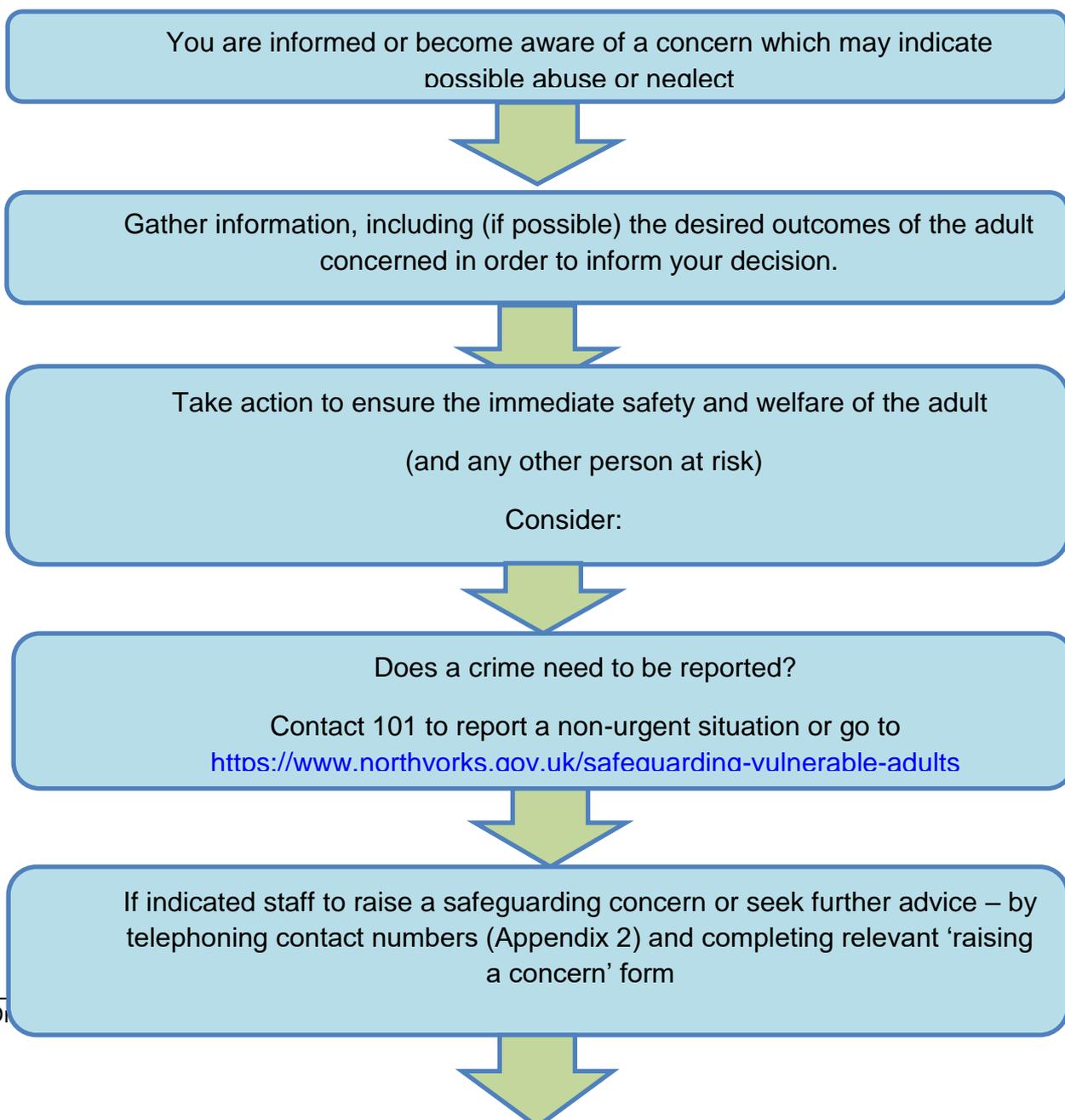
CCG Serious Incidents and Concerns Policy

CCG Whistleblowing Policy

14 Appendix 1

Raising a safeguarding concern flowchart

(adapted from the North Yorkshire Safeguarding Adult Board Multi-agency policy and procedures 2019)



15 Appendix 2

CONTACT SHEET

IT IS THE RESPONSIBILITY OF ALL STAFF TO TAKE APPROPRIATE ACTION WHEN THEY KNOW OR SUSPECT AN ADULT MAY BE AT RISK OF ABUSE OR NEGLECT

ADULT SAFEGUARDING CONCERNS

North Yorkshire:

Website and form to report abuse or concerns:	www.safeguardingadults.co.uk/
Professional line	01609 536993
General and Out of Hours Emergency Duty Team (EDT)	01609 780780

City of York:

Website and form to report abuse or concerns:	www.safeguardingadultsyork.org.uk
Contact adults social care	01904 555111
Out of Hours Emergency Duty Team (EDT)	01609 780780

East Riding:

Website and form to report abuse or concerns	http://www.ersab.org.uk/#
Contact adults social care	01482 396940
Out of Hours Emergency Duty Team (EDT)	01377 241273

MAKING AN ADULT SAFEGUARDING REFERRAL

1. If you suspect criminality or believe the individual to be at risk of immediate harm – dial 999
2. Contact the relevant Local Authority using the contact details above informing them that you wish to make an adult safeguarding referral
3. Ensure that you offer as much information as possible about the individual at risk as well as the person or persons alleged to be causing harm.
4. Follow all advice given to you by the relevant Local Authority – ensuring that you follow up your referral in writing and retain a copy of completed referral forms

ADULT SAFEGUARDING ADVICE: (In office hours out of hours contact EDT)

(Not to be given out to members of the public)



Generic E-mail – SCRCCG.AdultSafeguarding@nhs.net

01904 694747

Appendix 3

NHS AND PRIVATE PROVIDER SELF DECLARATION AGAINST CCG STANDARDS:
SAFEGUARDING ADULTS

Provider **Completed by.....** **Date**

RED: Not Compliant. AMBER: Partially Compliant. GREEN: Fully Compliant. BLUE: Not Applicable.

1. Policy and Procedures	RAG	Summary of evidence if compliant
The Provider will ensure that it has up to date organisational safeguarding adults policies and procedures which reflect and adhere to the North Yorkshire Safeguarding Adult Board and York Safeguarding Adult Board policies and procedures.		
The Provider will ensure that organisational safeguarding policies and procedures give clear guidance on how to recognise and refer adult safeguarding concerns and ensure that all staff have access to the guidance and know how to use it.		
The provider will ensure that all policies and procedures are consistent with and referenced to the Care Act 2014, the Care and Support Statutory Guidance (2018) and the York and North Yorkshire Joint Multi-agency Safeguarding Adult Policy and Procedures and include safeguarding legislation, national policy and guidance.		
The Provider will ensure that all policies and procedures are consistent with legislation / guidance in relation to Mental Capacity Act 2005 and		

	consent, and that staff practice in accordance with these policies.		
	The Provider will have an up to date 'whistle-blowing'/ Raising Concerns procedure, which is referenced to local multiagency procedures and covers arrangements for staff to express concerns both within the organisation and to external agencies. The provider must have systems in place to demonstrate that all staff are aware of their duties, rights and legal protection, in relation to whistle-blowing/Raising Concerns and that they will be supported to do so.		
	The providers of care homes and hospitals will maintain an up to date policy and procedure covering the Deprivation of Liberty Safeguards, and when superseded the Liberty Protection Safeguards, and will ensure that staff practice in accordance with the legislation.		
	NHS Trusts and all providers of hospitals and care homes will have an up to date policy(s) and procedure(s) covering the use of all forms of restraint. These policies and procedures must adhere to contemporary best practice and legal standards.		
	The Provider will ensure that there is a safeguarding supervision policy in place and that staff have access to appropriate supervision, commensurate to their role and function in accordance with the Intercollegiate Document (2018).		
	All providers will ensure that they have relevant policies and procedures in place to ensure appropriate access to advocacy within the care setting, including use of statutory advocacy roles. These policies and procedures must adhere to contemporary best practice and legislation.		
	The Provider must have a procedure which is accessible to all staff, consistent with the Prevent Duty Guidance (2019). The procedure must clearly set out how to escalate Prevent related concerns and how to		

	make a referral.		
2. Governance			
	<p>The Provider will identify a person(s) with lead responsibility for safeguarding adults. For NHS Bodies / Trusts, this will be a Board-Level executive Director with lead responsibility for safeguarding adults</p> <p>Please name identified individual</p>		
	<p>The NHS Bodies / Trusts will also have in post a named health or social care professional (s) for adult safeguarding with sufficient capacity to effectively carry out the role</p> <p>Please name identified individual(s) and role(s)</p>		
	<p>This should include:</p> <p>A lead for the Mental Capacity Act and Deprivation of Liberty Safeguards/ Liberty Protection Safeguards</p> <p>Please name identified individual</p> <p>A lead for Prevent</p> <p>Please name identified individual</p> <p>A lead for managing adult safeguarding allegations against staff.</p> <p>Please name identified individual</p>		
	<p>The Provider will review the effectiveness of the organisations safeguarding arrangements at least annually and will identify any risks,</p>		

	service improvement requirements and learning points as well as areas of good practice.		
	The Provider must ensure that there is a system for monitoring complaints, incidents and service user feedback, in order to identify and share any safeguarding concerns (including potential neglect), using multiagency safeguarding procedures.		
	NHS Bodies / Trusts will ensure that there is an effective system for identifying and recording safeguarding concerns, patterns and trends through its governance arrangements including; risk management systems, patient safety systems, complaints, PALS and human resources functions, and that these are referred appropriately according to multiagency safeguarding procedures.		
	NHS Trusts should identify and analyse the number of complaints and PALs contacts that include concerns of abuse or neglect and include this information in their annual safeguarding or complaints report reviewed by their board		
	The Provider must ensure that there are systems for capturing the experiences and views of service users in order to identify potential safeguarding and issues and inform constant service improvement.		
	Providers of hospitals and care homes, will ensure that there are effective systems for recording and monitoring Deprivation of Liberty/ Liberty Protection Safeguard applications to the authorising body/Court of protection		
	NHS bodies / Trusts must have in place robust annual audit programmes to assure itself that safeguarding systems and processes are working effectively and that practices are consistent with the Mental		

	Capacity Act (2005).		
	All providers will have appropriate and effective systems in place to ensure that any care provided, is done so with due regard to all contemporary legislation. This includes, but is not restricted to, the Human Rights Act, Mental Capacity Act and Mental Health Act.		
	The Provider will, where required by the local safeguarding board(s), consider the organisational implications of any Safeguarding Adult Reviews (statutory and non-statutory) and will devise and submit an action plan to the local responsible safeguarding adult board to ensure that any learning is implemented across the organisation.		
	NHS Trusts and larger Independent Providers will ensure that Prevent data returns are shared quarterly with the CCG in addition to NHSE.		
	The provider will ensure that there is an effective system for identifying and recording safeguarding concerns, patterns and trends through its governance arrangements including: risk management systems; patient safety systems; complaints; PALS and human resources functions, and that these are referred appropriately according to multiagency safeguarding procedures		
	3. Multiagency working		
	The Provider will cooperate with any request from the Safeguarding Adult Boards to contribute to multi-agency audits, evaluations, investigations and Safeguarding Adult Reviews (both statutory and non-statutory), including where required, the production of an individual		

	management report.		
	The Provider will, where required by the local safeguarding board(s), consider the organisational implications of any multiagency review(s) and will devise and submit an action plan to the responsible Safeguarding Adult Board or Partnership to ensure that any learning is implemented across the organisation.		
	The Provider will ensure that any allegation, complaint or concern about abuse from any source is managed effectively and referred according to the local multi-agency safeguarding procedures.		
	The Provider will ensure that a root cause analysis is undertaken for all pressure ulcers of grade 3 or 4, and that a multi-agency referral is made for any stage of pressure ulcer where abuse or neglect are believed to be a contributory factor.		
	The Provider will ensure that all allegations of neglect or abuse against members of staff (including staff on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees) are referred according to local multi-agency safeguarding procedures.		
	The Provider will ensure that organisational representatives / practitioners make an effective contribution to safeguarding meetings where required as part of multiagency procedures.		
	The provider will where required, ensure senior representation on the Local Safeguarding Adults Board and contribution to their sub groups.		
	4. Recruitment and employment		

	<p>The provider will ensure that it has a safe recruitment policy which refers to Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which stipulates what information is required for people employed or appointed for the purpose of regulated activity, and adheres to the 'fit and proper persons' tests.</p>		
	<p>The Provider must ensure safe recruitment policies and practice which meet contemporary NHS Employment Check Standards in relation to all staff including enhanced Disclosure and Barring Service (DBS) for appropriate staff, including those on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees, ensuring that Post recruitment employment checks are repeated in line with all contemporary national guidance and legislation.</p>		
	<p>The provider will ensure that all safeguarding concerns relating to a member of staff are effectively investigated, that any disciplinary processes are concluded irrespective of a person's resignation, and that 'compromise agreements' are not be allowed in safeguarding cases.</p>		
	<p>The Provider must ensure that their employment practices meet the requirements of the Disclosure and Barring Service (DBS) and that referrals are made to the DBS and relevant professional bodies where indicated, for their consideration in relation to barring.</p>		
	<p>The Provider should ensure that all contracts of employment (including staff on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees) include an explicit reference to staffs responsibility for safeguarding adults.</p>		
	<p>5. Training</p>		
	<p>The provider will ensure that all staff and volunteers undertake safeguarding adults and Prevent training commensurate with their role</p>		

	<p>and in accordance with the Intercollegiate Document 2018 and Prevent Duty Guidance 2019 and that this will be identified in an organisational training needs analysis and training plan which are reviewed regularly.</p>		
	<p>The Provider will ensure that all staff, contractors and volunteers undertake safeguarding adult's awareness training on induction, including information about how to report concerns within the service or directly into the Local Authority in accordance with the LSAB multi-agency policies and procedures.</p>		
	<p>The Provider will ensure that all staff members (including staff on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees) who provide care or treatment, have an understanding of the principles of the Mental Capacity Act 2005 and consent processes, appropriate to their role and level of responsibility, at the point of induction.</p>		
	<p>The Provider will ensure that all staff and volunteers undertake Mental Capacity Act 2005 and consent training, including the Deprivation of Liberty Safeguards/ Liberty Protection Safeguards commensurate with their role and level of responsibility training in accordance with the Intercollegiate Document (2018), and that this will be identified in an organisational training needs analysis and training plan.</p>		

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<ul style="list-style-type: none">• Management of allegations against staff who work with adults with care and support needs	
Any challenges/ capacity issues in systems related to DoLS/ LPS applications.	
Any challenges/ capacity issues which affect the Provider's ability to maintain compliance with Safeguarding Standards	

Equality Impact Assessment Policies

General Information

Policy:	Safeguarding Adults Policy	
Date of Analysis:	31/01/2020	
Policy Lead: (Name, job title and department)	Designated Nurses for Safeguarding Adults	
What are the aims and intended effects of this policy?	To inform the CCG staff and its commissioned services of their roles and responsibilities in regard to safeguarding adults	
Are there any significant changes to previous policy likely to have an impact on staff, patients or other stakeholder groups?		
Please list any other policies that are related to or referred to as part of this analysis		
Who is likely to be affected by this policy?	General Public	
	Service Users	
	Staff	X
What engagement / consultation has been done, or is planned for this policy and the equality impact assessment?	<p>Internal involvement: Senior Management team, Safeguarding Team, Lead GP's for Primary Care.</p> <p>Stakeholder involvement: NHSE/I update policies and procedures embedded within the document, Safeguarding Adult Team and Lead GP's for Primary Care consulted.</p> <p>Patient / carer / public involvement: This is an Internal policy aimed at staff employed by the CCG and contractors working for the CCG. The focus is on compliance with statutory duties and NHS mandated principles and practice. There are no particular equality implications.</p>	

Promoting Inclusivity and NHS Scarborough and Ryedale CCG's Equality Objectives.

How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation?

How does the policy promote our equality objectives

The analysis of equalities is embedded within the CCG's JQCGC Terms of Reference.

Equality Data

Population of NHS Scarborough and Ryedale CCG

Data provided below is from Census 2011

Age

Age Range	Number	%
0-14	17,672	14.9
15-44	39,530	33.2
45-64	15,427	13.0
65-74	9,083	7.6
85+	3,820	3.2

Gender

JSNA 2016

	%
Male Residents	49.6
Female Residents	50.4

Race / Nationality	<u>BME – 2011 Census Data</u>	
		%
	White	97.5
	Mixed	0.8
	Asian	1.2
	Black	0.2
	Other	0.2
	<u>Languages – 2011 Census Data</u>	
		%
	English	97.5
	Polish	0.8
	Other EU Language	0.6
	Other	1.86
	<u>Gypsy and Travellers – 2011 Census Data</u>	
Scarborough	37	
Ryedale	81	

2011 Census Data

	%
Long Term Health Problem/Disability	21.3
Limiting Long Term Illness	20.4

Projecting Adult Needs and Service Information (PANSI)-2017 Estimates

	Scarborough	Ryedale
Limiting Long Term Illness - day to day activities limited a little	7,507	3,455
Limiting Long Term Illness - day to day activities limited a lot	6,513	2,462
Mobility - unable to manage at least one activity on their own	5,210	2,509
Learning Disability – Including Down's syndrome	947	469
Learning Disability – Autistic Spectrum Disorders and Down's Syndrome	81	134
Visual Impairment - Moderate or severe	3,323	1,588
Hearing Impairment – some hearing loss	17,167	8,370
Hearing Impairment – Moderate or Severe	2,215	1,070
Dementia	1,973	959
Depression	2,474	1,585
Learning Disability – Baseline	1,454	708
Learning Disability – Moderate - Severe	415	1,128
Learning Disability – Autistic Spectrum Disorders	592	289
Learning Disability – Down's syndrome	38	18
Physical Disability – Moderate	5,176	2,620
Physical Disability – Serious	1,605	824
Physical Disability – Personal Care	3,198	1,639
Visual Impairment – Serious	39	19
Hearing Impairment – Some hearing loss	69,328	3,565
Hearing Impairment – Severe	395	203
Mental Health Problems Feb 2020	4,331	2,096

Disability

Sexual Orientation	In relation to sexual orientation, local population data is not known with any certainty. In part, this is because until recently national and local surveys of the population and people using services did not ask about an individual's sexual orientation. However, nationally, the Government estimates that 5% of the population are lesbian, gay or bisexual communities.																					
Gender Reassignment	There are not any official statistics nationally or regionally regarding transgender populations, however, GIRES (Gender Identity Research and Education Society - www.gires.org.uk) estimated that, in 2007, the prevalence of people who had sought medical care for gender variance was 20 per 100,000, i.e. 10,000 people, of whom 6,000 had undergone transition. 80% were assigned as boys at birth (now trans women) and 20% as girls (now trans men). However, there is good reason, based on more recent data from the individual gender identity clinics, to anticipate that the gender balance may eventually become more equal.																					
Religion / Belief	<p><u>2011 - Census Data</u></p> <table border="1" data-bbox="445 913 1291 1317"> <thead> <tr> <th></th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Christian</td> <td>67</td> </tr> <tr> <td>Buddhist</td> <td>0.3</td> </tr> <tr> <td>Hindu</td> <td>0.1</td> </tr> <tr> <td>Jewish</td> <td>0.1</td> </tr> <tr> <td>Muslim</td> <td>0.5</td> </tr> <tr> <td>Sikh</td> <td>0.1</td> </tr> <tr> <td>Other Religion</td> <td>0.4</td> </tr> <tr> <td>No Religion</td> <td>24.3</td> </tr> <tr> <td>Religion not stated</td> <td>7.4</td> </tr> </tbody> </table>			%	Christian	67	Buddhist	0.3	Hindu	0.1	Jewish	0.1	Muslim	0.5	Sikh	0.1	Other Religion	0.4	No Religion	24.3	Religion not stated	7.4
	%																					
Christian	67																					
Buddhist	0.3																					
Hindu	0.1																					
Jewish	0.1																					
Muslim	0.5																					
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Religion not stated	7.4																					
Pregnancy and Maternity	<table border="1" data-bbox="445 1346 1291 1505"> <thead> <tr> <th></th> <th>Live Births (ONS 2016)</th> <th>Still Births (ONS 2016)</th> </tr> </thead> <tbody> <tr> <td>Scarborough</td> <td>1,034</td> <td>4</td> </tr> <tr> <td>Ryedale</td> <td>439</td> <td>2</td> </tr> </tbody> </table>			Live Births (ONS 2016)	Still Births (ONS 2016)	Scarborough	1,034	4	Ryedale	439	2											
	Live Births (ONS 2016)	Still Births (ONS 2016)																				
Scarborough	1,034	4																				
Ryedale	439	2																				

Marriage and civil partnership

Data provided below is from Census 2011

	Number	%
Single	32,890	28.2
Married	57,934	49.7
In registered same sex civil partnership	259	0.2
Separated (incl civil partnership)	2,866	2.5
Divorced (incl civil partnership)	12,043	10.3
Widowed	10,486	9

This protected characteristic generally only applies in the workplace.

Assessing Impact

Is this policy (or the implementation of this policy) likely to have a particular impact on any of the protected characteristic groups?

(Based on analysis of the data / insights gathered through engagement, or your knowledge of the substance of this policy)

Protected Characteristic:	No Impact:	Positive Impact:	Negative Impact:	Evidence of impact and, if applicable, justification where a <i>Genuine Determining Reason</i> ¹ exists (see footnote below – seek further advice in this case)
Gender	X			
Age	X			
Race / ethnicity / nationality	X			
Disability	X			
Religion or Belief	X			
Sexual Orientation	X			
Pregnancy and Maternity	X			
Transgender / Gender reassignment	X			
Marriage or civil partnership	X			

1. ¹ The action is proportionate to the legitimate aims of the organisation (please seek further advice)

What measures have been put in place to mitigate any potential impact?

Action Planning:

As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse impact or strengthen the promotion of equality?

Identified Risk:	Recommended Actions:	Responsible Lead:	Completion Date:	Review Date:

Sign-off

All EIAs must be signed off by a member of SMT

I agree / disagree with this assessment / action plan

If *disagree*, state action/s required, reasons and details of who is to carry them out with timescales:

Signed off by (Name/Job Title)

Signed:

Date:

Appendix 5

SUSTAINABILITY IMPACT ASSESSMENT

Instructions

Sustainability is one of the CCG's key priorities and consequently the CCG has made a corporate commitment to address the environmental effects of its activities across all service areas. The purpose of the Sustainability Impact Assessment is to record any positive or negative impacts that a Policy / Board Report / Committee Report / Service Plan / Project is likely to have on each of the CCG's sustainability themes. The Sustainability Impact Assessment enables any relevant impacts to be identified and potentially managed.

The Sustainability Impact Assessment is based on assessing the impact of the activity against a series of criteria covering environmental sustainability issues. It would be most desirable for activities to score positively in as many areas as possible, although it is likely that some areas will score positively against some themes, and negatively against others.

Using the Sustainability Impact Assessment template

To complete the Sustainability Impact Assessment template, you should consider whether the Policy / Board Report / Committee Report / Service Plan / Project will have a positive or negative impact on each of the themes by placing a mark in the appropriate column. When you think there is likely to be an impact, please provide some annotations regarding the nature of the impact, and any actions that will be taken to address that impact. Users should note that not every theme will be relevant. Where this is the case the 'No Specific Impact' column should be marked. Users should also consider the following tips:

1. Make relative not absolute judgements (e.g. a new energy efficient service would score positively even if it consumes more energy than if no service were provided).
2. Be aware that small positive changes could be outweighed by negative ones (e.g. new energy efficient lighting in the short term may outweigh the benefits of maintaining current lighting).
3. If there are both positive and negative impacts, these need to be recorded in order to give a balanced view. Be objective and unbiased.
4. Concentrate on the most key significant issues - there is the potential to consider the appraisal in a very detailed way. This should be avoided at this stage.
5. Judge a proposal over its whole lifespan and remember that some impacts may change over different timescales.

If you require assistance in completing the Sustainability Impact Assessment please contact the Corporate Services Team

Domain	Review questions	Assessment of Impact Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Models of Care	<p>Will it minimise 'care miles' making better use of new technologies such as telecare and telehealth, delivering care in settings closer to people's homes?</p> <p>Will it create incentives to promote prevention, healthy behaviours, mental wellbeing, living independently and self-management?</p> <p>Will it provide evidence-based, personalised care that achieves the best possible health and well-being outcomes with the resources available?</p> <p>Will it reduce avoidable hospital admissions or permanent admissions to residential care or nursing homes?</p> <p>Will it pay for services based on health outcomes rather than activity for example through personal budgets?</p> <p>Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways?</p> <p>More info: http://www.sduhealth.org.uk/areas-of-focus/clinical-and-care-models.aspx</p>	n/a		
Travel	<p>Will it reduce 'care miles' (telecare, care closer) to home?</p> <p>Will it reduce repeat appointments?</p> <p>Will it provide / improve / promote alternatives to car based transport (e.g. public transport, walking and cycling)?</p> <p>Will it support more efficient use of cars (car sharing, low emission vehicles, community transport, environmentally friendly fuels and technologies)?</p> <p>Will it improve access to services and facilities for vulnerable or disadvantaged groups or individuals?</p> <p>More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/travel.aspx</p>	n/a		
Facilities Management	<p>Will it reduce the amount of waste produced or increase the amount of waste recycled?</p> <p>More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/waste.aspx</p> <p>Will it reduce water consumption?</p> <p>Will it improve the resource efficiency of new or refurbished buildings (water, energy, density, use of existing buildings, designing for a longer lifespan)?</p> <p>Will it improve green space and access to green space?</p> <p>More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/energy.aspx</p>	n/a		

Adaptation to Climate Change	<p>Will it support mitigation of the likely effects of climate change (e.g. identifying proactive and community support for vulnerable groups; contingency planning for flood, heatwave and other weather extremes)?</p> <p>More info: http://www.sduhealth.org.uk/areas-of-focus/community-resilience/community-resilience-copy.aspx</p>	n/a		
Procurement	<p>Will it specify social, economic and environmental outcomes to be accounted for in procurement and delivery in line with the Public Services (Social Value) Act 2012?</p> <p>Will it stimulate innovation among providers of services related to the delivery of the organisations' social, economic and environmental objectives?</p> <p>Will it reduce waste, environmental hazards and toxic materials for example by reducing PVC, antibiotic use, air pollution, noise, mining and deforestation?</p> <p>Will it reduce use of natural resources such as raw materials, embedded water, and energy to promote a circular economy?</p> <p>Will it support the local economy through local suppliers, SMEs or engage with third sector or community groups?</p> <p>Will it promote ethical purchasing of goods or services e.g. increasing transparency of modern slavery in the supply chain globally?</p> <p>More info: http://www.sduhealth.org.uk/areas-of-focus/commissioning-and-procurement/procurement.aspx</p>	n/a		
Workforce	<p>Will it provide employment opportunities for local people?</p> <p>Will it promote or support equal employment opportunities?</p> <p>Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)?</p> <p>Will it offer employment opportunities to disadvantaged groups and pay above living wage?</p> <p>More info: http://www.sduhealth.org.uk/areas-of-focus/social-value.aspx</p>	n/a		
Community Engagement	<p>Will it promote health, increase community resilience, social cohesion, reduce social isolation and support sustainable development?</p> <p>Will it reduce inequalities in health and access to services?</p> <p>Will it increase participation including patients, the public, health professionals and elected officials to contribute to decision making?</p> <p>Have you sought the views of our communities in relation to the impact on sustainable development for this activity?</p> <p>Will it increase peer-support mechanisms?</p> <p>More info: http://www.sduhealth.org.uk/areas-of-focus/community-resilience.aspx</p>	n/a		
Estimated carbon benefit	<p>What is the estimated carbon benefit (in terms of tCO₂e) from the implementation of this project? As opposed to the current business as usual position. Speak with your sustainability manager and see the following guidance:</p> <p>More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/pharmaceuticals/cspm/sustainable-care-pathways-guidance.aspx</p>	n/a		

Appendix 6

Data Protection Impact Assessment (DPIA) Screening Questions

The below screening questions should be used to inform whether a DPIA is necessary. This is not an exhaustive list therefore in the event of uncertainty, completion of a DPIA is recommended.

Title	Safeguarding Adults Policy
Brief description	This Safeguarding Adult Policy specifically addresses issues for the CCG in terms of the particular role it plays in ensuring adult safeguarding is everyone's business.

Screening completed by

Name	Olwen Fisher
Title	Designated Nurse for Safeguarding Adults
Department	Safeguarding Adult Team
Email	o.fisher@nhs.net
Date	03/02/2020

Marking any of these questions is an indication that a DPIA is required:

Screening Questions		Tick
1	Will the project involve the collection of new identifiable or potentially identifiable data about individuals?	<input type="checkbox"/>
2	Will the project compel individuals to provide data about themselves or involve the processing of personal data not obtained directly from the individual? i.e. where they will have little awareness or choice or where it is impossible, or would involve disproportionate effort, to inform the individuals that the processing is taking place	<input type="checkbox"/>
3	Will identifiable data about individuals be shared with other organisations or people who have not previously had routine access to the data?	<input type="checkbox"/>
4	Are you using data about individuals for a purpose it is not currently used for or in a new way? i.e. using data collected to provide care for a service evaluation; data matching where data obtained from multiple sources is combined, compared or matched.	<input type="checkbox"/>
5	Where data about individuals is being used, would this be likely to raise privacy concerns or expectations? i.e. will it include health records, genetic data, criminal records or other information that people may consider to be sensitive and private and may cause them concern or distress.	<input type="checkbox"/>
6	Will the project require you to contact individuals in ways which they may find intrusive? i.e. telephoning or emailing them without their prior consent.	<input type="checkbox"/>
7	Will the project result in you making decisions in ways which can have a significant impact on individuals? i.e. will it affect the care a person receives? Is it based on automated decision making (including profiling)?	<input type="checkbox"/>

8	Does the project involve you using new technology which might be perceived as being privacy intrusive? i.e. using biometrics, facial recognition, Artificial Intelligence or tracking (such as tracking an individual's geolocation or behaviour)	<input type="checkbox"/>
9.	Is a service/processing activity being transferred to a new supplier/organisation (or re-contracted) at the end of an existing contract	<input type="checkbox"/>
10.	Will the project involve systematic monitoring of a publicly accessible area on a large scale? i.e. use of CCTV	<input type="checkbox"/>
11.	Will the project involve the targeting of children or other vulnerable individuals? i.e. for marketing purposes, profiling or other automated decision making	<input type="checkbox"/>