Norfolk and Suffolk
Integrated Care Board

NHS Norfolk and Suffolk Integrated Care Board

Adult Safeguarding Policy

Including Prevent

1. Version Control

Version	Date	Author and Role	Detail of Change
0.1	16/02/26	Tabitha Griffin and Sharon Rowe.	Transfer to new template and review to bring Norfolk and Suffolk processes together for the new ICB organisation.
0.2	17/02/26	Tabitha Griffin and Sharon Rowe.	Updated EIA added.
1.0	01/04/26	Quality Committee	Approved

Policy Owner: Director for Quality Norfolk and Suffolk ICB

Responsible Committee: Quality Committee

2. Next Review Date

The date this policy is due for review is*:* 01 April 2027

3. Contents

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Appendices

4. Statement of Overarching Principles

4.1. All Policies, Procedures, Guidelines and Protocols of the Norfolk and Suffolk Integrated Care Board (ICB) are formulated to comply with the overarching requirements of legislation, policies or other standards relating to equality and diversity

5. Introduction

5.1. Every NHS-funded organisation and each healthcare professional working in the NHS has a statutory responsibility to ensure that effective safeguarding arrangements are in place to prevent and protect adults from abuse or neglect.

5.2. To improve outcomes for adults at risk, the Norfolk and Suffolk Integrated Care Board (NSICB) collaborates with commissioners, providers of health and social care services, as well as statutory and non-profit organisations.

5.3. This policy establishes a framework for safeguarding adults at risk of abuse and neglect, which is supported by the Norfolk Multi-Agency Adult Safeguarding Policy and Procedures, as well as the Suffolk Safeguarding Partnership Policy and Procedures. Moreover, practical guidance for all staff working with adults.

5.4. Responsibilities for safeguarding are enshrined in international and national legislations. Safeguarding for adults has transformed in recent years with the introduction of new legislation, creating duties and responsibilities that need to be incorporated into the widening scope of NHS safeguarding practice.

5.5. The ICB must also consider this policy alongside the Safeguarding Children Policy to embrace a whole lifespan approach to ensure a cohesive approach to safeguarding adults and children.

6. Purpose

This policy aims to detail how the ICB discharges its safeguarding responsibilities.

6.1. As a commissioner of local health care, the ICB is responsible for the quality assurance of safeguarding through contractual arrangements with all provider organisations. The ICB has a duty to ensure that all health providers, with whom they commission, discharge their functions regarding meeting the needs of safeguarding and promotion of adults at risk. All providers must demonstrate continued compliance with the CQC registration and quality standards.

7. Scope

7.1. This policy applies to all staff employed by the ICB and will include those staff who are employed on a permanent, temporary, voluntary, contract, self-employed, bank, or agency basis. The above will be referred to as 'all staff' in this policy.

7.2. Where services are commissioned by other ICBs or the local authority in coordination with this ICB, the ICB will inform other commissioners of care or treatment services about any safeguarding concerns.

7.3. This policy is compliant with Care Quality Commission Regulation 13 Safeguarding Service Users from Abuse and Improper Treatment This policy should be read in conjunction with other ICB policies and procedures and the Norfolk Multi-Agency Safeguarding Adults Procedures and Suffolk Safeguarding Partnership Policies, Procedures & Practice Guidance.

7.4. The Care Act 2014 provides a clear legal framework for how ICBs are to work in partnership with other public services to protect adults at risk, placing safeguarding adults on the same statutory footing as Safeguarding Children. Prevention and effective responses to abuse and neglect need to be addressed in all aspects of commissioning and the business work of the ICB.

8. Cross Reference to Other Policies

8.1. Internal related documents:

- Norfolk Multi-Agency Safeguarding Adults Policy and Procedures
- Suffolk Multi-Agency Safeguarding Adults Policy and Procedures
- NWICB Children Safeguarding Policy
- NWICB Mental Capacity Act Policy
- NWICB Patient Safety Incident Response Framework
- NWICB Freedom to Speak Up Policy
- SNEEICB Children Safeguarding Policy
- SNEEICB Mental Capacity Act
- SNEEICB Patient Safety Incident Response Framework
- SNEEICB Freedom to Speak Up Policy
- NHSE Sexual Safety Charter

8.2. External references

- Care Act 2014
- Mental Capacity Act (MCA) 2005
- Counter Terrorism and Security Act 2015
- Data Protection Act 2018
- Safeguarding Vulnerable Groups Act 2006
- The Domestic Violence, Crime and Victims Act 2004
- Violence Against Women and Girls Strategy 2016-2020
- NHS Safeguarding Accountability and Assurance Framework 2022
- Domestic Abuse Act 2021

- Modern Day Slavery Act 2015
- Mental Capacity (Amendment) Act 2019
- Mental Health Act 2025
- NHS England Sexual Safety Charter

9. Definitions

9.1. All ICB staff are individually responsible for maintaining their safeguarding practice and actively cooperating with managers in the application of this policy to enable the ICB to discharge its legal obligations. They have a responsibility to play a part in the prevention, detection, and reporting of neglect and abuse. As such, responsibilities include:

- Always following the safeguarding policies and procedures, particularly if concerns arise about the safety or welfare of an adult.
- Participating in safeguarding adults training and maintaining current working knowledge.
- Acting in a timely manner on any concern or suspicion that an adult is being or is at risk of being abused or neglected.
- Working collaboratively with other agencies to safeguard and protect the welfare of people who use services.
- Embracing the principle that Safeguarding remains 'everyone's responsibility' – not just that of ICB Designated Professionals.

Following and adhering to the latest editions of the Norfolk and Suffolk Multi-Agency Adult Safeguarding Policy and Procedures.

10. Roles and Responsibilities

10.1. The ICB executive chief nurse is accountable for the statutory commissioning assurance functions of NHS Safeguarding as per agreed timelines with the East of England regional chief nurse. These programmes include:

- Prevent
- Working Together to Safeguard Children, Young People and Adults at Risk
- Modern Slavery and Human Trafficking (MSHT)
- Domestic Abuse
- Serious Violence Duty

10.2. The Executive Chief Nurse is the overall executive lead for safeguarding and:

- Is responsible for the execution of all safeguarding responsibilities on behalf of the Chief Executive and the Board members.
- Ensures that the ICB works closely with partner organisations and provides appropriate representation for the Local Safeguarding Adults Board as required through the statutory duty imposed by the Care Act 2014.
- Works in partnership with NHS England in complying with the revised Accountability and Assurance Framework (2022) and works closely with other regulators through the SNEE wide Quality Surveillance Groups to ensure sharing and learning of key information relating to all aspects of patient safety and quality, including safeguarding.
- Promotes the safeguarding of adults at risk within commissioning arrangements to meet identified quality standards through quality scrutiny processes.
- Monitors and oversees the progress of recommendations and outcomes from Patient Safety Incident Response Framework (PSIRF), Individual Management Reviews (IMRs), Safeguarding Adult Reviews (SAR) and Domestic Homicide Reviews (DHRs). This will include from April 2026 the Offensive Weapon Homicide Reviews (OWHR).
- Reports to the CO and the ICB on issues in relation to changes in strategic direction, significant developments, learning from serious incidents or identified risks in relation to safeguarding adults and keep the Board informed of any immediate concerns or media interest regarding safeguarding issues.
- Oversees the performance management of the Designated Professionals.

10.3. The ICB safeguarding adults function sits in the Nursing Directorate within the Quality Director portfolio.

10.4. The ICB Director for Quality provides strategic leadership, taking accountability for the adult safeguarding portfolio. They are responsible and accountable for developing, implementing, and evaluating the delivery of adult safeguarding governance and assurance, and that regulatory standards are maintained.

10.5. The Designated Safeguarding Adults Team provides safeguarding expertise and are the strategic safeguarding professionals working within Norfolk and Suffolk NHS commissioning, and Integrated care systems. These statutory roles have specific responsibilities for adult safeguarding, including the provision of strategic advice and guidance to organisational safeguarding boards and committees across the health and social care community.

10.6. The Named GP supports the ICB in carrying out their statutory duties and responsibilities for safeguarding. Activities include providing teaching and training to primary care staff; supporting practice safeguarding leads; and working alongside other adult safeguarding professionals.

10.7. All ICB staff are responsible for having a good understanding of adult safeguarding and what their role is, recognising an adult at risk, and knowing how to raise safeguarding concerns. All staff must provide support that promotes dignity and respect and must have knowledge of adult safeguarding policy, procedures, and legislation. Adult (and children) safeguarding is everyone's business, and all staff are responsible for ensuring their mandatory training requirements are met. They are responsible for reporting any safeguarding incidents and informing the ICB Designated Safeguarding Team.

11. Additional Safeguarding Responsibilities

11.1. **Information Sharing**

Adults have a general right to independence, choice, and self-determination, including control over information about themselves. However, in the context of adult safeguarding, these rights can be overridden in certain circumstances. Emergency or life-threatening situations may warrant the sharing of relevant information with the appropriate emergency services without consent.

The law does not prevent the sharing of sensitive, personal information within organisations. If the information is confidential but there is a safeguarding concern, sharing it may be justified. Similarly, the law allows for the sharing of sensitive, personal information between organisations when the public interest served outweighs the interest in maintaining confidentiality, such as in cases where a serious crime may be prevented. Information can be shared lawfully within the parameters of the Data Protection Act 2018 and the General Data Protection Regulation (GDPR).

There should be a local agreement or protocol in place that outlines the processes and principles for sharing information between organisations. An individual employee cannot give a personal assurance of confidentiality. Frontline staff and volunteers should always report safeguarding concerns in line with their organisation's policy, typically to their line manager in the first instance, except in emergency situations.

It is good practice to try to gain the person's consent to share information. Practitioners should inform the person if they need to share their information without consent, as long as it does not increase risk. Organisational policies should have clear routes for escalation if a member of staff feels a manager has not responded appropriately to a safeguarding concern.

The management interests of an organisation should not override the need to share information to safeguard adults at risk of abuse. All staff, in all partner agencies, should understand the importance of sharing safeguarding information and the potential risks of not sharing it. They should also

understand to whom safeguarding applies and how to report a concern. The six safeguarding principles should underpin all safeguarding practices, including information sharing.

You can refer to the Information sharing | Norfolk Safeguarding Adults Board and the Suffolk Safeguarding Partnership. SCIE also offers information sharing advice and guidance: www.scie.org.uk/safeguarding/adults/practice/sharing-information/

11.2. Safer Recruitment

The ICB Human Resources and Recruitment policies and procedures must be compliant with all legislative and best practice standards relating to safer recruitment. These include appropriate standard and enhanced checks at recruitment, according to the role and function, and compliance with mandated training requirements including safeguarding.

The ICB must comply with the Disclosure and Barring Service process, and DBS has recommended it is repeated on a three yearly cycle. DBS checks should be for all appropriate staff, including agency staff, contractors, students, and volunteers working with children and vulnerable adults.

Recruiting managers are required to ensure that all appropriate checks have been carried out as per the DBS guidance and the ICB HR policies and raise any concerns immediately, and before the person starts employment, with the ICB Human Resources Team.

Where the ICB employs a staff member through an agency, the agency will be required to provide proof that all checks have been completed by themselves as the employer to the same level as if the ICB were employing the person directly.

11.3. Safeguarding Supervision

All members of staff in ICB and contracted by ICB, and whose work brings them into direct or indirect contact with adults at risk, should have access to safeguarding supervision.

All Named Safeguarding Professionals and Designated staff must receive safeguarding supervision 6-8 weekly (or by local agreement) by a relevant professional or via any locally arranged peer review processes.

11.4. Allegations against staff involving abuse or neglect

Where there is an allegation that a member of staff, a volunteer, or a student in the ICB or Primary Care Services has abused or neglected an adult in their

personal or professional life, the Designated Professional for Safeguarding Adults should be informed. See ICB policies - NHS Suffolk and North East Essex Intranet Dealing with Concerns around Conduct Policy. Reference to the NHS England » Sexual safety in healthcare – organisational charter may be required.

It is a requirement of the Care Act 2014 that Safeguarding Adult Boards (SAB) should establish and agree a framework and process for partner organisations to respond to allegations against anyone who works (in either a paid or an unpaid capacity) with adults with care and support needs.

These individuals are known as People in a Position of Trust (PiPoT). A local PiPoT framework and process applies to all SAB partner agencies including health, so that the SAB is assured of appropriate arrangements and responses. Where applicable, the ICB's disciplinary policy should also be implemented. If a member of staff becomes aware of any information regarding another member of staff, that identifies that an adult may be at risk of abuse or neglect, they should follow the Safeguarding Policy.

11.5. **Freedom to Speak Up**

All NHS organisations including those providing NHS healthcare services in primary and secondary care in England are required to have a Speak Up Policy in place to normalise raising concerns.

NHS Norfolk and Suffolk is keen to ensure that staff can speak up about any concerns that relate to within the workplace or externally, in relation to danger, risk, malpractice or wrongdoing which affects others. This can be something that doesn't feel right such as not following a process, feeling discriminated or where the behaviour of others is affecting the wellbeing of patients or colleagues. Speaking up plays a vital role in protecting patients and ensuring their safety and improves the lives of workers. People are the eyes and ears of an organisation. Their views, improvement ideas and concerns can act as a valuable early warning system that a policy, process or decision is not playing out as anticipated or could be improved.

NHS Norfolk and Suffolk have adopted the 'standard integrated policy' as recommended by Sir Robert Francis following his review into whistleblowing in the NHS aimed at improving the experience of whistleblowing in the NHS; this policy has been further updated with the strengthened arrangements set out by NHS England in 2022. We have adopted this policy which is produced by NHS England as a minimum standard to help to normalise the raising of concerns for the benefit of NHS staff and patients so that staff can speak up about anything that affects patient safety or affects their working life. Recent developments for Freedom to Speak Up in Primary Care, where Sir Andrew Morris has written a letter to all ICB Chairs and Chief Executives setting out

the expectations of Freedom to Speak up arrangements for all staff including the adoption of the national FTSU policy ensuring primary care workers have access to a FTSU Guardian, and in response to this NHS Norfolk and Waveney will continue to raise the profile of Freedom to Speak Up in Primary Care for the benefit of all.

Most speaking up happens through conversations with line managers where matters or questions can be raised and resolved quickly. We consider this our normal everyday practice and encourage you to explore this option first if you can as it may well be the easiest and simplest way of resolving matters. If this isn't possible or you need more help and guidance, other options to consider are listed below:

You can contact our local Freedom to Speak Up Guardian via email –

nsicb.ftsu@nhs.net

You may also raise your concern anonymously by completing the Freedom to Speak Up form on the ICB's intranet site. The information submitted on this form will go to the Freedom to Speak Up Team. If you remain concerned after this, you can contact:

- The ICB FTSU Executive Nursing Director
- The ICB FTSU Independent Non-Executive Member

Please see the ICB Freedom to Speak Up Policy for further information.

11.6. Training and Development

Safeguarding adults training is a mandatory requirement for all staff employed by the ICB including 3-yearly training for Board members, whether substantively, temporarily, on a contract basis, or in member practices of the ICB. As detailed in the Intercollegiate document the level of training is commensurate with their profession, level of interaction with adults in their day-to-day role, and their position within the organisation. As a minimum, all staff will have Safeguarding Adults Level 1 training at induction. This will ensure all staff are trained appropriately to be aware of potential indicators of abuse or neglect and know how to act on their concerns commensurate to their role.

12. Who Is an Adult at Risk?

12.1. Definition

Living a life free from harm and abuse is a fundamental human right for every person and an essential requirement for health and well-being. Safeguarding adults is about safety and well-being and providing additional measures for

those least able to protect themselves from harm or abuse. The safeguarding duties outlined within the Care and Support Statutory Guidance (2014) apply to an adult who:

- Has a need for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect and;

- as a result of those care and support needs is unable to protect themselves from either the risk of or the experience of abuse or neglect.

12.2. **Safeguarding Principles**

The following six principles represent best practice and provide a foundation for achieving outcomes:

Empowerment – People being supported and encouraged to make their own decisions and informed consent.

Prevention – It is better to act before harm occurs.

Proportionality – The least intrusive response appropriate to the risk presented.

Protection – Support and representation for those in greatest need.

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.

12.3. **Categories of Abuse**

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

Domestic abuse – including psychological, physical, sexual, financial, emotional abuse, and so-called 'honour-based violence'. The Domestic Abuse Act (2021) defines domestic abuse as: "the behaviour of a person (A) towards another person (B) is "domestic abuse" if:

- A and B are each aged 16 or over and are personally connected to each other, **and**
- The behaviour is abusive. Behaviour is abusive if it consists of any of the following:
    - Physical or sexual abuse
    - Violent or threatening behaviour
    - Controlling or coercive behaviour

- Economic abuse
- Psychological, emotional, or other abuse

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 to or was pressurised 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 support 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 - The Modern Slavery Act 2015 introduced changes in UK law focused on increasing transparency in supply chains, to ensure they are free from modern slavery (that is, slavery, servitude, forced and compulsory labour, and human trafficking).

The ICB is committed to working with local partners to improve practice in combatting slavery and human trafficking and to raise awareness, disrupt, and respond to Modern Slavery. As the commissioner for the local NHS providers (including hospital, community, and mental health services) The ICB provides an annual statement in respect of its commitment to, and efforts in, preventing slavery and human trafficking practices in the supply chain and employment practices. See Appendix 7: Modern Slavery.

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 ongoing ill-treatment. It can be through neglect or poor professional practice because 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

12.4. Raising an Adult Safeguarding Concern

The procedure for raising adult safeguarding concerns is detailed in the Multi-Agency Adult Safeguarding Policies and Procedures document.

If an adult has capacity to provide informed consent, they must be asked to give their permission before a safeguarding concern can be raised. If they refuse, the staff member with the concern must discuss with their line manager to consider escalating to the ICB Safeguarding Team.

There are situations when a referral can still be made without the competent adult's consent if such a referral is:

- Within the public interest
- If other adults may be at risk

Where an adult does not have capacity to give informed consent to the referral, the principle of the MCA and Best Interest decision-making process must be followed. In most cases, it will always be in the Best Interest of a person who lacks capacity to make an adult safeguarding referral if necessary. See Appendix 3: Safeguarding Adults Procedure

12.5. Information sharing

All staff must recognise that sharing information is vital for early intervention to ensure that children and adults at risk are protected from abuse and neglect. Staff should ensure they are familiar with the ICB Information Governance Framework and Policy and have undertaken mandatory Information Governance Training. See Appendix 4: Information Sharing.

13. PREVENT

13.1. PREVENT Strategy

The Government's counter-terrorism strategy CONTEST. The strategy encourages co-operation between public service organisations and is built around four key principles, often referred to as the "four Ps":

- **Prevent**: To stop people from becoming terrorists or supporting terrorism.
- **Pursue**: To stop terrorist attacks by detecting, investigating, and disrupting terrorist activities.
- **Protect**: To strengthen protection against a terrorist attack, enhancing security measures.

- **Prepare**: To mitigate the impact of a terrorist attack and ensure a swift recovery.

The ICB is committed to the Prevent strategy. Staff have a responsibility to help the ICB fulfil its obligation to minimise risks by identifying and supporting individuals who may be prone to radicalisation and influence of violent extremism.

Healthcare professionals have a key role in Prevent because they will meet and treat people who may be susceptible to radicalisation. This includes not just violent extremism but also non-violent extremism which can reasonably be linked to terrorism, such as narratives used to encourage people into participating in or supporting terrorism. A person's susceptibility to radicalisation may be linked to their vulnerability. A person can be vulnerable if they need special care, support or protection because of age, disability, risk of abuse or neglect. A person's vulnerabilities may be relevant to their susceptibility to radicalisation and to the early intervention approach that is required to divert them away from radicalisation. In other cases, vulnerabilities may not be present or relevant to the early intervention approach required. Not all people susceptible to radicalisation will be vulnerable, and there are other circumstances, needs or other underlying factors that may make a person susceptible to radicalisation but do not constitute a vulnerability.

This commitment involves several key actions:

Training and Awareness: Ensuring that all healthcare staff are trained to recognise the signs of radicalisation and understand how to respond appropriately. This includes mandatory Prevent training for all NHS employees.

Early Identification and Intervention: Healthcare professionals are expected to identify individuals who may be susceptible to radicalisation and refer them to appropriate support services. This is part of the broader safeguarding duty to protect vulnerable individuals.

Reporting Concerns of Radicalisation: If you have a concern about an individual who may be at risk of being exploited by radicalisers and subsequently drawn into violent extremism, then please discuss with a member of the ICB Safeguarding team as onward referrals may be needed.

- To discuss any potential, Prevent concerns, call confidential anti-terrorist hotline: 0800 789 321
- For prevent concerns in Suffolk please phone MASH Professional Consultation Line and ask to speak to the Prevent Officer for guidance- Phone Number 0345 606 1499.
- For prevent concerns in Norfolk please fill in the Prevent referral form available on the local police website.

In the absence of the ICB Safeguarding Team being available please contact the following the most relevant option:

- Emergency, immediate threat: 999
- Non-emergency: 101 and ask for the Counter Terrorism Police

13.2. **Multi-Agency Collaboration**: Working closely with other agencies, such as local authorities, police, and community organisations, to share information and coordinate efforts to prevent radicalisation.

13.3. **Governance and Accountability**: NHS organisations are required to demonstrate their commitment to Prevent through robust governance structures. This includes maintaining records of compliance and providing regular reports on their Prevent activities.

See Appendix 5 for further PREVENT information

14. Mental Capacity Act (MCA) 2005

14.1. The Mental Capacity Act (MCA) is central to quality and improvement, patient involvement, and empowerment. The ICB must discharge its duty by ensuring that all commissioned services for people aged 16 and over are delivered in a way that respects the rights of individuals, particularly those who are vulnerable and may not be able to make decisions independently.

14.2. Providers must understand the legislation and statutory guidance and be able to demonstrate that they are operating within its framework. Ongoing performance and compliance with MCA and DoLS are monitored through evidence, performance review, and quality monitoring processes.

14.3. **Deprivation of Liberty Safeguards (DoLS)**

The safeguards provided by the DoLS scheme will continue to apply until the Liberty Protection Safeguards (LPS) is in place. Legal duties to determine if someone is, or will be, deprived of their liberty because of the arrangements for their care and treatment, remain. If this is the case, then legal authorisation is required, and decision-makers must comply with the existing legal requirements.

14.4. For adults residing in a care home or hospital, this would usually be provided by the DoLS. If the person is aged 16-17, or residing in any other settings, then an application to the Court of Protection should be considered. Decision-makers should always consider less restrictive options for that person, and they should avoid depriving someone of their liberty unless it is necessary and proportionate to prevent serious harm to the person.

See Appendix 6: Deprivation of Liberty Safeguards (DoLS).

Please refer to the ICB Policy covering Mental Capacity Act and Deprivation of Liberty Safeguards for further information.

15. Safeguarding Adults Board/Safeguarding Partnership

15.1. The Care Act (2014) sets out the statutory framework that requires all Local Authorities to institute a Safeguarding Adults Board for Norfolk (SAB) and Suffolk facing colleagues the Suffolk Safeguarding Partnership (SSP) are there to help and protect adults in its area. The SAB overseas and leads on *all* adult safeguarding across the entire locality area. The ICB is a statutory member of the Board and is required to ensure health engagement with the Board's work.

15.2. How a SAB/SSP must seek to achieve its objective by coordinating and ensuring the effectiveness of what each of its members does. The ICB will cooperate with the local authorities across Norfolk and Suffolk in the operation of the SAB/SSPs, and, as partners, will share responsibility for the effective discharge of its functions in safeguarding and promoting the wellbeing of adults.

15.3. Representation on the 2 local SAB/SSPs will be via the Designated Professionals for Safeguarding Adults.

- The ICB is responsible for providing and/or ensuring the availability of appropriate expertise, advice, and support to the SAB/SSPs, in respect of a range of specialist health functions, e.g., primary care, mental health, and sexual health.
- The ICB must ensure that all health organisations, including the third sector, independent healthcare sector, and social enterprises with which it has commissioning arrangements, have links with a specific SAB/SSP, and that health agencies work in partnership and accordance with their agreed local SAB/SSP plan**.** This is particularly important where Trusts' boundaries/catchment areas are different from those of SAB/SSPs. This includes Ambulance Trusts.

Norfolk Safeguarding Adults Board (NSAB)
Suffolk Safeguarding Partnership

15.4. **Safeguarding Adult Reviews (SARs)**

Section 44 of the Care Act 2014 stipulates that SABs must arrange a SAR when an adult in its area with care and support needs dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult. SABs must also arrange a SAR if an adult with care and support needs, in its area has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect.

Local SAR policies can be found on the local SAB/SSP webpage.
Safeguarding Adults Reviews (SARs) | Norfolk Safeguarding Adults Board
Adults Reviews » Suffolk Safeguarding Partnership (suffolksp.org.uk)

The ICB has a duty to work in partnership with the local SAB/SSP and/or any other SAB/SSP in conducting Safeguarding Adults Reviews.

15.5. **Other Reviews**

There are other reviews that the safeguarding team may need to be involved with where there is a cross over with safeguarding. These include:

- LEDER- This is a review that is undertaken to learn from the deaths of people with learning disabilities and autistic people.

- Mental Health Homicide Reviews- NHS England are responsible for the commissioning of these reviews. They are undertaken when a patient being treated for a mental illness commits a homicide.

- Serious Case Reviews – Associated with Multiagency Public Protection Arrangements following a case with multiple concerns.

- Offensive Weapon Homicide Reviews – OWHR are for those over the age of 18 yrs. To prevent the cause of serious violence and to prevent future weapons enabled homicides. Health participates in order to examine the circumstances or qualifying homicides involving offensive weapons.

16. Children and Young People

16.1. Where abuse or neglect involves someone below 18, the N&S ICB Safeguarding Children Policy should be followed. If a child or young person lives with an adult who is subject to abuse or neglect, then the child or young person's safety must also be considered, and the Safeguarding Children Policy should be followed (N&SICB Safeguarding Children Policy).

17. Equality Statement

10.1. This Policy will operate alongside the ICBs Equal Opportunities, Diversity at Work Policy, and Equality Delivery System. The ICB values the diversity of its employees, volunteers and people who are entitled to our services, irrespective of their race, disability, age, gender including sexual orientation, religion or belief, status, or grade.

10.2. The ICB assures employees, volunteers and people entitled to our services are treated fairly, equally and with respect and dignity. The ICB will challenge discriminatory attitudes and provide rules and standards of behaviour.

10.3. The use of this Policy will not discriminate directly or indirectly on the grounds of race, gender, sexual orientation, ethnic or national origin, religion, culture, disability, age, membership of a trade union or staff organisation or political affiliation.

10.4. The ICB will monitor the use of this Policy, as far as it is able, and take action if it appears that it is has a disproportionate effect.