

Safeguarding Children and Adults Policy

Incorporating standards for safeguarding and Mental Capacity Act for the ICB and Commissioned Services

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Purpose	The ICB has a statutory duty to ensure that it makes arrangements to safeguard and promote the welfare of children and young people and to protect adults from abuse or the risk of abuse. This document is part of a suite of policies that the Integrated Care Board (ICB) uses to drive its commissioning of healthcare.
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This policy can only be considered valid when viewed via the ICB website or ICB staff intranet. If this document is printed into hard copy or saved to another location, you must check that the version number on your copy matches that of the one published.

Document control:		
Date:	Version Number:	Section and Description of Change
January 2022	V10	Amended to include reference to and changes from Domestic Abuse Act 2021 and Mental Capacity Amendment Act 2019. Introduction to ICB; New SAF included in appendices. Legislation and Guidance updated. LAC section expanded.
June 2022	V11	Amended Appendix 6, 7, 8
February 2023	V01	Policy adopted by NHS Lancashire and South Cumbria ICB – references to CCGs replaced by ICB where relevant
April 2023	V01.1	Amended Appendix 1, 2, 3 due to Local authority name changes and telephone numbers
January 2024	V01.2	Amend Appendix 1, 2, 3 due to ICB contact changes and Local Authority information update for online referral links

NHS Lancashire and South Cumbria Integrated Care Board (ICB) are committed to ensuring that the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on the basis of their age, disability, gender, race, religion / belief or sexual orientation.

Should a member of staff or any other person require access to this policy in another language or format (such as braille or large print) they can do so by contacting the ICB who will do their utmost to support and develop equitable access to all policies.

Senior managers within the ICB have a responsibility for ensuring that a system is in place for their area of responsibility that keeps staff up to date with new policy changes.

It is the responsibility of all staff employed directly or indirectly by the ICB to make themselves aware of ICB policies and procedures. All ICB staff are encouraged to remember the principles of safeguarding in their working and everyday life.

This policy is individual to NHS Lancashire and South Cumbria Integrated Care Board, and they do not accept any liability to any third party that adopts or amends this policy.

Contents

1.0	Introduction.....	5
2.0	Scope	6
3.0	Principles.....	6
4.0	Definitions (categories of abuse are detailed in section 11).....	7
4.1	Children	7
4.2	Safeguarding and promoting the welfare of children	7
4.3	Child protection.....	8
4.4	Early Help	8
4.5	Young carers	8
4.6	Children in Care.....	8
4.7	The Principles for Adult Safeguarding (Care Act 2014)	8
5.0	Roles and responsibilities for safeguarding	9
5.1	General roles and responsibilities of the ICB.....	9
5.2	General Roles and Responsibilities of the ICB for Implementation of the Mental Capacity Act (2005)	10
5.3	Chief Nursing Officer	10
5.4	ICB Board Lead with responsibility for Safeguarding.....	11
5.5	Integrated Care Board Executive Lead for Safeguarding	12
5.6	ICB Safeguarding Team (Designated and Professional Leads for Safeguarding and Mental Capacity Act).....	12
5.7	Individual Staff Members including GP member practices.....	14
6.0	Guidance on Appropriate Behaviours	14
7.0	Governance Arrangements.....	15
7.1	Safeguarding Assurance	15
7.2	Safeguarding Training	15
7.3	Safe Recruitment Practices	15
7.4	Managing allegations against persons who work with children, young people or adults at risk	15
8.0	Implementation	16
8.1	Method of Monitoring Compliance	16
9.0	Breaches of Policy	17
10.0	Glossary	17
11.0	Categories of abuse	17
12.0	Reference documents.....	25

13.0 List of Stakeholders Consulted28

14.0 Equality, Health Inequality Impact and Risk Assessment29

Appendix 1 - Contact Details (ICB Safeguarding Teams / Social Care)30

Appendix 2 - What to do if an adult is at risk of harm.....32

Appendix 3 - What to do if you have concerns a child is being abused34

Appendix 4 - Information Sharing Guidance37

Appendix 5 - Safeguarding Children and Adults Training for ICB staff43

Appendix 6 - Audit Tool for ICB commissioned services52

Appendix 7 - Audit Tool for ICB Commissioned Care Homes with Nursing52

Appendix 8 - Audit Tool for ICB Commissioned for Primary Care Services.....52

For quick reference to any section in this policy, press ctrl and then click on the desired heading title.

1.0 Introduction

- 1.1 The ICB with all other NHS bodies has a statutory duty to ensure that it makes arrangements to safeguard and promote the welfare of children and young people, that reflect the needs of the children they deal with and to protect adults from abuse or the risk of abuse. The ICB is also required to take account of the principles within the Mental Capacity Act (MCA) (2005) and to ensure that health providers from whom it commissions services (both public and independent sector) have a comprehensive policy relating to the MCA (2005) and if appropriate MCA Deprivation of Liberty Safeguards (DoLS) (2009). NHS Lancashire and South Cumbria Integrated Care Board MCA (2005) Policy (2019) details the safeguarding arrangements that must be in place to ensure the ICB fulfils its statutory duties and responsibilities.
- 1.2 The ICB was formally established as a new statutory body on 1 July 2022, replacing the eight Clinical Commissioning Groups across Lancashire and South Cumbria. The ICB is a statutory NHS organisation which is responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in a geographical area.
- 1.3 In discharging these statutory duties / responsibilities account must be taken of:
- HM Government (2014) [The Care Act](#)
 - Children Act (1989 and 2004) [Children Act 1989 \(legislation.gov.uk\)](#)
 - DH (2017) [Care and Support Statutory Guidance](#)
 - NHS England (July 2022) [Safeguarding children, young people and adults at risk in the NHS: Safeguarding accountability and assurance framework](#)
 - HM Government (March 2018) [Working Together to Safeguard Children](#)
 - DH, DfE (March 2015) [Statutory Guidance on Promoting the Health and Well-being of Looked After Children](#)
 - Department for Constitutional Affairs (2007) Mental Capacity Act 2005: Code of Practice
 - DH 2011 [Safeguarding Adults: The Role of Health Services](#)
 - The policies and procedures of the Lancashire and South Cumbria Safeguarding Children's Partnership (CSAP) and the Lancashire Safeguarding Adults Board (LSAB)
 - HM Government (2011) Prevent Strategy
 - Mental Capacity Act (2005) including 2011 and 2019
 - The Human Rights Act 1998
 - Modern Slavery Act 2015
 - Counter Terrorism and Border Security Act 2019
 - HM Government (2019) [The Mental Capacity Amendment Act 2019](#)
 - HM Government (2021) [The Domestic Abuse Act 2021](#)
 - The Safeguarding Vulnerable Groups Act 2006

Please see Section 9.0 for links to the above policies and procedures and further references.

- 1.4 As a commissioning organisation the ICB is required to ensure that all health providers from whom it commissions services have comprehensive single and multi-agency policies and procedures in place to safeguard and promote the welfare of children and to protect adults from abuse and / or the risk of abuse; that health providers are linked into the Children's Safeguarding Assurance Partnership (CSAP) (Blackburn with Darwen, Blackpool and Lancashire) and Local Safeguarding Adult Boards (LSAB) (Blackburn with Darwen, Blackpool, Lancashire, and South Cumbria) and that all health professionals contribute to multi-agency working.
- 1.5 This policy has two functions: it details the roles and responsibilities of the ICB as a commissioning organisation and that of employees and GP member practices. The policy also provides clear service standards against which healthcare providers, including independent providers and voluntary, community and faith sector (VCFS) will be monitored to ensure that all service users are protected from abuse and the risk of abuse.
- 1.6 Safeguarding is in addition to, not a substitute for:
- Providers' responsibilities to provide safe and high-quality care and support
 - Commissioners regularly assuring themselves of the safety and effectiveness of commissioned services
 - The Care Quality Commission (CQC) ensuring that regulated providers comply the fundamental standards of care or by taking enforcement action

2.0 Scope

- 2.1 This policy aims to ensure that no act or omission by the ICB as a commissioning organisation or via the services it commissions, puts a service user at risk; and that robust systems are in place to safeguard and promote the welfare of children, and to protect adults at risk of harm.
- 2.2 Where the ICB is identified as the lead commissioner it will notify associate commissioners of a provider's non-compliance with the standards contained in this policy or of any serious untoward incident that has compromised the safety and welfare of a child / adult resident within their population.

3.0 Principles

- 3.1 In developing this policy, the ICB recognise that safeguarding children and adults and the implementation of MCA is a shared responsibility, with the need for effective joint working between agencies and professionals that have different roles and expertise, if those vulnerable groups in society are to be protected from harm. 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 ICB and within those services commissioned
- The commitment of chief officers, senior managers, and board members to implement the MCA across their organisation. Please refer to the ICB MCA policy
- Clear lines of accountability within the ICB for safeguarding
- Service developments that take account of the need to safeguard all service users and informed where appropriate, by the views of service users
- Training and continuing professional development, so that employees understand their roles and responsibilities regarding safeguarding children, adults at risk, children in care and the Mental Capacity Act
- Appropriate supervision and support for employees in relation to safeguarding practice
- Safe working practices including recruitment and vetting procedures
- Effective interagency working, including effective information sharing

3.2 The above principles reflect the expectations of the NHS Safeguarding Accountability and Assurance Framework 2022 and statutory guidance as referenced within this policy. The ICB will monitor themselves on an annual basis against a set of standards (appendix 6) reporting to the Place Based Safeguarding Assurance meetings and associated governance committees, including any actions required to ensure full compliance.

3.3 The ICB is committed to a human rights-based approach, which ensures that employees and the community that we serve are treated with fairness, respect, equality, dignity and autonomy (FREDA) and that individuals or groups are not discriminated against on the basis of their protected characteristics.

3.4 In line with equality legislation, this policy aims to safeguard children, young people and adults who may be at risk of abuse irrespective of their protected characteristics as outlined in the Equality Act 2010. The nine protected characteristics being: age, gender, race, disability, marriage / civil partnership, maternity / pregnancy, religion / belief, sexual orientation, and gender reassignment.

4.0 Definitions (categories of abuse are detailed in section 11)

4.1 Children: in this policy, as in the Children Act 1989 and 2004, a child is anyone who has not yet reached their 18th birthday. 'Children' therefore means children and young people throughout.

4.2 Safeguarding and promoting the welfare of children is defined in [Working Together to Safeguard Children \(2018\)](#) as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best life chances

4.3 Child protection: Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

4.4 Early Help: The term that describes a continuum of service response based on the needs of families. This includes preventative and universal services through to targeted and edge of care. Early Help is about enabling families to have the opportunity to regain control of their circumstances before they escalate into more difficult issues.

4.5 Young carers: These are children and young people who assume important caring responsibilities for parents or siblings, who are disabled, have physical or mental health problems, or misuse drugs or alcohol.

4.6 Children in Care: The term 'Children in Care' is generally used to mean those looked after by the state, according to relevant national legislation which differs between England, Northern Ireland, Scotland and Wales. This includes those who are subject to an interim care order, care order (The Children Act 1989 section 31, 38) or temporarily classed as looked after on a planned basis for short breaks or respite care. The term is also used to describe 'accommodated' (The Children Act 1989, section 20) children and young people who are looked after on a voluntary basis at the request of, or by agreement with, their parents. We refer to these children as 'Children in Care'. The Children (Leaving Care) Act 2000 states that a Care Leaver is someone who has been in the care of the Local Authority for a period of 13 weeks or more spanning their 16th birthday. Children and young people, either 'Children in Care' or living away from home, should be afforded the same essential safeguards against abuse, but practice needs to be framed on an understanding that there may be additional risks and vulnerabilities for children and young people living away from home.

4.7 The Principles for Adult Safeguarding (Care Act 2014)

- **Empowerment** - Presumption of person led decisions and informed consent
- **Protection** - Support and representation for those in greatest need
- **Prevention** - It is better to act 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

4.8 Safeguarding Adults

Safeguarding adults is about **the safety and well-being of all patients** but providing additional measures for those least able to protect themselves from harm or abuse. Safeguarding adults is a fundamental part of patient safety and wellbeing and the outcomes expected of the NHS.

5.0 Roles and responsibilities for safeguarding

5.1 General roles and responsibilities of the ICB

The ultimate accountability for safeguarding sits with the Chief Nursing Officer (CNO) of the ICB. The CNO is the lead board executive director for safeguarding and has a number of forums through which oversight and assurance is sought. The Safeguarding Accountability Assurance Framework (SAAF) governance process will replicate ICB guidance and the ICB executive CNO will be accountable for the statutory commissioning assurance functions of NHS safeguarding as agreed with the regional Chief Nurse. Any failure to have systems and processes in place to protect children and adults at risk in the commissioning process, or by providers of health care that the ICB commission, would result in failure to meet statutory and non-statutory constitutional and governance requirements.

Fundamentally the role of the ICB is to work with others to ensure that critical services are in place to respond to children and adults who are at risk or who have been harmed and delivering improved outcomes and life chances for the most vulnerable.

The ICB must demonstrate appropriate systems are in place for discharging statutory duties in terms of safeguarding. These include:

- The ICB must establish and maintain good constitutional and governance arrangements with capacity and capability to deliver safeguarding duties and responsibilities, as well as effectively commission services, ensuring that all service users are protected from abuse and neglect including PREVENT duties
- Clear line of accountability for safeguarding reflected in governance arrangements
- 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 children and adults as appropriate

- Seeking assurance from all commissioned services, both NHS and independent healthcare providers, throughout the year to ensure continuous improvement
- Training of staff in recognising and reporting safeguarding issues, appropriate supervision and ensuring staff 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 the CSAP, LSAB and Health and Wellbeing Board
- To employ or secure the expertise of a Designated Doctor and Nurse for Safeguarding Children; a Designated Doctor and Nurse for Children in Care ; a Designated Paediatrician for Child Deaths
- To have a Designated Professional for Safeguarding Adults and Mental Capacity Act supported by relevant policies and training
- Effective systems for responding to abuse and neglect of children and adults
- Ensuring effective arrangements for information sharing
- Work 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

5.2 General Roles and Responsibilities of the ICB for Implementation of the Mental Capacity Act (2005)

- Refer to the [ICB Mental Capacity Act Policy](#)

5.3 Chief Nursing Officer

- Ensures that the health contribution to safeguarding and promoting the welfare of children and adults is discharged effectively across the whole local health economy through the organisation's commissioning arrangements
- Ensures that the organisation not only commissions specific clinical services but exercises a public health responsibility in ensuring that all service users are safeguarded from abuse or the risk of abuse
- Ensures that safeguarding children and adults is identified as a key priority area in all strategic planning processes
- Ensures that safeguarding children and adults is integral to clinical governance and audit arrangements

- Ensures that all providers from whom services are commissioned have comprehensive single and multi-agency policies and procedures for safeguarding which are in line with the CSAP and LSAB's policies and procedures and are easily accessible for staff at all levels
- Ensures that all contracts for the delivery of health care include clear service standards for safeguarding children and adults; these service standards are monitored thereby providing assurance that service users are effectively safeguarded
- Ensures that all staff in contact with children, adults who are parents / carers and adults at risk in the course of their normal duties are trained and competent to be alert to the potential indicators of abuse or neglect for children and vulnerable adults, know how to act on those concerns in line with local guidance
- Ensures the ICB co-operates with the local CSAP and Local Safeguarding Adults Boards
- Ensures that all health organisations with whom the ICB have commissioning arrangements have links with their Local Safeguarding Adults Boards and CSAP with appropriate representation at an appropriate level of seniority; and that health workers contribute to multi-agency working
- Ensures that any system and processes that include decision making about an individual patient (e.g. funding panels) takes account of the requirements of the Mental Capacity Act (2005); this includes ensuring that actions and decisions are documented in a way that demonstrates compliance with the Act

5.4 ICB Board Lead with responsibility for Safeguarding

- Ensures that the ICB have management and accountability structures that deliver safe and effective services in accordance with statutory, national, and local guidance for safeguarding and children in care
- Ensures that service plans / specifications / contracts / invitations to tender etc. include reference to the standards expected for safeguarding children and adults
- 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 who are in contact with children and / or 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

5.5 Integrated Care Board Executive Lead for Safeguarding

- The Executive Lead will ensure that safeguarding strategy and function are aligned across the health system
- Will lead on ensuring that there are appropriate systems in place for discharging statutory duties in terms of safeguarding responsibilities
- Developing an organisational culture where all staff are aware of their personal responsibilities for safeguarding and information sharing
- Developing and promoting a learning culture to ensure continuous improvement
- Providing effective safeguarding supervision arrangements for staff, commensurate to their role and function
- Oversight of statutory safeguarding programmes including:
 - Child Protection -Information Sharing (CP-IS)
 - Female Genital Mutilation (FGM)
 - Prevent
 - Working Together
 - Modern Slavery and Human Trafficking
 - Domestic abuse
 - Liberty Protection Safeguards (LPS)
- The core principles of the executive accountability, including protecting the paramountcy of every child, will be sustained via the NHS SAAF. The ICB Executive Lead will also have accountabilities for prevention and strategic workforce planning

5.6 ICB Safeguarding Team (Designated and Professional Leads for Safeguarding and Mental Capacity Act)

- Designated professionals are experts and strategic leaders for safeguarding and are a vital source of safeguarding advice and expertise for all relevant agencies and other organisations, but particularly to health commissioners, the ICB, the Local Authority and NHS England, health professionals in

provider organisations, system quality groups, regulators, CSAP, Corporate Parenting Boards, SABs, Community Safety Partnerships and the Health and Wellbeing Board

- Designated leads will work across the local health system to support other professionals in their agencies on all aspects of safeguarding
- To ensure the ICB meet the requirements of the MCA, including Deprivation of Liberty Safeguards (DoLS) and planning for Liberty Protection Safeguards (LPS)
- To ensure that safeguarding children and adults is an integral part of the ICB clinical governance framework
- To promote, influence and develop safeguarding training – on a single and inter-agency basis - to meet the training needs of staff
- To provide clinical advice on the development and monitoring of the safeguarding aspects of ICB contracts
- To undertake Child Safeguarding Practice Reviews / case management reviews / Significant Case Reviews / Safeguarding Adult Reviews / Domestic Homicide Reviews on behalf of health commissioners and for quality assuring the health content
- To fulfil the role of the Nominated Senior Officer where there is an allegation against a person who works with children / adults, ensuring the ICB operate within the CSAP and LSABs policies and procedures; to provide a coordinating role in these instances, resolving any interagency issues that may arise and liaising with the CSAP and LSABs
- To provide advanced expert knowledge and advice on safeguarding children and adults to a wide range of professional groups and organisations / agencies, where necessary taking responsibility for the oversight of complex cases
- To undertake statutory designated safeguarding functions as outlined in statutory guidance and as detailed in the Intercollegiate Documents for both adult safeguarding (RCPCH 2018) and safeguarding children (RCPCH 2019). The designated doctor and nurse functions to be incorporated into the job role / plan of those individuals designated to hold the role of designated nurse and designated doctor for safeguarding children and children in care
- To provide an annual report on safeguarding which will be considered by the appropriate governance committee

5.7 Individual Staff Members including GP member practices

- To be alert to the potential indicators of abuse or neglect for children and adults and know how to act on those concerns in line with local guidance
- To be aware of patient groups who may require assessment under the MCA due to an impairment or disturbance of the mind or brain. Any treatment decisions that follow an assessment of capacity must be fully documented to ensure the best interest process has been followed. Please refer to the ICB MCA policy
- To undertake training in accordance with their roles and responsibilities as outlined by the training frameworks of each Intercollegiate Documents (RCPCH) so that they maintain their skills and are familiar with procedures aimed at safeguarding children and adults
- According to role, undertake training (as appropriate), including attending regular updates so that they maintain their skills when assessing capacity and are familiar with the legal requirements of the MCA (2005)
- Understand the principles of confidentiality and information sharing in line with local and government guidance and the MCA (2005)
- To contribute, when requested to do so, to the multi-agency meetings established to ensure safeguarding arrangements

Appendices at the back of this document provide guidance as to what action needs to be taken where there are concerns that a child or an adult at risk is being abused.

6.0 Guidance on Appropriate Behaviours

6.1 The ICB is committed to valuing all employees and has a responsibility to establish requirements in standards of work to be achieved by its staff. All staff have a responsibility to maintain public confidence and must uphold high standards of personal conduct both within and outside of their work setting. Staff must not act in a way which could bring the ICB into disrepute and must act in accordance with their relevant professional bodies where appropriate.

6.2 The ICB expects that all staff are:

- Professional and honest
- Work in partnership with others to achieve our goals
- Listen and learn and be willing to change based on what we hear

- To respect and care for our staff, the people we work with and our local community
 - To protect and invest the public funds that are given to us in a well-managed way
- 6.3 Staff are advised to take precautions with their use of social media in a personal capacity and are advised that expectations set out within the Information Governance Handbook apply whether using it for a work purpose or at home for personal use.
- 6.4 All staff must follow the guidance outlined within the safeguarding policy and it must be read in conjunction with the Information Governance Handbook, Complaints and Freedom to Speak Up Policies (formerly Whistle Blowing policy).

7.0 Governance Arrangements

7.1 Safeguarding Assurance

To ensure that safeguarding is integral to the governance arrangements of the ICB, the ICB has arrangements in place for organisational oversight of safeguarding activity.

These arrangements will not replicate existing multi / single agency forums.

An Annual Safeguarding Report will be submitted to Safeguarding Assurance meetings and any associated governance committees, where appropriate with exception reporting on issues of significance e.g. Learning Review reports, inspections' findings.

7.2 Safeguarding Training

A safeguarding training matrix details what training is expected of all ICB employees, including agency staff and ICB members. The matrix can be found at Appendix 5.

7.3 Safe Recruitment Practices

Recruiting managers shall seek guidance from Human Resources, to determine the level of Disclosure and Barring Service (DBS) check required for the role. Where a DBS check is required, the manager shall ensure clearance is obtained before the applicant commences employment.

7.4 Managing allegations against persons who work with children, young people or adults at risk

Where there are concerns that a member of staff, either directly or indirectly employed by the ICB, is behaving in a way that demonstrates unsuitability for working with children, young people or adults at risk, in their present position, or in any capacity this must be reported to the appropriate ICB Designated Lead for Safeguarding.

The allegation or concern may arise either in the employees / professional's work or private life. Examples include:

- Commitment of a criminal offence against or related to children, young people or adults at risk
- Failing to work collaboratively with social care agencies when issues about care of children, young people, or adults at risk for whom they have caring responsibilities are being investigated
- Behaving towards children, young people, or adults, in a manner that indicates they are unsuitable to work with this client group
- Where an allegation or concern arises relates to the individuals' private life such as perpetration of domestic abuse; behaviours to his / her own children; or behaviour to others which may impact upon the safety of children / adults to whom they owe a duty of care
- Where inadequate steps have been taken to protect vulnerable individuals from the impact of violence or abuse and neglect

All concerns and allegations will be considered in line with CSAP, LSABs, policy relevant to managing allegations against persons who work with children, young people or adults. The designated safeguarding lead will inform the Local Authority Designated Officer (LADO) and Person in a Position of Trust (PiPOT) of all allegations that come to their attention, that meet the criteria outlined in local policy. In instances where the allegation suggests that a child / young person or adult is at risk of significant harm the case must be referred to the respective Local Authority in line with CSAP, LSABs, policies and procedures.

8.0 Implementation

8.1 Method of Monitoring Compliance

The standards expected of the ICB, and all healthcare providers are detailed in the appendices 6, 7 and 8. Compliance will be measured by annual self-assessment audit – an audit tool will be made available to all providers to facilitate the recording of information. The audit tool should be completed using the RAG definitions outlined in the Procedure for Monitoring Safeguarding Children and Vulnerable Adults via Provider Contracts.

9.0 Breaches of Policy

- 9.1 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 appropriate ICB Designated Lead so that the level of risk can be assessed, and an action plan can be formulated (see section 9.3 for contact details).
- 9.2 Where the ICB are 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.
- 9.3 Contact details see [Appendix 1](#)

10.0 Glossary

- CAF Common Assessment Framework
- CPIS Child Protection Information Sharing
- ICB Integrated Care Board
- CiC Children in Care
- CSAP Children's Safeguarding Assurance Partnership (replaces the Local Safeguarding Children's Boards across Lancashire)
- DoLS Deprivation of Liberty Safeguards
- LADO Local Authority Designated Officer
- LPS Liberty Protection Safeguards
- SAB Safeguarding Adult Board
- MCA Mental Capacity Act
- PIPOT Person in a position of Trust
- SCP Safeguarding Children Partnership (replaces the Local Safeguarding Children's Boards across Lancashire)
- VCFS Voluntary, Community and Faith Service

11.0 Categories of abuse

11.1 Children: For children's safeguarding, the categories of abuse are taken from [Working Together to Safeguard Children](#) (HM Government, 2018). Abuse is defined as a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children.

Physical abuse: A form of abuse which may involve hitting, shaking, throwing, poisoning, burning, or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional abuse: The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only in so far as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone. The Domestic Abuse Act 2021 recognises children as victims of domestic abuse when they see hear or experience the effects of the domestic abuse and is related either to the victim or the perpetrator of the abuse.

Sexual abuse: Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing, and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Child Sexual Exploitation: Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of

18 into sexual activity (a) in exchange for something the victim needs or wants, and / or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology. See local safeguarding procedures for CSE [Pan Lancashire CSE Standard Operating Protocol](#).

Neglect: The persistent failure to meet a child's basic physical and / or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- a. provide adequate food, clothing, and shelter (including exclusion from home or abandonment)
- b. protect a child from physical and emotional harm or danger
- c. ensure adequate supervision (including the use of inadequate caregivers)
- d. ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

11.2 **Adults:** For Adult Safeguarding the categories of abuse are taken from [The Care Act \(2014\)](#) and updated from [Domestic Abuse Act 2021 \(legislation.gov.uk\)](#)

Physical abuse: including assault, hitting, slapping, pushing and misuse of medication, restraint or inappropriate physical sanctions.

Domestic abuse: psychological, physical, sexual, financial, emotional abuse; so, called 'honour' based violence, forced marriage or female genital mutilation. The cross-government definition of domestic violence and abuse is any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence, or abuse between those age 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. See Domestic Abuse Act 2021 [The Domestic Abuse Act 2021](#) and see the [Domestic Abuse policy for staff](#).

Sexual abuse: including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

Psychological abuse: including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Financial or material abuse: including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions, or benefits.

Modern slavery: encompasses slavery, human trafficking and forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive, and force individuals into a life of abuse, servitude and inhumane treatment. Modern slavery is a crime and a violation of fundamental human rights.

Discriminatory abuse: including forms of harassment, slurs, or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

Organisational abuse: including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Neglect and acts of omission: including ignoring medical, emotional, or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Self-neglect: this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

11.3 **Contextual Safeguarding**

As well as threats to the welfare of children from within their families, children may be vulnerable to abuse or exploitation from outside their families. These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online. These threats can take a variety of different forms and children can be vulnerable to multiple threats, including exploitation by criminal gangs and organised crime groups such as county lines; trafficking, online abuse; sexual exploitation and the influences of extremism leading to radicalisation. Extremist groups make use of the internet to radicalise and recruit and to promote extremist materials. Any

potential harmful effects to individuals identified as vulnerable to extremist ideologies or being drawn into terrorism should also be considered.

Child Criminal Exploitation (CCE)

As set out in the [Serious Violence Strategy](#), published by the Home Office, where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity. Child criminal exploitation, like other forms of abuse and exploitation, is a safeguarding concern and constitutes abuse even if the young person appears to have readily become involved.

Child criminal exploitation is typified by some form of power imbalance in favour of those perpetrating the exploitation and usually involves some form of exchange, for example County Lines may use vulnerable children to carry drugs in return for something. The exchange can include both tangible (such as money, drugs or clothes) and intangible rewards (such as status, protection or perceived friendship or affection). Young people who are criminally exploited are at a high risk of experiencing violence and intimidation and threats to family members may also be made.

Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology.

See local safeguarding procedures for [Gang, Group Activity and Criminal Exploitation Affecting Children](#)

Where there are concerns that children are victims of child criminal exploitation they should be referred to the National Referral Mechanism - see [Modern Slavery Procedure, Referring a Potential Victim of Modern Slavery to the National Referral Mechanism \(NRM\)](#).

County Lines

County lines is a national issue involving the use of mobile phone 'lines' by organised crime groups to extend their drug dealing business into new locations. These groups exploit vulnerable persons which involve both children and adults who require safeguarding. [Fearless.org](#) has further information and tips on how to spot a child who might be involved.

Safeguarding issues where technology is involved

Children and young people's relationship to technology is increasingly embedded across all walks of life and as such, we cannot address their wellbeing and safety effectively without considering the potential risks that this can bring. Technology

by its nature is constantly evolving, bringing both new opportunities and new risks for all but particularly, for our children and young people.

We can no longer adequately consider the safeguarding or wellbeing of our children and young people without considering their relationship to technology. For further information see [Online Safeguarding - Parents & Carers - Lancashire Safeguarding Children Board](#)

Modern Slavery and Human Trafficking

Modern slavery is a complex crime that takes several different forms. It encompasses slavery, servitude, forced and compulsory labour and human trafficking. Traffickers and slave drivers coerce, deceive and force individuals against their will into a life of abuse, servitude, and inhumane treatment. Victims may be sexually exploited, forced to work for little or no pay or forced to commit criminal activities against their will. Victims are often pressured into debt bondage and are likely to be fearful of those who exploit them, who will often threaten and abuse victims and their families. All these factors make it very difficult for victims to escape. (HM Government 2014)

[The Modern Slavery Act \(2015\)](#) was introduced in the UK with the intention of combatting slavery and human trafficking. British and foreign nationals can be trafficked into, around and out of the UK. Children, women, and men can all be victims of modern slavery and are trafficked for a wide range of reasons including:

- Sexual exploitation
- Domestic servitude
- Forced labour including in the agricultural, construction, food processing, hospitality industries and in factories
- Criminal activity including cannabis cultivation, street crime, forced begging and benefit fraud
- Organ harvesting

Any child transported for exploitative reasons is considered to be a trafficking victim, whether or not they have been forced or deceived. This is partly because it is not considered possible for children in this situation to give informed consent. Even when a child understands what has happened, they may still appear to submit willingly to what they believe to be the will of their parents or accompanying adults. It is important that these children are protected.

The ICB prohibit the use of modern slavery and human trafficking in our operations and supply chain. The ICB is committed to implementing systems and controls

aimed at ensuring that modern slavery is not taking place anywhere within the organisation or in any of our supply chains.

The ICB expects:

- A zero-tolerance approach to modern slavery in the organisation and supply chains
- The prevention, detection, and reporting of modern slavery in any part of the organisation or supply chain
- Staff must not engage in, facilitate, or fail to report any activity that might lead to, or suggest, a breach of this policy

What to do next:

In all cases of children, young people and adults:

Do not raise your trafficking concerns with anyone accompanying the person and ensure you address the health needs of the person by continuing to provide care. Only use an independent and qualified interpreter through a professionally recognised interpreting service. When using recognised interpreting services:

- Never leave the interpreter alone with a victim, especially in waiting rooms. This includes not just visually but also within earshot to ensure no subtle communication are taking place
- Ensure victims leave at different times to an interpreter
- Be wary of any interpreting activity that seems out of the norm or not in keeping with what is being asked to be interpreted
- If a victim looks distressed in the presence of an interpreter, cease the session immediately

Unfortunately, even interpreters with full references, qualifications and DBS checks may be involved in activity such as trafficking gangs, so if you have any doubts or hesitation about the quality of an interpreter, please tell your language service provider immediately.

Any agency, individual or volunteer who comes into contact with a child who may have been exploited or trafficked regardless of their immigration status must make a children's safeguarding referral. In addition, a referral into the NRM (National Referral Mechanism) must also be completed. This should continue in tandem with the local safeguarding procedures. [Click here](#) for the NRM referral form.

11.4 **Prevent** (Radicalisation of vulnerable people): Prevent is one of the four key principles of the CONTEST strategy, which aims to stop people becoming terrorists or supporting terrorism. The Prevent Strategy addresses all forms of terrorism including extreme right wing but continues to prioritise according to the threat posed to our national security. The aim of Prevent is to stop people from becoming terrorists or supporting terrorism and operates in the 'pre-criminal space' i.e. before any criminal activity has taken place.

- **Radicalisation** refers to the process by which people come to support, and in some cases to participate in terrorism
- **Violent Extremism** as defined by the Crown Prosecution Service (CPS) as the demonstration of unacceptable behaviour by using any means or medium to express views which:
 - instigate, justify, or glorify terrorist violence in furtherance of particular beliefs.
 - seek to provoke others to terrorist acts.
 - foment other serious criminal activity or seek to provoke others to serious criminal acts.
 - foster hatred which might lead to inter-community violence in the UK.

Given the very high numbers of people who come into contact with health professionals, health services are a critical partner in Prevent. There are many opportunities for healthcare staff to help protect people from radicalisation. The key challenge is to ensure that healthcare workers can identify the signs that someone is vulnerable to radicalisation, interpret those signs correctly and access the relevant support.

Channel is a multi-agency process within Prevent, which aims to support those who may be vulnerable to being drawn into violent extremism. It works by identifying individuals who may be at risk, assessing the nature and extent of the risk; and where necessary, referring cases to a multi-agency panel which decides on the most appropriate support package to divert and support the individual at risk.

Channel aims to draw vulnerable individuals away from violent extremism before they become involved in criminal activity. Partnership working and effective information sharing is crucial in ensuring that multi-agency partners are able to build a comprehensive picture of an individual's vulnerability and therefore provide the appropriate type and level of support to safeguard the individual at risk.

Healthcare professionals may meet and treat people who are vulnerable to radicalisation. People with mental health issues or learning difficulties may be

more easily drawn into terrorism. We also know that some people without obvious vulnerabilities have been connected to terrorist acts.

11.5 **Guidance for raising safeguarding concerns**

It is important that all staff who work with adults, children, young people and their families are able to identify, assess and manage risks when dealing with safeguarding concerns. Furthermore, staff should report and respond to these at the appropriate level. To assist with this, multi-agency guidance has been developed to aid decision making that ensures the most appropriate and proportionate response for the individuals involved. These should be used in conjunction with practitioners own multi-agency procedures.

[Lancashire Continuum of Need and Thresholds Guidance \(Children\)](#)
[Lancashire Guidance for Safeguarding Concerns \(Adults\)](#)

[Lancashire Safeguarding Children Partnership \(Children\)](#)
[Cumbria Safeguarding Children Partnership procedures manual \(Children\)](#)
[Pan Lancashire and Cumbria adult policies \(Adults\)](#)
[Cumbria Safeguarding adults Threshold Tool \(Adults\)](#)

12.0 **Reference documents**

In developing this policy account has been taken of the following statutory and non-statutory guidance, best practice guidance and the policies and procedures of the Children's safeguarding Assurance Partnership (CSAP) and Local Safeguarding Adults Boards.

Statutory Guidance and Legislation

- Department for Constitutional Affairs (2007) [Mental Capacity Act 2005: Code of Practice, TSO: London](#)
- HM Government (2014) [The Care Act](#)
- [Children Act](#) (1989 and 2004)
- [The Human Rights Act](#) (1998)
- Department of Health (2014) [Care and Support Statutory Guidance](#)
Department of Health, London
- Department of Health et al (2015) [Statutory guidance on Promoting the Health and well-being of Looked After Children](#), Nottingham, DCSF publications
- HM Government (2011) [Safeguarding children who may have been trafficked](#), DCSF publications

- HM Government (2008) [Safeguarding Children in whom illness is fabricated or induced](#), DCSF publications
- HM Government (2014) [The Right to Choose: multi-agency statutory guidance for dealing with Forced marriage](#), Forced Marriage Unit: London
- HM Government (2018) [Working Together to Safeguard Children](#) Nottingham, DCSF publications
- HM Government (2016) [FGM Multi-Agency StatutoryGuidance.pdf](#)
- Department of Health [FGM Safeguarding Pathway](#)
- HM Government (2014) [Multi-agency statutory guidance for dealing with cases of Forced Marriage, Forced Marriage](#) Unit: London
- Modern Slavery and Trafficking [Modern slavery - GOV.UK](#)
- Ministry of Justice (2008) [Deprivation of Liberty Safeguards Code of Practice to supplement Mental Capacity Act 2005](#), London TSO
- HM Government (2011) [Prevent Strategy](#)
- Counter Terrorism and Security Act (2015)
- <https://www.gov.uk/government/collections/counter-terrorism-and-security-bill>
- Looked After Children: [Promoting the health and wellbeing of looked-after children - GOV.UK](#)
- HM Government (2019) [The Mental Capacity Amendment Act 2019](#)
- HM Government (2021) [The Domestic Abuse Act 2021](#)

Non-statutory guidance

- DH (March 2011) Adult Safeguarding: [The Role of Health Services](#)
- Royal College Paediatrics and Child Health et al (2019) Intercollegiate Document for safeguarding adults supported by the Department of Health [Adult Safeguarding: Roles and Competencies for Health Care Staff](#)
- DH (November 2011), [Building Partnerships, Staying Safe](#). - The Health Sector Contribution to HM Governments Prevent Strategy. Guidance for Healthcare organisations.

- HM Government (2006) [What to do if you're worried a child is being abused](#), DCSF publications
- HM Government (2017) [Child sexual exploitation: definition and guide for practitioners](#)
- Criminal Exploitation [Criminal exploitation of children and vulnerable adults: county lines - GOV.UK](#)
- HM Government (2015) [Information sharing advice for safeguarding practitioners](#) DCSF publications
- Ministry of Justice, Department of Health (2014) [Mental Capacity Act: government response to the House of Lords Select Committee report](#)
- Royal College Paediatrics and Child Health et al (2019) Intercollegiate Document for safeguarding children supported by the Department of Health. [Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff | Royal College of Nursing](#)
- Royal College Paediatrics and Child Health et al (2015) [Looked after children: Knowledge, skills and competences of healthcare staff](#). Intercollegiate Role Framework (RCPCH, 2015).
- [ICB MCA policy reference](#)
- [ICON: Babies Cry, You Can Cope! - Lancashire Safeguarding Children Board](#)

Best practice guidance

- Department of Health (2004) Core Standard 5 of the [National Service Framework for Children Young People and Maternity Services](#) plus those elements beyond standard 5 that deal with safeguarding and promoting the welfare of children
- Department of Health (2009) [Responding to domestic abuse: a handbook for health professionals](#)
- HM Government. (July 2011) [The United Kingdom's Strategy for Countering International Terrorism](#), from Home Office
- National Institute for Health and Clinical Excellence (2016) [When to suspect child maltreatment](#), Nice clinical guideline 89

- National Institute for Healthcare Excellence (2013) [NICE support for commissioning for the health and well-being of looked after children and young people](#)
- National Institute for Healthcare Excellence (2014) [Domestic abuse and violence Nice PH 50](#)
- RCPCH et al (2018) [Facing the Future - standards for children and young people in emergency care settings | RCPCH](#)
- Pan Lancashire Safeguarding Children Policies [Policies, Procedures and Practice Guidance](#)
- Lancashire Safeguarding Adults Board [Lancashire Safeguarding Adults Board](#)
- Blackpool Safeguarding Adults Board [Safeguarding Adults | Blackpool Safeguarding Boards](#)
- **Care Quality Commission** - Care Quality Commission (2015) [Regulations for service providers and managers | Care Quality Commission](#)
- **Disclose and Barring Service** - The primary role of the [Disclosure and Barring Service \(DBS\)](#) is to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups including children

13.0 List of Stakeholders Consulted

Prior to approval, this Policy was circulated to the following for consultation:

Date	Name of Individual or Group	Designation	Were comments received, considered and incorporated Yes/no	If not incorporated record reason why
July 2022	Safeguarding Designated Leads across Pan-Lancashire ICB	Designated professionals	Yes	N/A

September 2022	Safeguarding System Leads Business Meeting	Safeguarding Professionals	No	N/A
January 2023	Safeguarding Health Executive Meeting	Safeguarding Health Executives	Yes	N/A
February 2023	Members of the ICB Quality Committee	Executive Committee	Yes	N/A

14.0 Equality, Health Inequality Impact and Risk Assessment

This policy has been reviewed against the Equality, Health Inequality Impact and Risk Assessment (EHIRA) on 5 December 2022. This is available on request.

Appendix 1 - Contact Details (ICB Safeguarding Teams / Social Care)

LSC ICB Safeguarding Team

Local Authority Area	LSC ICB safeguarding team	Email / telephone contact
Lancashire County Council	Lancashire – Lancashire Place	lscicb.safeguarding@nhs.net 0300 373 3600
Blackpool Borough Council	Blackpool – Unitary Place	
Blackburn with Darwen Borough Council	Blackburn with Darwen - Unitary Place	
Westmorland and Furness Council	Westmorland and Furness- Unitary Place	

ICB Prevent Leads Contact Details

Local Authority Area	LSC ICB Prevent team	Contact Number
Westmorland and Furness	Morecambe Bay	01524 518957
Blackpool	Fylde and Wyre	01253 956555
Lancashire	Central & West Lancashire	01772 214376
Blackburn with Darwen	Pennine	01282 644987

Social Care Teams

To make a referral contact numbers below:

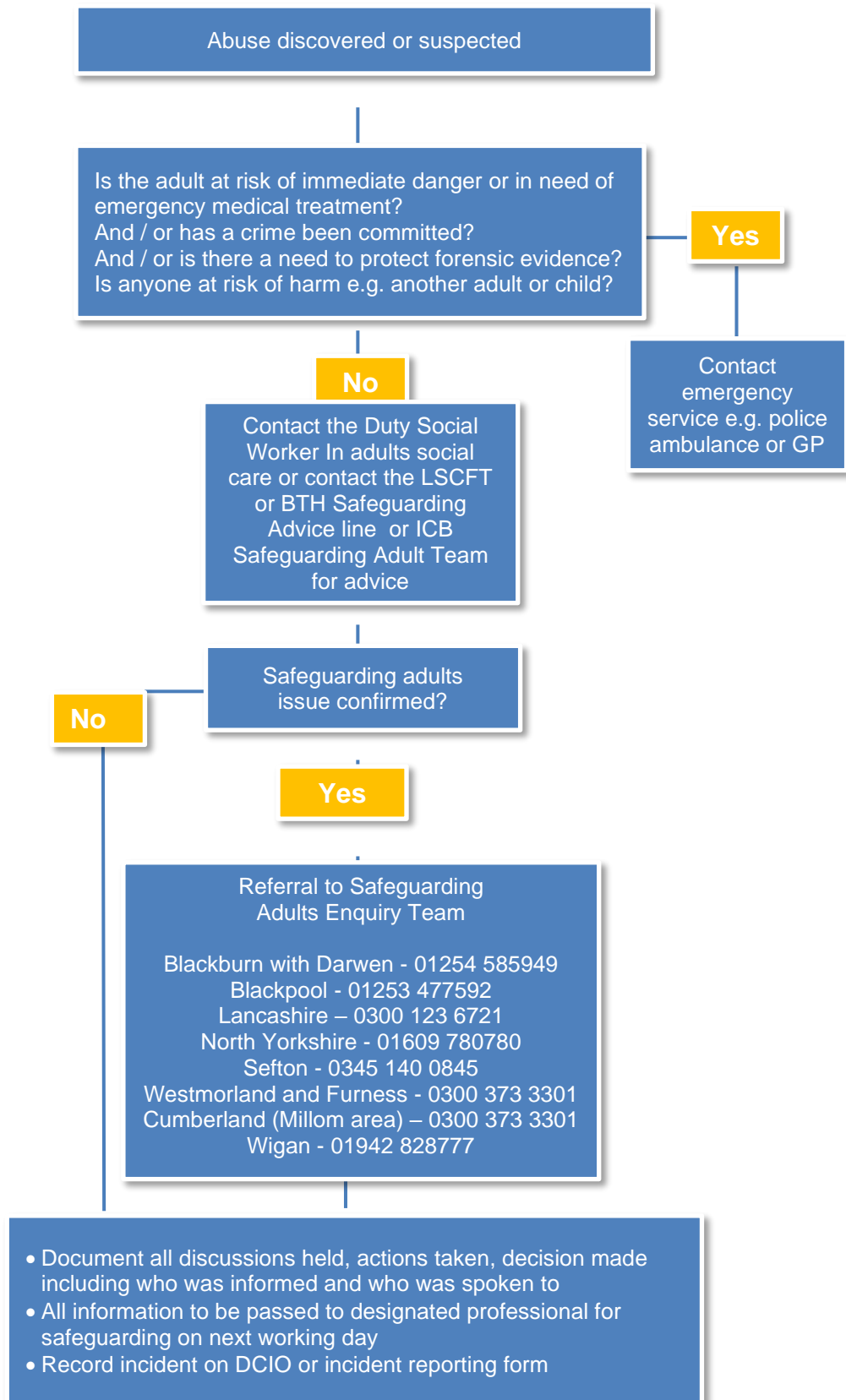
Local Authority Area	Contact Number
Blackburn with Darwen	
Children Social Care	01254 666400
Children Social Care (out of hours)	01254 587547
Adult Social Care	01254 585949
Adult Social Care (out of hours)	01254 587547
Blackpool	
Children Social Care	01253 477299
Adults Enquiry Team	01253 477592
Emergency Duty Team (out of hours)	01253 477600

Lancashire	
Lancashire Children Social Care	0300 123 6720
Lancashire Children Social Care (out of hours)	0300 123 6722
Lancashire Safeguarding Adults Enquiry Team	0300 123 6721
Lancashire Emergency Duty Team (out of hours)	0300 123 6722
North Yorkshire	
Adult and Children Social Care (also for out of hours)	01609 780780
Sefton	
Children Social Care	0151 934 4013 / 4481
Adult Social Care	0345 140 0845
Emergency Duty Team (out of hours)	0151 934 3555
Westmorland and Furness	
Westmorland and Furness Safeguarding Hub Includes out of hours	0300 373 2724
Cumbria Adult Social Care Services	0300 373 3301
Cumbria Adult Social Care (out of hours)	01228 526690
Cumberland (Millom area)	
Cumberland Children Social Care	0300 240 1727
Cumberland Adult Social Care	0300 373 3301
Cumberland Adult Social Care (out of hours)	01228 526690
Wigan	
Children Social Care (24 hours)	01942 828300
Adult Social Care (24 hours)	01942 828777

Lancashire Constabulary

Police	101
Emergency	999
Prevent Local Authority Team Channel mailbox Channel@BLACKBURN.GOV.UK	01254 585903 / 585943

Appendix 2 - What to do if an adult is at risk of harm



Who to contact in Adult Social Care:

Lancashire:

Safeguarding Adults Enquiry Team

Tel: 0300 123 6721

Emergency Duty Team (out of hours)

Tel: 0300 123 6722

Online referral: [Are you concerned about a vulnerable adult? - Lancashire County Council](#)

Blackburn with Darwen:

Safeguarding Adults Enquiry Team

Tel: 01254 585949

Emergency Duty Team (out of hours)

Tel: 01254 587547

Online referral: [Report a safeguarding concern | Blackburn with Darwen Borough Council](#)

Blackpool:

Safeguarding Adults Enquiry Team

Tel: 01253 477592

Emergency Duty Team (out of hours)

Tel: 01253 477600

Online referral: [Worried About An Adult? | Blackpool Safeguarding Adults Board \(blackpoolsafeguarding.org.uk\)](#)

North Yorkshire:

Adult & Children Social Care (also for out of hours)

Tel: 01609 780780

Online referral: [Safeguarding vulnerable adults | North Yorkshire Council](#)

Sefton:

Safeguarding Adults Enquiry Team

Tel: 0345 140 0845

Emergency Duty Team (out of hours)

Tel: 0151 934 3555

Online referral: [Raise a concern about an adult \(sefton.gov.uk\)](#)

Westmorland and Furness:

Safeguarding Adults Enquiry Team

Tel: 0300 373 3301

Emergency Duty Team (out of hours)

Tel: 01228 526690

Initial referral via the telephone

Cumberland: For concerns about an adult in Millom:

Tel: 0300 373 3301

Emergency Duty Team (out of hours)

Tel: 01228 526690

Online referral: [Concerns about an adult | Cumberland Council](#)

Wigan:

Safeguarding Adults Enquiry Team (24 hours)

Tel: 01942 828777

Online referral: [Raising concerns \(wigan.gov.uk\)](#)

Who to contact for local NHS advice (Mon to Fri 9am to 5pm):

If you are a practitioner in Blackpool call BTH on **01253 953262** or email bfwh.adultsafeguarding@nhs.net

If you are a practitioner in Lancashire call LSCFT on **01772 777153**

If you are a practitioner in Westmorland and Furness, call the ICB safeguarding team on **0300 373 3600**

If you are a practitioner in Blackburn with Darwen call LSCFT on **01772 777153**

If you want to speak generally to the ICB safeguarding team call **0300 373 3600**

PREVENT - ICB Contacts

Telephone **0300 373 3600**

Staff should update their knowledge by accessing regular training and be familiar with local safeguarding policies, including those of Lancashire Safeguarding Adults Board.

Who to contact in the Police Public Protection Unit:
Tel: **0845 123 35 45** or **101** and request to speak to the PPU for the area in which the person resides
In an emergency contact the police on **999**

Appendix 3 - What to do if you have concerns a child is being abused

(Abuse may take the form of physical abuse, sexual abuse, emotional abuse or neglect)

Any member of staff who believes or suspects that a child may be suffering or is likely to suffer significant harm should always refer their concerns to Children's Social Care. (There should always be an opportunity to discuss concerns with a manager, named professional or qualified social worker, but never delay emergency action to protect a child)

Are you concerned a child is suffering or likely to suffer harm, for example:

- You may observe an injury or signs of neglect
- You are given information or observe emotional abuse
- A child discloses abuse
- You are concerned for the safety of a child or unborn baby

Step One

Inform parents / carers that you will refer to Children's Social Care

UNLESS

The child may be put at increased risk of further harm (e.g. suspected sexual abuse, suspected fabricated or induced illness, immediate female genital mutilation, exploitation, increased risk to a child, forced marriage) or there is a risk to your own personal safety

Step Two

Make a telephone call to Children's Social Care

Follow up with a written referral within 24 hours

Document all discussions held, actions taken, decisions made including who was spoken to (for physical injuries document injuries observed) and who was informed

Where an early help assessment has been completed forward this also

Step Three

Children's Social Care acknowledges receipt of referral and decides on next course of action. If the referrer has not received an acknowledgement within 3 working days contact Children's Social Care again

Step Four

You may be requested to provide further reports/information or attend multi-agency meetings

Who to contact in Children's Social Care

Lancashire: **0300 123 6720**
Out of hours: **0300 123 6722**
Online referral: [requesting-support-from-childrens-services](#)

Blackburn with Darwen: **01254 666400**
Out of hours: **01254 587547**
On line referral: [Child protection | Blackburn with Darwen Borough Council](#)

Blackpool: **01253 477299**
Out of hours: **01253 477600**
On line referral: duty.assessment@blackpool.gov.uk

North Yorkshire: **01609 780780**
Online referral: [Safeguarding children | North Yorkshire Council](#)

Sefton: **0151 934 4013 / 4481**
Out of hours: **0151 934 3555**
Online referral: [report-a-child-or-young-person-at-risk/information-for-professionals](#)

Westmorland and Furness: **0300 373 2724 (also out of hours)**
Online referral: [Concerned about a child or young person? Cumbria Safeguarding Hub](#)

Cumberland (Millom area) **0300 373 3301**
Out of hours: **01228 526690**
Online referral: [Concerns about a child | Cumberland Council](#)

Wigan: **01942 828300 (also out of hours)**
Online referral: [Professional referrals - for children \(wigan.gov.uk\)](#)

Who to contact for local NHS advice (Mon to Fri 9am to 5pm):

If you are a practitioner in Blackpool call BTH on **01253 953262** or email bfnh.adultsafeguarding@nhs.net

If you are a practitioner in Lancashire call LSCFT on **01772 777153**

If you are a practitioner in Westmorland and Furness, call the ICB safeguarding team on **0300 373 3600**

If you are a practitioner in Blackburn with Darwen call LSCFT on **01772 777153**

If you want to speak generally to the ICB safeguarding team, call **0300 373 3600**

Staff should update their knowledge by accessing regular training and be familiar with local safeguarding policies, including those of the Local Safeguarding Children Partnerships.

In an emergency contact the Police on **999**

Possible signs and indicators of child abuse and neglect

Physical Abuse

Actions and behaviour of adult/ carer

- Minor injuries
- Serious head injuries eg. Those resulting in fractures or head injuries
- Premeditated sadistic injuries
- Burns and scalds
- Bites
- Repeated abuse resulting from lack of control
- Injury resulting from physical chastisement
- Shaking
- Poisoning
- Physical assaults regarded as bullying
- Suffocating
- Fabricated or induced illness
- Female circumcision
- Death/murder

Physical signs on child/ young person

- Unconscious
- Unexplained bruising/marks or injuries
- Injuries of different ages
- Adult bite marks
- Outline bruising eg. belt, hand print
- Bruises to eyes, ears, finger tips
- Burns and scalds on hands, feet, buttock, groin, cigarette burns
- Difficulty in moving limbs
- Blood in white of eyes, small bruises on head, bruises on rib cage—may be associated with shaking injuries
- Injuries and/or fractures in babies and children who are not mobile
- Drowsiness eg. from head injury or poisoning
- Female genital mutilation
- Genital/anal area injuries

Behaviour and emotional state of child/ young person

- Aggressive
- Withdrawn or watchful behaviour
- Low self-esteem
- Poor concentration
- Poor self image
- Flinching when approached or touched

Emotional Abuse

Actions and behaviour of adult/ carer

- Rejection
- Lack of praise and encouragement
- Lack of comfort and love
- Lack of secure attachment
- Lack of continuity of care eg. frequent moves
- Serious over protectiveness
- Inappropriate non-physical punishment eg. locking in bedroom, cold water in bath, frequent shouting at a child
- Humiliating and degrading behaviour, including bullying and racial abuse
- Exposure to repeated incidents of domestic abuse
- Age or developmentally inappropriate expectations being imposed on the child
- Making the children feel frightened or in danger

Physical signs on child/ young person

- Self harm behaviour, eg. mutilation, substance misuse, suicide attempts
- Developmental delay
- Eating disorders

Behaviour and emotional state of child/ young person

- Aggressive
- Withdrawn
- Low self-esteem and self worth
- Repetitive comfort behaviour eg. rocking or hair twisting
- Sudden speech disorders
- No sense of achievement
- Lack of confidence, lack of positive identity
- Inability to play
- Failure to thrive
- Severe behaviour problems

Sexual Abuse

Actions and behaviour of adult/ carer

- Inappropriate fondling
- Mutual masturbation
- Digital penetration
- Oral/genital contact
- Anal or vaginal intercourse
- Sexual exploitation
- Exposure to pornography
- Encouraging children/young people to become prostitutes
- Encouraging children to witness intercourse or pornographic acts
- Leaving a child in the care of a known sex offender
- Internet child pornography

Physical signs on child/ young person

- Injuries to the genital/anal area
- Sexually transmitted diseases
- Pregnancy
- Bruises, scratches, burns or bite marks
- Eating disorders
- Self harm eg. suicide, self mutilation, substance misuse
- Bleeding from vagina or anus
- Pain in passing urine or faeces
- Persistent discharge
- Warts in genital or anal area

Behaviour and emotional state of child/ young person

- Nightmares and disturbed sleeping patterns
- Persistent offending, non-school attendance, running away
- Wetting, soiling, smearing excreta
- Significant changes in child's behaviour
- Depression
- Sexual awareness which is inappropriate to child's age and developmental stage
- Sexually aggressive towards other children
- Low self-esteem
- Limited attention span
- Unexplained aggression or withdrawn behaviour.

Neglect

Actions and behaviour of adult/ carer

- Abandonment or desertion
- Leaving alone
- Malnourishment, lack of food, inappropriate food or erratic feeding
- Lack of warmth
- Lack of adequate clothing
- Lack of protection or lack of supervision appropriate to child's age and developmental stage
- Persistent failure to attend school
- Leaving child alone to care for younger siblings
- Lack of appropriate stimulation
- Lack of protection from dangerous substances eg. fire, drugs, chemicals
- Lack of appropriate medical care
- Lack of secure attachment

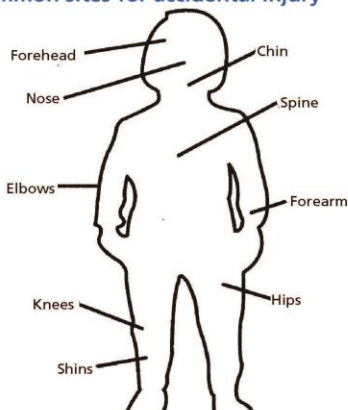
Physical signs on child/ young person

- Delayed physical development: underweight and small of stature
- Hands and feet which are cold and puffy
- Chronic nappy rash
- Slow growth in both weight and height
- Frequently smelly
- Persistently dirty, unkempt appearance
- Persistently hungry
- Non-organic failure to thrive
- Impairment of health
- Death

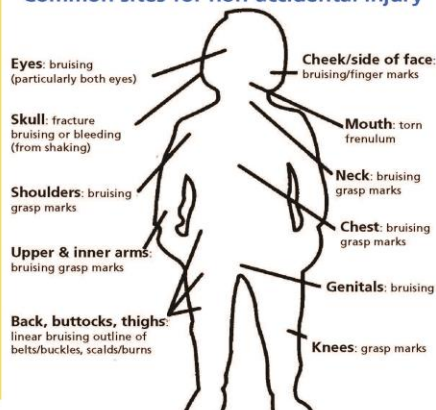
Behaviour and emotional state of child/ young person

- Low self-esteem
- Destructive tendencies
- Neurotic behaviour
- Running away
- Stealing or hiding food
- Indiscriminately seeking affection from unfamiliar adults
- Impairment of intellectual behaviour
- Long-term difficulties with social functioning

Common sites for accidental injury



Common sites for non-accidental injury



Be alert to the possibility of child abuse

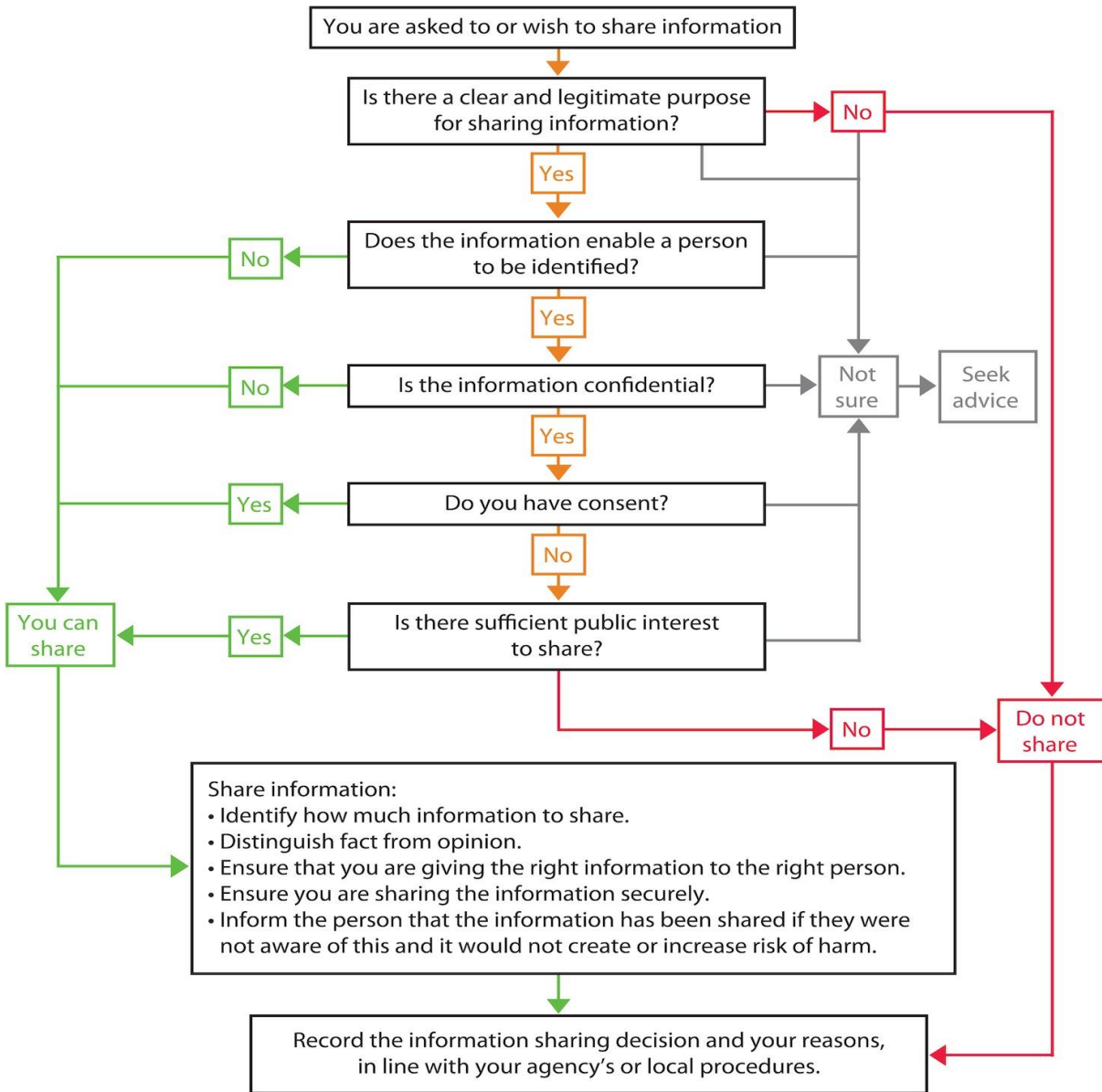
1. What is the injury? Does it appear accidental?
2. Where is the injury? Is it in an unusual site?
3. Does the explanation of the injury fit with the presentation?
4. When was it caused? Is the age of the injury right?
5. How was it caused? (both stated and suspected)
6. Who caused it? (both stated and suspected)
7. Witnesses? Do stories tally?
8. What action was taken afterwards by the family?

Implications for practice - signs and symptoms of abuse should never be interpreted in isolation and must always be assessed in the context of the child's medical and social history, developmental stage and explanation given

Appendix 4 - Information Sharing Guidance



Flowchart of key questions for information sharing



Share information:

- Identify how much information to share.
- Distinguish fact from opinion.
- Ensure that you are giving the right information to the right person.
- Ensure you are sharing the information securely.
- Inform the person that the information has been shared if they were not aware of this and it would not create or increase risk of harm.

Record the information sharing decision and your reasons, in line with your agency's or local procedures.

If there are concerns that a child may be at risk of significant harm or an adult may be at risk of serious harm, then follow the relevant procedures without delay. Seek advice if you are not sure what to do at any stage and ensure that the outcome of the discussion is recorded.

Seven golden rules for information sharing can be found overleaf

The Seven Golden Rules to Sharing Information

The seven golden rules to sharing information

1. Remember that the General Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights law are not barriers to justified information sharing but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice from other practitioners, or your information governance lead, if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.
5. Consider safety and well-being: base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely (see principles).
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Remember:

Where practitioners need to share special category personal data, they should be aware that the Data Protection Act 2018 includes 'safeguarding of children and individuals at risk' as a condition that allows practitioners to share information **without consent**

- Information can **be shared legally without consent**, if a practitioner is unable to, cannot be reasonably expected to gain consent from the individual, or if to gain consent could place a child at risk.
- Relevant personal information can be shared lawfully if it is to keep a child or individual at risk safe from neglect or physical, emotional or mental harm, or if it is protecting their physical, mental, or emotional well-being.

Legal framework to share information flowchart

Public Law

- Purpose
- Context
- Perform a task set down in UK law
- To protect child/adult

Supporting frameworks

- Care Act 2014 s45
- Children Act 1989
- GDPR – special category
- Common Law
- Duty of Confidentiality
- Caldicott
- Article 8 human rights act

Share information in line with

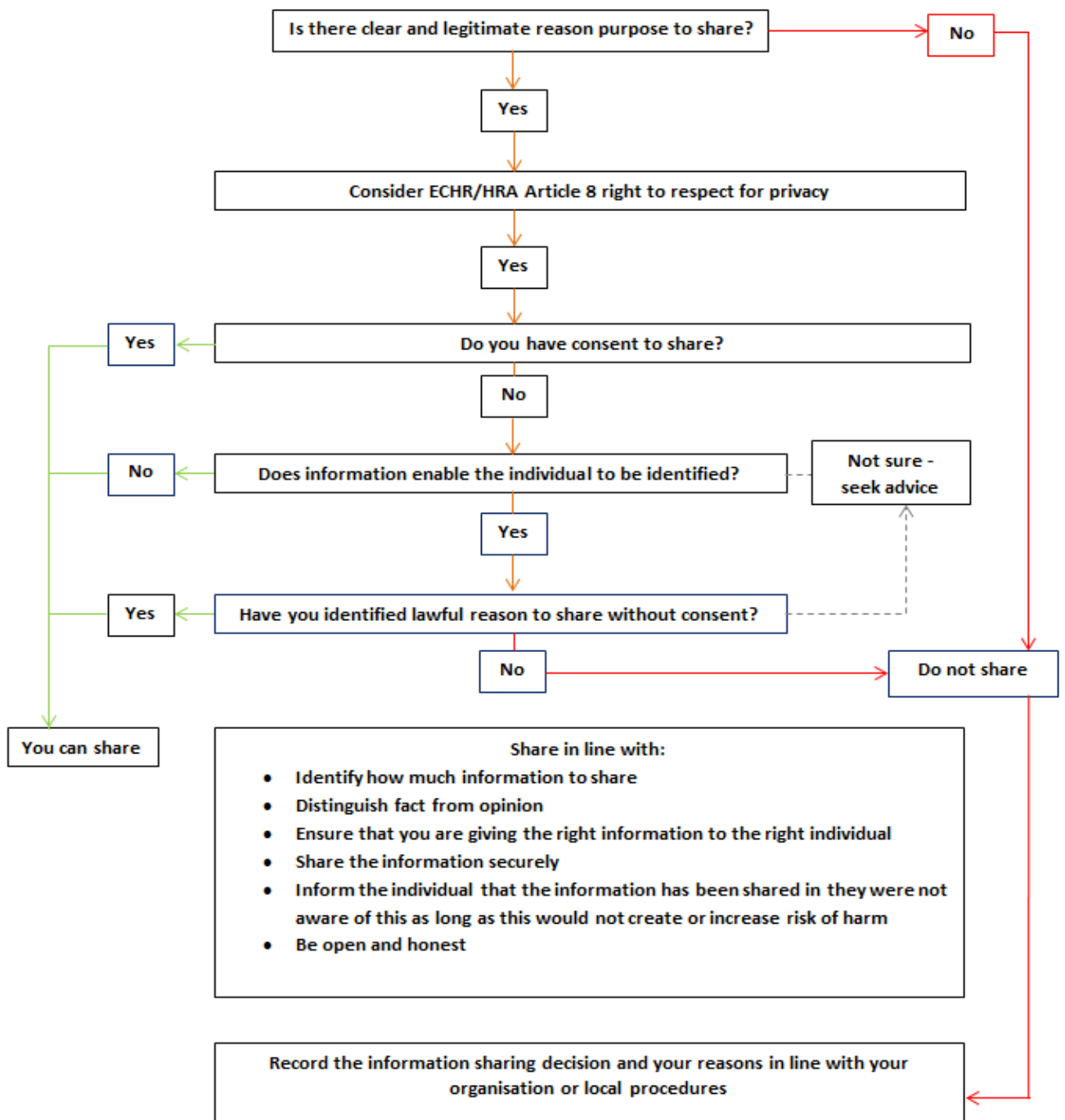
- GDPR principles
- Consent
- Contract
- Legal obligation
- Vital interests – means life
- Public task
- Legitimate interests
- DPA 2019

Principles to consider

- Necessary and proportionate
- Relevant
- Adequate
- Accurate
- Timely

- Secure
- record

Flowchart of when and how to share information



Appendix 5 - Safeguarding Children and Adults Training for ICB staff

The following table provides detail of the recommended training options to achieve required levels of competency:

Type of training recommended to achieve required levels of competency				
Training Level	Multi Agency Training e.g. via LSAB	Single Agency Training e.g. via national/local events	E-Learning	Reading/Reflective Practice
Level 1: All staff including non-clinical working in healthcare services	NO	NO	YES	NO
Level 2: Children: Non-clinical and clinical staff who within their role have contact (however small) with children, young people, parents/ carers or adults who may pose a risk to children Adults: All staff that have regular contact with patients, their families and their carers	NO	YES	YES	NO

<p>Level 3: Children: Clinical staff who contribute to assessing planning, intervening or evaluating the needs of a child or young person and / or parenting capacity</p> <p>Examples include GP's, all mental health staff, adult learning disability staff, Children in Care children's staff (regardless of whether have previously identified safeguarding / child protection have been concerns or not</p> <p>Adults: All registered healthcare staff who engage in assessing planning intervening and evaluating the needs of adults where there are safeguarding concerns (as appropriate to role)</p>	<p>YES Strongly Recommended</p>	<p>YES Recommended</p>	<p>YES Recommended but not sufficient in itself</p>	<p>YES Recommended but not sufficient in itself</p>
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<p>Level 4 Specialist Roles (Applicable to ICB Safeguarding Team Only)</p> <p>Named professionals should attend a minimum of 24 hours of education, training and learning over a three-year period. This should include non-clinical knowledge acquisition such as management, appraisal and supervision training</p>	<p>As above</p>	<p>As above</p>	<p>As above</p>	<p>As above</p>
<p>Level 5 Specialist Roles (Applicable to ICB Safeguarding Team Only)</p> <p>Designated professionals should attend a minimum of 24 hours of education, training and learning over a three-year period. This should include non-clinical knowledge acquisition such as management, appraisal, supervision</p>	<p>As above</p>	<p>As above</p>	<p>As above</p>	<p>As above</p>

training and the context of other professionals' work				
All Board Members including non-executive members must have a level of knowledge equivalent to all staff working within the healthcare setting (Level 1) as well as additional knowledge-based competencies by virtue of their board membership	YES Strongly Recommended	NO	NO	NO

LEVEL 1 SAFEGUARDING CHILDREN and ADULTS TRAINING

All staff including non-clinical working in healthcare services

New starters should begin to access training within 6 weeks and given sufficient time to complete.

After achieving Level 1 it is essential that skills and knowledge are maintained by refresher training of a minimum of 2 hours over a three-year period.

The responsibility for ensuring staff are properly trained rests with their employers and should be monitored by appraisal.

Competence at this Level is about individuals knowing what to look for which may indicate possible harm and knowing who to contact and seek advice from if they have concerns.

Safeguarding is everyone's responsibility.

Safeguarding Adults and Children Level 1

NHS electronic staff record access via <https://my.esr.nhs.uk>

Prevent Level 1

NHS electronic staff record access via <https://my.esr.nhs.uk>

MCA Level 1 E-Learning Basic Awareness available via Lancashire Safeguarding Adults Board

<https://www.lancshiresafeguarding.org.uk/media/1444/mca-learning-and-development-framework.pdf>

Child Sexual Exploitation (CSE)

Recognition and response are reflected in the different levels of children's safeguarding training

Recommended Reading for Safeguarding Children and Adults

ICB Safeguarding Policy

- must be accessible to all staff
- staff at Level 1 should be aware of how to access the policy so they can refer to it as necessary

Mental Capacity Act Resources

<http://www.lancshiresafeguarding.org.uk/lancashire-safeguarding-adults/resources/mca-dols.aspx>

Mental Capacity Act pan Lancashire E book and Media Resources.

<http://pub.lucidpress.com/MCABLBNetwork/>

<https://youtu.be/6mQIN6Yw03E>

MCA for Informal Carers

A jargon free e learning package with optional test with certificate is available for those with caring responsibilities for family members and / or spouse. Carers Package available [here](#)

LEVEL 2 SAFEGUARDING CHILDREN AND ADULTS TRAINING

Non-clinical and clinical staff who within their role have contact (however small) with children, young people, parents/ carers, or adults who may pose a risk to children

AND

All staff that have regular contact with patients, their families and their carers

New starters with no prior safeguarding knowledge should begin to access Level 1 training within six weeks and then progress to Level 2.

Sufficient time should be given to complete. Level 2 should be reached within a six-month period.

After achieving Level 2, it is essential that skills and knowledge are maintained by refresher training of a minimum of 4 hours over a three-year period. The responsibility for ensuring staff are properly trained rests with their employers and should be monitored by appraisal.

Competence at this level is about individuals knowing what to look for which may indicate possible harm, knowing who to contact and seek advice from if they have concerns and being able to take responsibility for documenting and referring concerns if necessary.

Safeguarding is everyone's responsibility.

Safeguarding Adults and Children Level 2

NHS electronic staff record access via <https://my.esr.nhs.uk>

Recommended Reading

The ICB Safeguarding Adults policy

- must be accessible to all staff
- staff at level 2 should be aware of the contents of the ICB policy

What to do if you're worried a child is being abused: advice for practitioners

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf

Mental Capacity Act Resources

<http://www.lancshiresafeguarding.org.uk/lancashire-safeguarding-adults/resources/mca-dols.aspx>

Mental Capacity Act Pan Lancashire e-book and Media Resources.

<http://pub.lucidpress.com/MCABLBNetwork/>

<https://youtu.be/6mQIN6Yw03E>

Safeguarding Adult and Children e-learning and Training Resources

<http://www.lscb.org.uk/e-learning/>

LEVEL 3 SAFEGUARDING CHILDREN AND ADULTS TRAINING

Clinical staff who contribute to assessing planning, intervening or evaluating the needs of a child or young person and / or parenting capacity

AND

All registered healthcare staff who engage in assessing planning intervening and evaluating the needs of adults where there are safeguarding concerns

It should be unusual for anyone employed in these roles to not already be working towards, or have already achieved, competence at Level 3 (either in their professional training programmes or in their prior jobs).

However, new starters should ensure they are proficient at Levels 1 and Level 2 as soon as possible and quickly move onto working towards Level 3.

Staff should be given sufficient time to achieve the Learning Outcomes. Level 3 core competences should be reached within 12 months and would be expected to take at least 8 hours.

After achieving Level 3 it is essential that skills and knowledge are maintained by refresher training of a minimum of 8 hours over a three-year period.

After achieving Level 3 (Children) with the role specific additional requirements for example for GP's it is essential that skills and knowledge are maintained by refresher training of a minimum of 12-16 hours over a three-year period.

Every registered healthcare professional has a duty to abide by their own professional body's regulations. However, the responsibility for ensuring staff are properly trained (and that they use that training in practice) ultimately rests with their

employers and should be monitored by in-house appraisal (and/or clinical supervision by the Safeguarding Lead) in addition to any external appraisal.

Level 1 and Level 2 Competencies are now assumed (see above).

Safeguarding Adults and Children Level 3

NHS electronic staff record access via <https://my.esr.nhs.uk>

Children Safeguarding Assurance Partnership (formerly known as Lancashire Safeguarding Children Board)- e-learning Level 3 and above accessed via: [Lancs E-Learning](#)

Lancashire Safeguarding Children Common Assessment Framework CAF /Continuum of Need CON training [CAF Training](#)

Lancashire Safeguarding Adults: adult safeguarding training

<https://www.lancshiresafeguarding.org.uk/lancashire-safeguarding-adults/learning-development.aspx>

Accredited learning e.g. safeguarding conferences, workshops & podcasts

LEVEL 4 & 5 SAFEGUARDING CHILDREN AND ADULTS TRAINING (Applicable to Specialist Roles and Safeguarding Team only)

Specialist training for Named and Designated Professionals

This includes Named GPs for Safeguarding, Designated/ Deputy Nurses / Doctors and Professionals

Training at Level 4 will include the update and training required at levels 1-3 and will negate the need to undertake refresher training at levels 1-3 in addition to Level 4.

Named Professionals should attend a minimum of 24 hours of education, training and learning over a three-year period.

Training at Level 5 applies to Designated Doctors, Nurses and Professionals who have specific roles and responsibilities within commissioning organisations including the provision of strategic advice and guidance.

Level 5 Professionals should have the knowledge, skills, attitudes and values outlined for Levels 1, 2, 3 & 4.

Designated Doctors, Nurses and Professionals should attend a minimum of 24 hours of education, training and learning over a three-year period. This should include non-clinical knowledge acquisition such as management, appraisal, supervision training and the context of other professionals' work.

Staff should be given sufficient time to achieve the Learning Outcomes. Level 4 & 5 core competences should be reached within a 12-month period.

Every registered healthcare professional has a duty to abide by their own professional body's regulations. However, the responsibility for ensuring staff are properly trained (and that they use that training in practice) ultimately rests with their employers and should be monitored by in-house appraisal (and/or clinical supervision by the Safeguarding Lead) in addition to any external appraisal.

Please refer to all training opportunities available in Level 3

Named and Designated / Deputy professionals should participate regularly in support groups or peer support networks for specialist professionals at a local and national level, according to professional guidelines (attendance should be recorded).

An executive level management programme with a focus on leadership and change management should be undertaken within three years of taking up their post

Networks for specialist professionals at a local, regional, and national level according to professional guidelines (and their attendance should be recorded)

Board Level for Chief Executive Officers, Executive and non-Executive Directors and Lay Members

This will require a tailored package to be delivered which encompasses Level 1 knowledge, skills and competencies, as well as board level specific as identified in the Intercollegiate document. All boards should have access to safeguarding advice and expertise through Designated and Named Leads.

The specific roles of Chair, Accountable Officer, Executive Board Leads and key Board members are described separately in the Intercollegiate Document.

Appendix 6 - Audit Tool for ICB commissioned services

[Audit Tool for ICB commissioned services](#)

Appendix 7 - Audit Tool for ICB Commissioned Care Homes with Nursing

[Audit Tool for ICB Commissioned Care Homes with Nursing](#)

Appendix 8 - Audit Tool for ICB Commissioned for Primary Care Services

[Audit Tool for ICB Commissioned for Primary Care Services](#)