



**Nottingham and
Nottinghamshire**
Integrated Care Board

Safeguarding Policy (Inc PREVENT)

July 2024 - July 2027

CONTROL RECORD	
Title	Safeguarding Policy (Inc PREVENT)
Reference Number	NUR-002
Version	2.1
Status	Final
Author	Safeguarding Team and Designated Professionals
Sponsor	Director of Nursing
Team	Safeguarding Team
Amendments	Equality Impact Assessment updated and Accessibility criteria met. Updated Appendix D to correct a typographical error.
Purpose	The purpose of this policy is to outline how the ICB fulfil their statutory duties to safeguard adults with care and support needs and children.
Superseded Documents	Safeguarding Policy (Inc PREVENT) v1.1
Audience	All staff within the Nottingham and Nottinghamshire Integrated Care Board
Consulted with	None
Equality Impact Assessment	Completed
Approving Body	Quality and People Committee
Date approved	17 July 2024
Date of Issue	July 2024
Review Date	July 2027
<p>This is a controlled document and whilst this policy may be printed, the electronic version available on the ICB's document management system is the only true copy. As a controlled document, this document should not be saved onto local or network drives.</p>	

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Contents

1	Introduction	Page 4
2	Purpose	Page 4
3	Scope	Page 5
4	Definitions	Page 5
5	Roles and Responsibilities	Page 5
6	ICB Responsibility for Safeguarding Children and Adults with Care and Support Needs	Page 11
7	Monitoring Safeguarding Quality and Performance of Provider Organisations	Page 12
8	Governance Arrangements	Page 13
9	Equality and Diversity Statement	Page 14
10	Communication, Monitoring and Review	Page 14
11	Staff Training	Page 14
12	Interaction with other Policies	Page 15
13	References	Page 15
14	Equality Impact Assessment	Page 16
	Appendix A: What to do if you are worried about the safety of a child or adult with care and support needs	Page 23
	Appendix B: PREVENT Strategy	Page 24
	Appendix C: ICB Safeguarding Training Requirements	Page 27
	Appendix D: Safeguarding Governance Structure	Page 30

1. Introduction

- 1.1 This policy applies to the NHS Nottingham and Nottinghamshire Integrated Care Board, hereafter referred to as 'the ICB'.
- 1.2 The Safeguarding Policy (Inc PREVENT) aims to promote the safety and welfare of children and adults with care and support needs across all commissioned and contracted services and to ensure their voices are taken into account. To promote a "Think Family" approach to promote connectivity between the commissioning of adult and children's services and to clarify safeguarding responsibilities of staff at all levels including contracted staff.

2. Purpose

- 2.1. This policy describes how the Integrated Care Board (ICB) discharge their safeguarding responsibilities for commissioning health services. It should be read in conjunction with:
 - Memorandum of Understanding for Transfer of Commissioning Functions (Aug 2012)
 - The current ICB Safeguarding Strategy
 - Nottinghamshire and Nottingham City Safeguarding Children Partnership and Nottinghamshire and Nottingham City Safeguarding Adult Board Policies and Procedures.
- 2.2 This policy outlines how the ICB fulfil their statutory duties to safeguard adults with care and support needs and children. It complements the ICB Safeguarding Strategy and incorporates Nottinghamshire ICB PREVENT strategy (**Appendix B**) Nottinghamshire ICB's Safeguarding Training Requirements (**Appendix C**) which are underpinned by legislation and best practice guidance, including amongst others:
 - The Children Act 1989 & 2004
 - The Care Act 2014
 - Working Together to Safeguard Children 2023
 - The Sexual Offences Act 2003
 - Safeguarding Children & Young People: Roles and Competencies for Health Care Staff 2019
 - Adult Safeguarding: Roles and Competencies for Health Care Staff (August 2018)
 - Government's Prevent strategy: guidance for healthcare workers
 - The Mental Capacity Act 2005
 - Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework 2023
 - Care Quality Commission Fundamental Standards

- CONTEST : The United Kingdom’s Strategy for Countering Terrorism, June 2018
- Promoting the Health and Well-being of Looked After children 2015

3. Scope

- 3.1. This policy applies to Nottingham and Nottinghamshire ICB and applies to all employees of the organisation and those acting in the capacity of employees. In some instances within the context of the policy the term ‘employee’ can be interpreted as meaning employees of the organisation, individuals provided through an employment agency, volunteers students or lay representatives.

4. Definitions

Term	Definition
Child	A child is anyone that has not yet reached their 18th birthday and the term children means children and young people.
Adult Safeguarding Duty	Safeguarding duties apply to adults who: <ul style="list-style-type: none"> • Have 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 and neglect (as defined: Care Act 2014)

5. Roles and Responsibilities

- 5.1. This section should state the key responsibilities for specific roles and staff groups in relation to delivering the documents objectives. If table is to be used, use the below format:

Role	Responsibilities
Chief Nurse	Is the overall lead officer for Safeguarding for the ICB within their portfolio of responsibility. Represents the ICB on Nottinghamshire Strategic Safeguarding Partnership /Boards Groups including although not exclusively: <ul style="list-style-type: none"> • Safeguarding Children • Safeguarding Adults • Domestic and Sexual Abuse Executive

Role	Responsibilities
	<ul style="list-style-type: none"> MAPPA Strategic Management Boards. <p>Reports to the Chief Officer and/or the ICB Board on issues in relation to changes in strategic direction, significant developments, learning from serious incidents or identified risks in relation to safeguarding children or adults.</p> <p>Is responsible for the execution of all safeguarding responsibilities on the behalf of the Chief Officer and the ICB Board.</p> <p>Is responsible for the roles outlined in S5 of this document or for delegating as appropriate.</p> <p>Promotes the safeguarding of children and adults with care and support needs within commissioning arrangements to meet identified quality standards through quality scrutiny processes.</p> <p>Commission and sign off Individual Management Reviews for serious case reviews or Domestic Homicide Reviews and ensure attendance at relevant multi agency panels in relation to these.</p> <p>Monitor the progress of recommendations and outcomes from Serious Untoward Incidents, Individual Management Reviews, Serious Case Reviews and Domestic Homicide Reviews.</p> <p>Oversee the performance management of the Designated Professionals and Safeguarding Adult Leads.</p> <p>Commission safeguarding annual reports on behalf of the ICB Board.</p> <p>Ensure providers and contracted services are aware of their responsibilities in relation to reporting safeguarding incidents.</p>
ICB Board	<p>Maintain a continued awareness of current safeguarding issues and ICB responsibilities/ accountability.</p> <p>Maintain a knowledge base through mandatory training, reviewing reports, newsletters and updates.</p> <p>Promote the welfare of children and adults with care and support needs in both personal and ICB activity and comply with all organisational and LSCP and LSAB multi agency policies and procedures.</p> <p>Consider the requirement of safeguarding in all activities both professionally and personally, in particular through contracting and performance monitoring.</p>
Designated and Associate Designated	<p>Are identified within the health economy as clinical leads with statutory roles and responsibilities for safeguarding children. Are appropriately trained and given sufficient time to carry out their duties effectively.</p>

Role	Responsibilities
<p>Nurses and Doctors for Safeguarding Children and Safeguarding Adult Leads</p>	<p>Take a strategic, professional advisory lead on all aspects of the health service contribution to safeguarding across the ICB, which includes all providers.</p> <p>Advise on the planning and delivery of an organisational programme of safeguarding training which includes the Mental Capacity Act and PREVENT.</p> <p>Provide clinical advice on the development and monitoring of the safeguarding aspects of ICB contracts.</p> <p>Provide supervision, advice and support to the Named professionals and safeguarding leads in provider organisations.</p> <p>Provide expert professional advice on matters relating to safeguarding to other professionals, the ICB, Local Authorities, the Local Safeguarding Boards and associated sub-committees and partner agencies.</p> <p>Advise on serious incidents or individual management reviews which arise as part of the Rapid Reviews, Child Safeguarding Practice Reviews, Safeguarding Adult Review or Domestic Homicide Review Process, and monitor specific health implementation and outcomes of agreed actions.</p> <p>Advise on the development of organisational and multi-agency strategy, policy procedures audits and projects relating to safeguarding children and adults.</p> <p>Attend the LSCP, LSAB and relevant sub-committees in a professional advisory capacity for the ICB and communicate positively ICB values and strategic vision to stakeholders and partners as appropriate.</p> <p>Alert the ICB to situations which compromise organisational ability to discharge safeguarding responsibilities.</p> <p>To challenge decisions in multi-agency arena, where children or adults with care and support needs are believed to remain at risk via escalation processes outlined in local procedures.</p> <p>Are responsible for planning and undertaking quality assurance processes to include visits to care settings and review of investigations and outcomes following serious incidents.</p> <p>The Designated Nurse Safeguarding Children is responsible for the operational management and performance monitoring of the Multi Agency Safeguarding Hub Health team (County).</p> <p>Produce an Annual Report on Safeguarding.</p>

Role	Responsibilities
<p>Named GP/ Professional for Safeguarding</p>	<p>Will support all activities necessary to ensure that the organisations meets its responsibilities to safeguard/protect children and adults with care and support needs.</p> <p>To work as a member of the organisation’s safeguarding team.</p> <p>To participate in multi-agency subgroups of the local safeguarding partnership arrangements and the employing organisations safeguarding governance groups.</p> <p>Advise local police, children’s social care and other statutory and voluntary agencies on health matters about safeguarding.</p> <p>Contribute to the planning and strategic organisations of safeguarding services.</p> <p>Work with other specialist safeguarding professionals on planning and implementing a strategy for safeguarding.</p> <p>Ensure advice is available to the full range of specialties within the organisations on the management of safeguarding concerns.</p> <p>Assess and evaluate evidence, write reports and present information to relevant meetings.</p> <p>Work closely with other specialist safeguarding professionals across the health community.</p> <p>Work closely with safeguarding leads from other agencies, such as Education and Children’s Social Care.</p> <p>Contribute to the production, dissemination and implementation of organisational safeguarding policies and procedures.</p> <p>Encourage case discussion, reflective practice, and the monitoring of significant events at a local level.</p> <p>Contribute to monitoring the quality and effectiveness of services, including monitoring performance against indicators and standards.</p> <p>Disseminate lessons learnt from serious case management reviews, and advise on the implementation of recommendations.</p>
<p>Designated Nurse and Doctor Looked After Children</p>	<p>Provide specialist knowledge in all aspects relating to looked after children across the Nottingham City and Nottinghamshire health economy.</p> <p>Provide strategic and clinical leadership to the service and to the Specialist Children in Care Health Teams, ensuring that the ICB fulfils its statutory duties for Looked after Children and care leavers.</p> <p>Work closely with health providers and the commissioners of the services to ensure processes are in place for the effective delivery of statutory health assessment reviews to an acceptable quality standard. Have oversight of the performance of commissioned CIC health providers.</p>

Role	Responsibilities
	<p>Work closely with Nottinghamshire County and City Children and Young People’s Social Cares Services to promote an integrated care approach in the best interests of Looked after Children and care leavers.</p> <p>Ensure the Corporate Parenting Board is aware of the health needs of their looked after population and the effectiveness of the services commissioned to provide this support via the Corporate Parenting Board meetings.</p> <p>Promote integrated working with Child and Adolescent Mental Health (CAMHS) Looked after Children teams to advance emotional health and well-being outcomes for children in care.</p> <p>Engage with public health colleagues to ensure that service development is evidence based and that Looked after Children and care leavers are considered across the health economy.</p> <p>Report to and provide specialist knowledge to commissioners.</p> <p>Work in partnership with Designated and Named safeguarding colleagues to ensure Looked after Children and care leavers are safeguarded.</p> <p>Provide specialist knowledge advice and leadership to the ICB in all aspects relating to Looked after Children and care leavers.</p> <p>Work with Nottingham City and County Children in Care Councils ensuring the voice.</p>
<p>Designated Paediatrician for Unexpected Child Deaths</p>	<p>Undertakes lead responsibility for medical responses to unexpected deaths of children which occur within an identified area as outlined in Ch5 Working Together to Safeguard Children 2023 Oversee and contribute to a rota to provide a “rapid response” to unexpected child deaths.</p> <p>Work with the Police and Children’s Social Care to co-ordinate responses to unexpected child deaths.</p> <p>In partnership with the Police and Children’s Social Care, undertake appropriate investigations and enquiries and evaluate the reasons and circumstances of the death in agreement with the Coroner.</p> <p>Liaise with those who have on-going responsibility for other family members providing support to the bereaved family, and where appropriate referring on to specialist bereavement services following the death.</p> <p>Maintaining contact at regular intervals with family members and professionals who have on-going responsibilities for family members, to keep them up-to-date with information about the child’s death.</p>

Role	Responsibilities
	Act as clinical medical advisor as a member of the Child Death Overview Panel.
Quality Assurance Managers	<p>Work in close partnership with the ICB Safeguarding Children and Adult Leads.</p> <p>Must maintain a continued awareness of safeguarding issues and ICB responsibilities/accountability, and maintain a knowledge base by reviewing reports, newsletters and attending training/development sessions.</p> <p>Monitor that all commissioned services have robust policies and procedures embedded to safeguard and promote the welfare of children and adults with care and support needs which are in accordance with the LSCB and LSAB Procedures. (See S5.2 around performance monitoring standards).</p> <p>Promote the safeguarding and welfare of children and adults with care and support needs in all activities related to their role.</p> <p>Inform the ICB safeguarding lead of any deficits in health services which may impact on inter-agency working, and potentially put vulnerable people at risk.</p>
Employees (including contracted staff)	<p>Comply with all ICB and LSCP and LSAB policies procedures and guidance on safeguarding children and adults with care and support needs.</p> <p>Attend safeguarding training at the appropriate level to their role as outlined in the ICB Safeguarding Training Requirements (Appendix C) and maintain a level of knowledge and skills appropriate to their role.</p> <p>Protect adults and children at risk by recognising and responding to abuse and neglect and know what action to take to make appropriate referrals, and where appropriate contribute to multi-agency activity as per LSCP & LSAB procedures. (See S7 What to do if you are worried).</p> <p>Access safeguarding advice and supervision at the appropriate level for their role as outlined in the Intercollegiate Document: - Safeguarding Roles and Competencies for Health Care Staff.</p> <p>Take part in surveys audits and evaluations regarding safeguarding as appropriate.</p> <p>Take immediate and appropriate action regarding allegations against people who work with children as outlined in the ICB Raising Concerns (Whistleblowing) policy.</p>

Role	Responsibilities
	<p>Seek advice from Designated Professionals or Safeguarding Adult Leads where they are unhappy with a response to a child or adult at risk as outlined in the LSCB and LSAB escalation procedures.</p> <p>Comply with safe recruitment of staff in line with the ICB HR processes.</p>

6. ICB Responsibility for Safeguarding Children and Adults with Care and Support Needs

- 6.1. The ICB will identify an executive ICB Board lead for safeguarding children young people and adults with care and support needs, to listen to their views and promote their needs across service planning and delivery.
- 6.2. The ICB will comply with S10 and S11 of the Children Act 2004 and S 42-46 of the Care Act 2014 and any subsequent statutory guidance relating to vulnerable groups.
- 6.3. The ICB will contribute to the effective functioning of the Local Safeguarding Children Boards and the Safeguarding Adults Board or any safeguarding partnership arrangements which become effective subsequently as a result of national policy or legislation.
- 6.4. The ICB will promote the commissioning of services which prioritise the safety and welfare of children and adults with care and support needs through local partnership arrangements and discharge their functions having regard to the need to safeguard and promote the welfare of vulnerable individuals.
- 6.5. The ICB will promote the planning and provision of a range of safeguarding training to enable staff to recognise and report safeguarding issues. The ICB will identify leads for the following functions:
 - ICB Board lead for safeguarding children and adults
 - Named Senior Officer for Allegations Against Staff who will inform the Local Authority of any allegations and concerns of abuse made against an employee, agency worker, volunteer or contracted staff as per Local Safeguarding Children and Adult Board (LSCB and LSAB) procedures
 - Lead for Multi Agency Public Protection Arrangements (MAPPA) (this role is undertaken by the ICB Executive Leads)
 - Lead for PREVENT the Government counter terrorist strategy (this role is undertaken by the ICB Executive Lead)
 - Lead for the Mental Capacity Act
 - Designated Nurse and Doctor for Safeguarding Children
 - Designated Nurse and Doctor for Looked after Children
 - Designated Paediatrician for Child Deaths

7. Monitoring Safeguarding Quality and Performance of Provider Organisations

7.1. As part of their quality monitoring and scrutiny role, the ICB will monitor the following across all organisations/services which they have a commissioning role:

- Provider organisations have Named Professionals Safeguarding Children/Safeguarding Adult Leads in place to take lead responsibility for safeguarding and who report to the ICB Designated Professionals as outlined in “Working Together 2023”.
- Safe recruitment policies are in place as set out in 6 NHS standards of recruitment which include recommendations relating to relevant checks with the Disclosure and Barring Scheme.
- Comprehensive and effective single and multi-agency policies and procedures to safeguard children, looked after children, and adults with care and support needs are in place, which are in line with Local Safeguarding Board (Adult and Children) policies and procedures.
- Comprehensive and effective staff training and supervision policies in place which equip staff with core competencies to recognise and respond to children and adults at risk of abuse neglect and exploitation.
- Compliance with Care Quality Commission Fundamental Standards.
- Co-operation and compliance with performance indicators and inspections required by Local Safeguarding Children Partnership (LSCP), the Local Safeguarding Adult Board (LSAB) and by any other national regulatory bodies, such as the Care Quality Commission, Ofsted or Monitor.
- Compliance with the Government PREVENT anti-terrorist strategy and Counter Terrorism Act 2015.
- Compliance with the Mental Capacity Act and Deprivation of Liberty safeguards.
- Effective incident reporting which links to LSCP and LSAB serious case review processes where appropriate.
- Lessons learned from serious incidents, individual management reviews or serious incidents inform practice and result in improved outcomes.
- Service Specifications which promote quality standards around the safety and welfare of children and adults with care and support needs including a “Think Family” approach between children and adult services and compliance with the “Dignity in Care” initiative.
- Providers offering residential care under Section 85/86 of the Children Act 1989 for children and young people have appropriate standards in place and a policy to inform the Local Authority if a child is resident in hospital or hospice care.

- Providers of mental health in-patient care have policies to inform NHS England if children under 18 are housed in the same wards as adults, to ensure that they are transferred to more suitable accommodation within 48 hours, and have an appropriate policy regarding children visiting in-patients onwards.

8. Governance Arrangements

8.1 **Appendix D** demonstrates the safeguarding governance arrangements for adults and children. The Safeguarding and Public Protection Assurance Group will report to the Chief Nurse who will report to the Quality and People Committee and the ICB Board. Issues reported and monitored will include:

- Safeguarding policy and procedure monitoring and ratification
- Performance and quality monitoring of providers around safeguarding
- Monitoring of safeguarding governance arrangements
- Feedback from safeguarding meetings e.g. NSCP, NSAB, NHS England safeguarding network
- Looked after children
- Domestic and sexual violence
- Multi-agency Public Protection Arrangements (MAPPA)
- PREVENT arrangements
- New documents, legislation and research in safeguarding
- Serious incidents and reviews and subsequent learning and improvement
- Identified risks in relation to safeguarding
- Female Genital Mutilation
- Child Sexual Exploitation
- Modern slavery and human trafficking

8.2 Terms of reference for the Safeguarding and Public Protection Assurance Group and the Nottinghamshire ICB Strategic Safeguarding Group will be agreed and reviewed regularly and these will reflect a clear line of reporting and governance arrangements.

8.3 The ICB will receive as a minimum:

- An Annual Report relating to safeguarding and looked after children.
- Reports and papers regarding any specific issues requiring ICB approval or decision.

9. Equality and Diversity Statement

- 9.1. Nottingham and Nottinghamshire ICB pays due regard to the requirements of the Public Sector Equality Duty (PSED) of the Equality Act 2010 in policy development and implementation as a commissioner and provider of services, as well as an employer.
- 9.2. The ICB is committed to ensuring that the way we provide services to the public and the experiences of our staff does not discriminate against any individuals or groups on the basis of their age, disability, gender identity (trans, non-binary), marriage or civil partnership status, pregnancy or maternity, race, religion or belief, gender or sexual orientation.
- 9.3. We are committed to ensuring that our activities also consider the disadvantages that some people in our diverse population experience when accessing health services. Such disadvantaged groups include people experiencing economic and social deprivation, carers, refugees and asylum seekers, people who are homeless, workers in stigmatised occupations, people who are geographically isolated, gypsies, Roma and travellers.
- 9.4. As an employer, we are committed to promoting equality of opportunity in recruitment, training and career progression and to valuing and increasing diversity within our workforce.
- 9.5. To help ensure that these commitments are embedded in our day-to-day working practices, an Equality Impact Assessment has been completed for, and is attached to, this policy.

10. Communication, Monitoring and Review

- 10.1. This policy will be subject to regular review and, revisions will be made when a significant national guidance advocates a review
- 10.2. This policy is issued and maintained by the Director of Nursing on behalf of all stakeholders, and stakeholders will be alerted to any new versions.
- 10.3. This policy will be reviewed and approved by the Quality and People Committee every three years, unless legislative changes occur before that review date.
- 10.4. Any individual who has queries regarding the content of this policy, or has difficulty understanding how this policy relates to their role, should contact the Safeguarding Team and Designated Professionals.

11. Staff Training

- 11.1. Training on Safeguarding matters will be performed as part of the organisation's mandatory and statutory training and induction matrix. This will include three-yearly Safeguarding Children and three-yearly Safeguarding Adults training.

- 11.2. Where individuals may have different requirements in relation to training and meeting their individual responsibilities this will be identified by line managers and reported to the SNO.

12. Interaction with other Policies

- Safeguarding Children and Adults: Managing Allegations Policy.

13. References

- HM Government: The Children Act 1989, HMSO London
- HM Government: The Sexual Offences Act 2003, HMSO London
- HM Government: The Children Act 2004, HMSO London
- HM Government: The Mental Capacity Act 2019, HMSO London
- HM Government: The Care Act 2014, HMSO London
- HM Government: Working Together to Safeguard Children, 2018, HMSO London
Intercollegiate Document 2019: Safeguarding Children & Young People: Roles and Competencies for Health Care Staff, RCPCH
- NHS England: Safeguarding Children, Young People and Adults at Risk in the NHS
Accountability and Assurance Framework 2023
- RCN: Adult Safeguarding: Roles and Competencies for Health Care Staff, 2018

14. Equality Impact Assessment

Overall Impact on: Equality, Inclusion and Human Rights	<p style="text-align: center;">Positive</p>
Name of Policy, Process, Strategy or Service Change	<p>Safeguarding Policy (Inc PREVENT)</p>
Date of Completion	<p>April 2024</p>
EIA Responsible Person/Author Include name, job role and contact details.	<p>Name: Ishbel Macleod, Designated Professional for Safeguarding Adults, Domestic Abuse and Sexual Violence Lead Email: ishbel.macleod@nhs.net and</p> <p>Name: Sandra Morrell, Designated Nurse for Safeguarding Children Email: Sandra.morrell@nhs.net</p>
Engagement Outcomes and Feedback: Which groups or individuals have had the opportunity to input and feedback?	<p>None</p>
Summary of Evidence Provide an overview of any evidence (both internal and external) that you utilised to formulate the EIA. E.g., other policies, Acts, patient feedback, etc.	<p>EIA Authors should consider the following as a minimum when completing the EIA:</p> <ul style="list-style-type: none"> • Equality Act 2010 (inc. the PSED) • Human Rights Act 1998 • Mental Health Act 1983 • Gender Recognition Act 2004 • Mental Capacity Act 2005 (inc. DOLS) • Down Syndrome Act 2022 • Children’s Act 1989 and 2004 (where applicable) <p>Other Specific Evidence Considered (e.g., patient feedback, NICE guidance, etc.)</p>

<p>For the policy, process, strategy or service change, and its implementation, please answer the following questions against each of the Protected Characteristics, Human Rights and health groups:</p>	<p>What are the actual, expected or potential positive impacts of the policy, process, strategy or service change?</p>	<p>What are the actual, expected or potential negative impacts of the policy, process, strategy or service change?</p>	<p>What actions have been taken to address the actual or potential impacts of the policy, process, strategy or service change?</p>	<p>Impact Score</p>
<p>Age</p>	<p>This policy has a positive impact in relation to age as it helps to safeguard all adults with needs for care and support. Older people are more likely to fall into this category. The policy also helps to safeguard children and young people. It is an all age policy.</p>	<p>There are no actual or expected negative impacts on the characteristic of Age.</p>	<p>The policy ensures vulnerable groups of all ages are prioritised.</p>	<p>4 - Positive</p>
<p>Disability¹ (Including: mental, physical, learning, intellectual and neurodivergent)</p>	<p>Adults with a disability are more likely to have Care Act 2015 defined 'care and support needs' and be at greater risk and in need of safeguarding arrangements. This policy will have a positive impact by ensuring the safeguarding and</p>	<p>There are no actual or expected negative impacts on the characteristic of Disability.</p>	<p>Mechanisms are in place via the Communications and Engagement Team to receive the policy in a range of languages, large print, Braille, audio, electronic and other accessible formats. This policy complies with the Accessible Information Standard</p>	<p>4 - Positive</p>

	wellbeing of all vulnerable people of all ages.		respecting mental, physical, learning, intellectual, and neurodivergent disabilities.	
Gender² (Including: trans, non-binary and gender reassignment)	This Policy is an overarching policy to ensure the wellbeing and safety of people of all genders and none.	There are no actual or expected negative impacts on the characteristic of Gender.	None.	4 - Positive
Marriage and Civil Partnership	This policy has a positive impact on the safety and wellbeing of all people regardless of their marital or civil partnership status.	There are no actual or expected negative impacts on the characteristic of Marriage and Civil Partnership.	None.	4 - Positive
Pregnancy and Maternity Status	This policy has a positive impact on the safeguarding and welfare of both pregnant people and unborn children under child protections processes.	There are no actual or expected negative impacts on the characteristic of Pregnancy and Maternity Status.	None.	4 - Positive
Race³	This policy has a positive impact on addressing inequalities in relation to race and marginalised communities by providing an all age approach to safeguarding.	There are no actual or expected negative impacts on the characteristic of Race.	Mechanisms are in place via the Communications and Engagement Team to receive the policy in a range of languages, large print, Braille, audio, electronic and other accessible formats.	4 - Positive

Religion and Belief⁴	There are no actual or expected positive impacts on the characteristic of Religion or Belief.	There are no actual or expected negative impacts on the characteristic of Religion or Belief.	None.	3 - Neutral
Sex⁵	This policy has a positive impact in relation to women who are statistically more likely to experience domestic abuse. The policy has a particular focus on safeguarding at risk adults whose definition includes survivors of DA.	There are no actual or expected negative impacts on the characteristic of Sex.	None.	4 - Positive
Sexual Orientation⁶	There are no actual or expected positive impacts on the characteristic of Sexual Orientation.	There are no actual or expected negative impacts on the characteristic of Sexual Orientation.	None.	3 - Neutral
Human Rights⁷	The policy has a positive impact on the human rights of people who have a deprivation of liberty (Mental Capacity Act 2005) in place. By ensuring that those people funded by the ICB living in restrictive care environments are proportionate and appropriate and not violating their Article 5 rights – freedom and security –	There are no actual or expected negative impacts on the characteristic of Human Rights.	None.	4 - Positive

	people must not be imprisoned or detained without good reason.			
Community Cohesion and Social Inclusion⁸	The policy has a positive impact on Community Cohesion and Social Inclusion through engagement with and promotion of the Prevent agenda. This aims to identify and intervene to reduce radicalisation.	There are no actual or expected negative impacts on the characteristic of Community Cohesion and Social Inclusion.	None.	4 - Positive
Safeguarding⁹ (Including: adults, children, Looked After Children and adults at risk or who lack capacity)	The Policy promotes the safety and welfare of children and adults with care and support needs across all commissioned and contracted services. It aims ensure their voices are considered. To promote a “Think Family” approach to promote connectivity between the commissioning of adult and children’s services and to clarify safeguarding responsibilities of staff at all levels including contracted staff.	There are no actual or expected negative impacts on the characteristic of Safeguarding.	None.	4 - Positive

Other Groups at Risk¹⁰ of Stigmatisation, Discrimination or Disadvantage	The policy is underpinned by a commitment to ensuring that our activities consider the disadvantages that some groups in our diverse population experience when accessing health services. Such disadvantaged groups include people experiencing economic and social deprivation, carers, refugees and asylum seekers, people who are homeless, workers in stigmatised occupations, people who are geographically isolated, gypsies, Roma and travellers. These groups have been identified as at risk of radicalisation, human trafficking and multiple serious disadvantage.	There are no actual or expected negative impacts on the characteristic of Other Groups at Risk.	None.	4 - Positive
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Positive Impact	Neutral Impact	Undetermined Impact	Negative Impact	Equality Impact Score Total	50
52 to 46	45 to 33	32 to 20	19 to 13		

Additional Equality Impact Assessment Supporting Information

1. **Disability** refers to anyone who has: "...a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities..." (Equality Act 2010 definition). This includes, but is not limited to: mental health conditions, learning disabilities, intellectual disabilities, neurodivergent conditions (such as dyslexia, dyspraxia and dyscalculia), autism, many physical conditions (including HIV, AIDS and cancer), and communication difficulties (including d/Deaf and blind people).
2. **Gender**, in terms of a Protected Characteristic within the Equality Act 2010, refers to: "A person has the protected characteristic of gender reassignment if the person is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex."
3. **Race**, in terms of a Protected Characteristic within the Equality Act 2010, refers to: A person's colour, nationality, or ethnic or national origins. This also includes people whose first spoken language is not English, and/or those who have a limited understanding of written and spoken English due to English not being their first language.
4. **Religion and Belief**, in terms of a Protected Characteristic within the Equality Act 2010, refers to: Religion means any religion and a reference to religion includes a reference to a lack of religion. Belief means any religious or philosophical belief and a reference to belief includes a reference to a lack of belief.
5. **Sex**, in terms of a Protected Characteristic within the Equality Act 2010, refers to: A reference to a person who has a particular protected characteristic and is a reference to a man or to a woman.
6. **Sexual Orientation**, in terms of a Protected Characteristic within the Equality Act 2010, refers to: Sexual orientation means a person's sexual orientation towards persons of the same sex, persons of the opposite sex or persons of either sex.
7. The **Human Rights Act 1998** sets out the fundamental areas that everyone and every organisation must adhere to. In relation to health and care, the most commonly applicable of the Articles within the Human Rights Act 1998 include: Article 2 Right to Life, Article 5 Right to Liberty and Security, Article 8 Right to Respect of Private and Family Life, and Article 9 Freedom of Thought, Conscience and Religion.
8. **Community Cohesion** is having a shared sense of belonging for all groups in society. It relies on criteria such as: the presence of a shared vision, inclusion of those with diverse backgrounds, equal opportunity, and supportive relationships between individuals. **Social Inclusion** is defined as the process of improving the terms of participation in society, particularly for people who are disadvantaged, through enhancing opportunities, access to resources, voice and respect for rights (United Nations definition). For the EQIA process, we should note any positive or negative impacts on certain groups being excluded or not included within a community or societal area. For example, people who are homeless, those from different socioeconomic groups, people of colour or those from certain age groups.
9. **Safeguarding** means: "...protecting a citizen's health, wellbeing and human rights; enabling them to live free from harm, abuse and neglect. It is an integral part of providing high-quality health care. Safeguarding children, young people and adults is a collective responsibility" (NHS England definition). Those most in need of protection are children, looked after children, and adults at risk (such as those receiving care, those under a DoLS or LPS Order, and those with a mental, intellectual or physical disability). In addition to the ten types of abuse set out in the Health and Care Act 2022, this section of the EQIA should also consider PREVENT, radicalisation and counterterrorism.
10. **Other Groups** refers to anyone else that could be positively or negatively impacted by the policy, process, strategy or service change. This could include, but is not limited to: carers, refugees and asylum seekers, people who are homeless, gypsy, Roma and traveller communities, people living with an addiction (e.g., alcohol, drugs or gambling), people experiencing social or economic deprivation, and people in stigmatised occupations (e.g., sex workers).

Appendix A:

What to do if you are worried about the safety of a child or adult with care and support needs

If someone is in danger and in immediate need of safety and protection ring the police or emergency services as appropriate on **999**.

If you have general concerns around the safety or welfare of a child or adult with care and support needs, follow the local safeguarding children and adult procedures by following the links in S9 below and seek advice as necessary from your line manager. Additional advice is available if needed from the ICB safeguarding adult and children leads.

If you have concerns that a child or vulnerable adult is being abused, contact as below: -

Nottinghamshire County

Call Nottinghamshire Multi Agency Safeguarding Hub (MASH) on **0300 500 8090** during the following hours: -

8.30 am - 5.00 pm - Monday to Thursday

8.30 am - 4.30 pm - Friday

To submit an online concern form, log onto:

www.nottinghamshire.gov.uk/MASH in an emergency, outside of these hours contact: -

Emergency Duty Team (EDT) on **0300 456 4546**

Nottingham City

Children

Phone Nottingham City Children and Families Direct on 0115 876 4800 during the following hours 08.30am - 05.00pm Monday to Friday.

To submit a concerns form email (from NHS.net):

<https://myaccount.nottinghamcity.gov.uk/service/request-for-help-and-support-for-a-child>

If you have concerns outside of working hours contact the Emergency Duty Team on 0115 876 4800.

Adults - Nottingham City Health and Care Point on 0300 131 0300 option 2 during the following hours Monday to Friday 09.00 am to 5.00 pm.

Secure mail (from NHS.net) adult.contactteam@nottinghamcity.gcsx.gov.uk

Emergency safeguarding concerns outside of hours call 0115 8761000.

Always discuss any referrals with your line manager and keep a written copy of your referral.

Appendix B:

PREVENT STRATEGY

Building Partnerships, Staying Safe

The health sector contribution to HM Government's Prevent strategy: guidance for healthcare workers

Implications for the NHS

Background

As part of the Government's counter terrorism strategy (CONTEST) which was revised in March 2015, NHS England has committed to support initiatives to reduce the risk of terrorism. Nottingham and Nottinghamshire Integrated Care Board is committed to ensuring vulnerable individuals are safeguarded from supporting terrorism or becoming terrorists themselves as part of the Home Office counter-terrorism strategy **Prevent**.

CONTEST aims to reduce the risk from terrorism so that people can go about their lives freely and with confidence. It is made up of four work streams, or four Ps:

Protect – strengthening our borders, infrastructure, buildings and public spaces

Prepare – where an attack cannot be stopped, to reduce its impact

Pursue – to disrupt or stop terrorist attacks

The first P is **Prevent** which aims to stop people becoming radicalised or supporting extremist and terrorist organisations. It has been described as “the only long-term solution” to the genuine threat we currently face from terrorism. The *Prevent* strategy will specifically focus on three broad objectives:

- Tackle the causes of radicalisation and respond to the ideological challenge of terrorism.
- Safeguard and support those most at risk of radicalisation through early intervention, identifying them and offering support.
- Enable those who have already engaged in terrorism to disengage and rehabilitate.

It is known that individuals who are most likely to engage in extremist activities have vulnerabilities which often, as a result, put them into contact with health staff.

The **Prevent** strategy places an onus upon the health sector to support the work of counter-terrorist activity because of the volume of people who come into contact with healthcare workers on a daily basis and high profile cases associated with the NHS.

Prevent delivery for each provider organisation is now included within the NHS Standard Contract within Service Condition.

The rollout of the revised **Prevent** strategy intends to improve channels of communication across the public sector and other partners in order to counter terrorism in the UK mainland and its interests abroad.

Healthcare workers have the potential to: -

- Prevent someone from being radicalised and or supporting terrorism as it is substantially comparable to safeguarding in other areas;
- To receive information that allows them to correctly identify signs that someone has been or is being radicalised;
- Identify people who could be considered “at risk”; Need to be aware of the support which is available and be confident in referring people for support; Meet and treat people who are vulnerable to radicalisation; and

Implications for NHS Provider Services

Provider organisations must include Prevent in policies and procedures and comply with the principles contained in Prevent and the Prevent Guidance and Toolkit which include:

- Nominating a Prevent Lead;
- Provide Workshops to Raise Awareness of Prevent (WRAP) for staff and increase numbers of staff being trained to identify potential risks;
- Having systems in place to record how many referrals the organisation makes to multi-agency Prevent Groups/Channel groups;
- Joining local networks that exist with the Local Authorities and Police to support counter- terrorism and share information; and
- Being alert to the risk of attack on the Trust.
- Notifying the Co-ordinating Commissioner in writing of any change to the identity of the Prevent Lead as soon as practicable and no later than 10 Operational Days after the change.

The following staff groups have been identified as priority groups for training

- Staff who predominantly work with mental health and learning disability patients;
- Staff working in emergency departments, minor injuries units and walk in centres;
- Ambulance staff;
- Staff working in chaplaincy services;
- School Nursing services;

- Drug and Alcohol NHS Services;
- Safeguarding leads.

Roles and Responsibilities of the Integrated Care Board

The ICB is committed to: -

- Scrutinising and quality monitoring provider organisations compliance with the Prevent strategy
- Raising staff awareness so that they can recognise exploitation of vulnerable individuals being drawn towards terrorist-related activity
- Ensuring staff are aware of Prevent contacts within their organisation
- Working with partners to develop and strengthen safeguarding of vulnerable individuals

Further Information

<https://www.gov.uk/government/policies/protecting-the-uk-against-terrorism/supporting-pages/prevent>

If you have concerns about an individual patient or member of staff who may be susceptible to radicalisation and/or violent extremism or suspect of being engaged in terrorist activity, please contact the Director of Nursing. You will be supported to share your concerns and the ICB will work with partners to share information in order to reduce the risk of terrorism in Nottinghamshire

All the package links are on the website;

- <https://www.england.nhs.uk/ourwork/safeguarding/our-work/prevent/>
- Or <https://www.e-lfh.org.uk/programmes/statutory-and-mandatory-training/>
- The adult e learning includes information at level 1 and 2 on Prevent and there is also a Preventing radicalisation e-learning package for level 2.

Appendix C:

ICB Safeguarding Training Requirements

Mandatory Safeguarding Training Strategy

This training strategy outlines the responsibilities and commitment of the Nottingham and Nottingham ICB in discharging their functions as commissioners of health care, to ensure that all staff employed by the ICB are competent in carrying out their responsibilities to safeguard and promote children and young people* and adults with care and support needs in all areas of service provision.

Level of Training required (see training recommendation grid)

Level 1

The level required by all staff within a month of appointment as part of the organisational induction

programme. This includes e-learning introduction to safeguarding children level 1 and safeguarding adults awareness level a) through ESR or alternative online training module (for employees without access to ESR).

Level 2

Required by all clinical staff who have any direct contact with children, young people or adults with care and support needs and/or parents/carers in the course of their work. This includes pharmacists, patient experience teams, public engagement teams, clinical advisors, and lay members undertaking quality visits.

Training required: -

- Completion of level 1 and 2 training safeguarding children.
- Safeguarding adults level a) and b) training
- PREVENT which can be accessed through e-learning
- Mental Capacity Act
- 3 yearly refreshers of all of the above.

Level 3

Required by all clinical staff working with children, young people adults with care and support needs and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating need or risks. This includes safeguarding leads, clinical leads and GP members.

Training required: -







- Level 1 and 2 as outlined above (only need to be completed once)
- Additional multi-agency training available through Safeguarding Children and Adult Board Training Programmes
- Evidence of annual updates at level 3

Level 5 (Children's specialists)

Specialist training modules as required by Designated Professionals as identified in the RCPCH Intercollegiate Document: Safeguarding Children and Young people: roles and competences for health care staff – 2018 including annual updates.

Bespoke training for the ICB Board, individuals with delegated safeguarding responsibilities to be tailored to individual needs as identified by managers through appraisal processes.

Reference to Safeguarding Children and Young People; Roles and competencies for Healthcare Staff Intercollegiate Document.

STAFF GROUP	Safeguarding Children & Adults basic awareness and Domestic Abuse awareness	Core Skills in Safeguarding Available through ICB PLT events or external conferences and events	Mental Capacity Act Training	Update Available through ICB PLT, LSCB or other events, practice-based learning or evidence of reading journals/articles or briefings	PREVENT
<p>Level 1 For all employees (clinical & non-clinical) Within a month of commencement of employment – online Available through ESR, E-learning for health or NSCB website Annual SG newsletter</p>				<p>3 yearly</p> <p>Annual SG newsletter</p>	<p>PREVENT Home Office E-Learning</p> 
<p>Level 2 For clinical & non-clinical staff with regular contact with members of the public who do not have professional duty of care. (E.g., staff dealing with complaints) Available through ESR, E-learning for health or NSCB website</p>				<p>3 Yearly</p>	<p>PREVENT Home Office E-Learning</p> 
<p>Level 3 For all clinical staff with a professional duty of care for children, young people and vulnerable adults. This includes all GPs and practice nurses. E-learning levels 1 & 2 with additional taught training for level 3</p>		<p>Multi agency taught training from Safeguarding Children Partnership and Adult Boards recommended</p>	<p>Yes</p>	<p>A minimum of 6 hours over a 3-year period (2hrs per annum)</p>	 <p>PREVENT Home Office e-learning training</p>

Appendix D:

Safeguarding Governance Structure

