NHS
Cornwall and
Isles of Scilly

Adult safeguarding policy

Date approved: 22 October 2025

NHS Cornwall and Isles of Scilly Integrated Care Board

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Introduction

This policy describes the way in which NHS Cornwall and Isles of Scilly Integrated Care Board (ICB) will implement its duties and responsibilities in relation to adult safeguarding and includes the ICB's expectations for services from which we commission care.

It is the responsibility of every NHS health care worker and NHS funded organisation to ensure the safeguarding of adults and children. This policy supports staff working within the ICB. It sets out the roles and responsibilities of the ICB in effective multi-professional and partnership working, promoting adults' welfare and safeguarding them from abuse and neglect.

The policy applies to all staff (permanent, fixed term, seconded or temporary and volunteers) of the ICB as well as all people who work on behalf of the ICB, including independent contractors. The ICB, as a commissioner of local health services is required to assure itself that the organisations from which it commissions health services have effective safeguarding arrangements in place.

The policy addresses the risk of harm from abuse and neglect. Everyone has the right to live their lives free from abuse and neglect. Some people, because of their circumstances, may not be able to exercise this right and are unable to protect themselves from abuse and neglect. Some people may be at greater risk from abuse and exploitation; this policy aims to advance equality of opportunity between people who share a protected characteristic and those who do not.

Purpose

The ICB must ensure that staff meet the legal requirements as laid out in law, such as The Care Act 2014, Equality Act 2010, and the Human Rights Act 1998 and to meet its statutory obligations with regards to safeguarding.

This policy describes the responsibilities of all staff to identify abuse and to correctly share information and make referrals.

Adherence to this policy will ensure the aims of safeguarding which are to:

- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- making safeguarding personal by ensuring adults at risk are supported to maintain choice and control over the decisions that affect their lives and to be involved to the extent that they are able
- promote an outcomes approach in safeguarding that works for people resulting in the best experience possible

The commissioners' safeguarding responsibilities include assuring themselves of the safeguarding safety and effectiveness from the services it commissions. The ICB must work with key partners such as NHS England, local authorities and safeguarding adult boards to meet their duties as outlined in the NHS England Safeguarding accountability and assurance framework 2024 and in the safeguarding adult intercollegiate document roles and competencies for health care staff 2024.

The ICB is committed to delivery of care that is culturally and religiously sensitive to the needs of all individuals and groups.

People identified for protected characteristics may be at greater risk from abuse and exploitation and this policy aims to demonstrate how we support staff to work with people so we can advance equality of opportunity between people who share a protected characteristic and those who do not.

This policy should be read in conjunction with the Cornwall and Isles of Scilly Adult Safeguarding Board adult safeguarding policy.

Scope and definitions

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. The Care and support statutory guidance, updated 2025 states that it is vital that people and organisations work together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

This policy relates to adults who are 18 or over; noting that legislation relating to domestic abuse and mental capacity applies to those who are 16 and over.

The ICB supports a think family approach. This approach recognises that anyone may suffer abuse or neglect at some time in their life and be at risk of poor outcomes. It also recognises that neither adults nor children exist in isolation. When responding to concerns, about abuse or neglect, staff working across all NHS services have a responsibility to consider the risks to everyone living in a household and those who are part of a person's family and relationship network.

If matters arise relating to safeguarding children, the ICB child protection policy and procedure must be applied.

The policy uses the term 'adult safeguarding.' By this term, the policy includes but is not limited to the following areas of abuse, neglect, exploitation and violence:

- safeguarding adults with care and support needs

- domestic violence and abuse
- prevent
- modern slavery
- female genital mutilation
- sexual violence
- serious violence

The Mental Capacity Act 2005 is relevant to all the above areas as it is the statutory framework that we use to support all people over the age of 16 who are unable to make, or need additional support in making, decisions about their life.

Safeguarding adults who have care and support needs

The Care Act 2014 sets out safeguarding duties and responsibilities that apply to adults with care and support needs. These duties apply to an adult where all the following apply:

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

6 key principles are laid out in the care and support statutory guidance, updated July 2025 and should underpin the ICB's approach to safeguarding:

1. **Empowerment**: people being supported and encouraged to make their own decisions and informed consent
2. **Prevention**: it is better to act before harm occurs
3. **Proportionality**: a proportionate and least intrusive response appropriate to the risk presented
4. **Protection**: support and representation for those in greatest need
5. **Partnership**: local solutions through services working with their communities; which have a part to play in preventing, detecting and reporting neglect and abuse
6. **Accountability**: accountability and transparency in delivering safeguarding

To support the safeguarding of adults at risk, there should also be consideration of Prevent and the Mental Capacity Act (MCA) 2005. This policy should be read in conjunction with the ICB Prevent policy and MCA policy.

Safeguarding definitions

Adult - A person who is over the age of 18.

Adult at risk - This refers to the person who has experienced, or who is at risk of experiencing abuse and or neglect.

Advocacy - If the adult has 'substantial difficulty' in understanding and engaging with a safeguarding enquiry, the local authority must ensure that there is an appropriate person to help them and, if there is not, arrange an independent advocate. (Care Act 2014 section 42 and 68).

Best interest - The Mental Capacity Act 2005 states that if a person over the age of 16, lacks mental capacity to make a particular decision, then whoever is making that decision or taking any action on that person's behalf must do so in the person's best interest.

Concern - When a person is considered to be at risk of or experiencing abuse or neglect which is likely to cause harm. This replaces the previously used term "alert."

Commissioning - The process of arranging and continuously improving services which deliver the best quality outcomes for patients and meet the population's health needs.

Making safeguarding personal (MSP) - MSP is about asking the person for their wishes and wants and keeping these as central to the decision making as far as possible.

Domestic abuse

Some people who are experiencing domestic abuse and violence may not be able to protect themselves because of the coercion and control applied by the person causing the abuse (perpetrator). Domestic abuse can happen to any person, with or without care and support needs.

For support with domestic abuse, refer to the ICB domestic abuse policy.

Behaviour of a person ("a") towards another person ("b") is "domestic abuse" if both the following apply:

- a and b are each aged 16 or over and are personally connected to each other
- the behaviour is abusive

Behaviour is "abusive" if it consists of any of the following:

- physical or sexual abuse
- violent or threatening behaviour
- economic abuse
- psychological, emotional or other abuse
- acquire, use or maintain money or other property or obtain goods or services

2 people are "personally connected" to each other if any of the following applies:

- they are or have been married to each other
- they are or have been civil partners of each other
- they have agreed to marry one another (whether or not the agreement has been terminated)
- they are, or have been in an intimate personal relationship with each other
- they have, or there has been a time when they each have had a parental relationship in relation to the same child
- they are relatives (as per the meaning given in the Family Law Act 1996)

The aim of the Domestic Abuse Act 2021 is to:

- provide clear information on what domestic abuse is, and how to identify it
- provide guidance and support to frontline professionals who have responsibilities to safeguard and support victims of domestic abuse
- signpost responding agencies to other sources of guidance on domestic abuse

The Domestic Abuse Act 2021 states that the NHS has a key role in providing care and support to victims through a wide range of health care services. Staff working in the NHS can help identify victims, potential victims and perpetrators of domestic abuse and signpost or refer them to appropriate support.

Female genital mutilation (FGM)

FGM comprises all procedures involving partial or total removal of the external female genitalia. It includes any other purposeful injury to the external female genitalia for non-medical reasons.

FGM is an abusive and violent practice against females, both children and adult women. It is an extremely harmful practice leading to significant morbidity both in the short and long term and can result in death. FGM has been illegal in the UK since 1985.

The ICB must ensure that through its commissioning processes, mandatory reporting and recording of FGM to the Department of Health and NHS England is included in the safeguarding procedures of providers.

The FGM information sharing system is a national IT system, linked to the NHS spine that supports the early intervention and ongoing safeguarding of girls, under the age of 18, who are potentially at risk of female genital mutilation.

Modern slavery

The Modern Slavery Act 2015 covers a number of situations and circumstances where people are exploited. This exploitation is often accompanied by intimidation, threats of violence and other abuse to keep the victim enslaved. It covers, for example, forced labour, sexual exploitation, criminality and organ harvesting. Children and adults may

both be affected either directly, or indirectly. Some of the signs that a person is being subjected to modern slavery are:

- their behaviour: they may be frightened, withdrawn, and not willing to talk
- their appearance: they may be unkempt, have few possessions or be malnourished,
- inappropriate work conditions; little or no pay, working long hours with inappropriate clothing and or equipment for the job
- a fear of or reluctance to speak to agencies or those deemed to be in authority
- debt bondage; being in debt to or dependant on someone else
- their accommodation, which may be overcrowded and poorly maintained
- a lack of control with no form of identification, no access to a bank account and transport to work provided
- a lack of freedom, being unable to move freely and unwilling or scared to leave

Prevent

The Prevent duty is part of the government's counter-terrorism strategy, CONTEST, and aims to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism.

The objectives of Prevent are to:

- tackle the ideological causes of terrorism
- intervene early to support people susceptible to radicalisation
- enable people who have already engaged in terrorism to disengage and rehabilitate

Healthcare workers should be trained to recognise the safeguarding signs correctly and be aware of. They should locate the available support, including the channel programme where necessary. Preventing someone from being drawn into terrorism is comparable to safeguarding in other areas, including child abuse or domestic violence. This is required in the Prevent statutory guidance.

Staff should refer to the ICB Prevent policy for guidance on how to respond to concerns about people being drawn into terrorism.

Sexual violence and sexual exploitation

Sexual assault and abuse are serious crimes which continue to have a significant impact on our society. The devastating consequences for any victim can often be misunderstood and neglected. Despite this, a vast number of victims remain hidden due to a fear of coming forward or a lack of faith in organisations.

Serious violence duty

The Serious Violence Duty 2022 required that local authorities, ICBs the police, specified criminal justice agencies and fire and rescue authorities should work together as specified authorities to formulate an evidence-based analysis of the problems associated with serious violence in a local area. They should then produce and implement a strategy in response to those issues.

Prisons, youth custody agencies and educational authorities may also need to work with these core partners. There is guidance about the serious violence duty, which staff should refer to as needed.

Mental Capacity Act and deprivation of liberty safeguards (DoLS)

Deprivation of Liberty (DoL) is the means to deprive someone of their liberty, in that they are not free to live elsewhere and are under continuous supervision and control.

A Deprivation of Liberty Safeguard (DoLS) is the process conducted by local authorities to authorise a DoLS, ensuring that any deprivation of liberty is made in the person's best interest.

The MCA 2022 provides a statutory framework to empower and protect anyone aged 16 or over that is unable to make their own decisions or needs support in doing so. The Mental Capacity Amendment Act 2019 sets out a new framework called the liberty protection safeguards (LPS) which provides a framework to authorise a deprivation of liberty.

It is essential that all ICB staff work in accordance with the MCA and its associated code of practice. Staff should refer to the MCA and DoLS policy for guidance.

How to safeguard adults in Cornwall and the Isles of Scilly

If you need to safeguard an adult first assess is there an immediate danger from a crime.

What to do if you think abuse is happening:

- If someone is injured or is in immediate danger, you should call 999
- If you think a crime is being committed, you should call the police on 101
- If an adult is experiencing abuse or neglect, make an online safeguarding referral, or 0300 1234 131.

At all times if you are not sure about whether to make a referral, please discuss with your manager or safeguarding lead. You can contact the ICB adult safeguarding lead via ciosicb.scatconcern@nhs.net.

Actions to consider if you think abuse is happening

If you are concerned that an adult may be at risk of or experiencing abuse or neglect, then please discuss with your line manager or safeguarding lead and consider the following:

- Any immediate steps you or your organisation can take to support the person (or others) and keep them safe.
- If the concern relates to neglect of care by a provider, have you informed the manager of the service (unless doing so would put people at risk)?
- Does the person need any referrals for general support to partner agencies for their physical, emotional or social wellbeing such as social care, mental health, substance misuse services?
- Are there any children as part of the family network who may be at risk? If so, apply the ICB safeguarding children policy.
- Do they meet the Care Act 2014 adult safeguarding criteria as:
  - needing care and support (whether or not they are being met)
  - is experiencing, or at risk of, abuse and neglect; and as a result of the care and support needs is unable to protect themselves from abuse and neglect?
- Once you have considered consent and capacity (see section below on consent and capacity) and deemed this to be appropriate then make a referral to the Cornwall Council adult safeguarding service. Further details are provided in the section below about how to make a referral).
- Does the person need any referral to other safeguarding services, for example domestic abuse or sexual violence?
- Once you have considered consent and capacity and deemed this to be appropriate then make a referral. See table 1 for services that are available.
- Check that you have documented the assessment, rationale and actions contemporaneously. Plan to review this if needed.

Consent and capacity to make a safeguarding referral

Step 1

Does the person have the mental capacity to consent to the safeguarding (or any other) referral? If yes, proceed to step 3. If no, proceed to step 2.

Step 2

If they do not have mental capacity, then make a best interest decision. If the outcome is that the referral is in the person's best interest, then make a safeguarding referral to the Cornwall Council safeguarding team if they have care and support needs and to or any other agency as per table 1.

Step 3

If they do have mental capacity, do they give informed consent for the referral?
If yes refer if needed to the adult safeguarding team at Cornwall Council or any other agency as per table 1 or encourage the person to do so. If they do not consent proceed to step 4.

Step 4

If they do not give consent, consider if your referral will protect others or if there is significant risk to that person. Is the abuse or neglect related to their care? If it is, then refer to the adult social care as per the section below. If there is no significant risk to others, consider referring for support to other agencies.

There is more information in this policy on the sections about information sharing and capacity and consent.

Make a safeguarding adult referral

Cornwall

All professionals must complete safeguarding referral via the online portal. You will receive a written response to your referral.

If you are a practitioner and need advice you can ring Cornwall Council adult safeguarding team on 01872 326433.

Isles of Scilly

Contact Isles of Scilly adult social care team on 01720 424 470. If you need to speak to someone outside of 9am to 5pm, Monday to Friday phone 01720 422699.

Ongoing responsibilities after a safeguarding referral has been made

Making a safeguarding referral does not affect the responsibilities of staff to continue working with the person after the referral has been made. This should continue in accordance with the role of the employing organisation. All healthcare organisations have a responsibility to work together with other agencies and the person as part of the safeguarding process. This may include undertaking actions requested by the local authority that are appropriate for the person's role and responsibility.

Staff are also expected to consider the outcome of any referrals that are made and to raise any concerns about the outcome with their line manager, the service or the ICB safeguarding lead.

Training

All ICB staff need to be competent to safeguard adults who have care and support needs as outlined in adult safeguarding: roles and competencies for health care staff. All managers have a duty to ensure their staff are compliant with the guidance. The ICB must ensure staff safeguarding training is in place as outlined in the NHS safeguarding accountability and assurance framework 2024.

It is the duty of the employee to comply with the training standards that are set in accordance with their roles and responsibilities. Staff are also responsible for seeking out additional training, supervision and where any gaps are identified.

The ICB will have a safeguarding training and supervision strategy that will set out how we support staff to receive the appropriate training so they can support individuals who need safeguarding in an effective and competent manner, in accordance with their roles and responsibilities.

Supervision

All clinical ICB staff must ensure they access safeguarding supervision regularly and when the need arises. All managers must ensure their staff are adequately supervised in line with their needs. The ICB must ensure staff supervision is in place as outlined in the NHS accountability and assurance framework 2024.

The ICB will have a safeguarding supervision policy which sets out how we support staff to receive the appropriate supervision so they can support individuals who need safeguarding in an effective and competent manner, in accordance with their roles and responsibilities.

Capacity and consent

Each adult person affected by abuse, should be consulted where possible regarding whether or not they wish action to be taken in relation to their own situation. If the adult person does not wish to report the abuse, a discussion must take place with the safeguarding adults lead regarding the appropriate course of action.

A referral may be needed to safeguard other service users and staff, such as whether it is in the public interest or to prevent or report a crime. Whenever possible every effort must be made to obtain the consent of an adult to report abuse taking into consideration the principles of the MCA 2005 and to ensure the principles of making safeguarding personal.

Safeguarding and information sharing

The effective functioning of this policy relies on the sharing of information about safeguarding between organisations. Robust information sharing is at the heart of safe and effective safeguarding practice. Information sharing is covered by legislation, principally the UK General Data Protection Regulation (GDPR) and Data Protection Act 2018.

ICB and provider staff must have due regard to the relevant data protection principles which allow them to share personal information. The GDPR and Data Protection Act 2018 do not prevent, or limit, the sharing of information for the purposes of keeping children, young people and adults safe.

It is crucial to understand that sharing information, when there is a lawful need to do so, and maintaining its security and confidentiality are compatible activities. Concerns about information sharing should never prevent someone taking action to protect people from abuse and neglect.

Caldicott principles, principle 7 states; “The duty to share information for individual care is as important as the duty to protect patient confidentiality”.

Trauma informed practice

As ICB staff undertake safeguarding activities, it will need to be aware of the impact of trauma on the individuals within the organisation and the individuals and the families it cares for. This approach will enable people to feel safe enough to establish and build trust with ICB services and to re-establish control over their lives.

Communication

It is important to be able to communicate clearly with the people you are safeguarding. Communication barriers sometimes prevent professionals from being able to accurately assess, support and protect.

Reasonable adjustments must be made to support the person to communicate with the person to gain their thoughts and feelings about the safeguarding concerns, this is an important part of making safeguarding personal.

If an interpreter is required, you must use an official interpreter. A family member may be influenced by other interests, and you may not get a clear picture. Be aware a person may be able to speak in English but may not be able to read English. It can be necessary to adjust communication techniques and to seek advice regarding how and when to best communicate with a person.

The types of abuse and how people can access information and support

Table 1 provides:

- a summary and definition of the different areas of safeguarding
- the types of abuse that may occur
- links to the services that can support the person
- links to further information and guidance

Table 1: Adult safeguarding area, definitions and sources of support

Type of abuse	Definitions, examples and sources of support
Safeguarding adults who have care and support needs	Safeguarding is defined as the protection of a person's health, wellbeing, and right to live in safety, free from harm, abuse, and neglect. The term 'safeguarding adults' refers to all work done to help adults with care and support needs to stay safe from abuse and neglect. The Care Act 2014 defines the types of abuse which require a referral to adult social care (relevant local authority). NICE guidance is available to support staff to understand what is safeguarding adults. **If someone is in immediate danger, or there is an emergency, call 999.** **For concerns about an adult in Cornwall:** • Contact Cornwall Council adult social care safeguarding team 0300 1234 131 (out of hours number 01208 251300) You can find advice and information on the websites below: • Safeguarding adults - Cornwall Council • Cornwall and Isles of Scilly Safeguarding Adults Board **For concerns about an adult on the Isles of Scilly:** • Contact the Council of the Isles of Scilly adult social care department on 0300 1234 105 (out of hours 01720 422699) You can find advice and information on the websites below: • Council of the Isles of Scilly • Cornwall and Isles of Scilly Safeguarding Adults Board

Type of abuse	Definitions, examples and sources of support
Physical abuse	Hitting, slapping, kicking, being locked in a room or restrained inappropriately
Domestic violence and abuse	Using controlling, forcible or threatening behaviour, violence, or abuse against a partner, family member or someone in the same household as defined in the Domestic Abuse Act 2021. For advice and how to make a referral see Safer Futures website or call 0300 777 4 777
Sexual violence and abuse	Forcing someone to take part in a sexual activity which they don't or can't consent to. Including rape, indecent exposure, sexual harassment inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts and sexual assault or sexual acts. 24-hour information line: 0300 303 4626 or referring to Devon and Cornwall Sexual Assault Referral Centres (SARC) The Southwest Survivor Pathway is a free resource for anyone who has experienced sexual violence and abuse. Developed by experts, this directory is the first step in accessing support.
Psychological or emotional abuse	Shouting, teasing, name-calling, bullying, frightening or pressuring someone into decisions; not allowing someone to contact friends or family. This includes issues such as: • enforced social isolation • removing mobility or communication aids or intentionally leaving someone unattended when they need assistance • preventing someone from meeting their religious • preventing someone from meeting their cultural needs • preventing the expression of choice and opinion • failure to respect privacy • bullying, swearing or verbal abuse • threats of harm or abandonment • cyber bullying

Type of abuse	Definitions, examples and sources of support
Financial abuse	Misusing, stealing or taking away someone's money, bank cards or belongings. Theft, fraud internet scamming. This can also be an aspect of domestic abuse, such as coercive control. Financial abuse can take a lot of different forms so will look different within different relationships. Examples would be theft, fraud, misuse of personal allowance in a care home, someone moving into a person's home and living rent free without agreement or under duress, misuse of a power of attorney, deputy, appointee ship or other legal authority, denying assistance to access benefits. For further advice see: • Action Fraud • Report a concern about a misuse of a power of attorney
Modern slavery	Bringing people into the UK illegally, not allowing them to leave, or forcing them to work for no or little pay (including as a domestic servant or sex worker). Encompasses slavery, human trafficking, forced labour, debt bondage 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. For advice see: • Government modern slavery statement • Modern Slavery Act 2015 • ICB modern slavery statement Information about help and support is available in 11 different languages on the government modern slavery web page
Discriminatory	Unequal treatment, because of their age, disability, race, sex, sexual orientation, gender reassignment, marriage and civil partnership, pregnancy and maternity, or religion and belief. This can be direct or indirect. For advice see: • discrimination your rights • your rights under Equality Act 2010

Type of abuse	Definitions, examples and sources of support
Organisational concerns about providers	Organisational abuse is the neglect or harm of an adult, or adults within a provider organisation when the structures, policies, processes, and practices within that organisation are believed to be causing avoidable harm or the risk of avoidable harm. Organisational safeguarding requires practitioners, commissioners and the local authority to balance the well-being of the adult(s) with transferable risks and harm. How concerns are addressed depends on level of risk and the impact on people using the service. The Provider Quality Feedback (PQF) form is a single point of contact to notify Cornwall Council adult social care quality assurance team of isolated, low risk incidents and or quality concerns, about adult social care services. You can also use the form to highlight good practice within high-quality provider services For advice see • Cornwall and Isles of Scilly Safeguarding Adults Board organisational safeguarding policy • Guidance on Provider Quality Feedback - Cornwall Council
Neglects and acts of omission	Examples of this include failure to administer medication as prescribed, ignoring or isolating the person, ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support, withholding of the necessities of life, not taking account of individuals cultural, religious or ethnic needs, preventing the person from making their own decisions. See adults with care and support needs.
Self-neglect	Self-neglect describes a wide range of behaviours where a person with mental capacity neglects to care for their personal hygiene, health, or surroundings. It can be challenging to address because of the need to find the right balance between respecting a person's autonomy and fulfilling a duty of care to protect their health and wellbeing. When considering if a safeguarding response is required it is essential to establish if the person has capacity to make decisions about their own wellbeing, and if they are able or willing to care for themselves — adults who are able to make choices may make decisions that others think of as self-neglect. The SAB has a self-neglect policy.

Type of abuse	Definitions, examples and sources of support
FGM	FGM is illegal in the UK. It is a cultural not religious practice. Commissioning services to support women and girls with female genital mutilation 2015 provides advice to commissioners Other sources of information are; • services for women and girls with FGM • fact sheets with detail on FGM • multi-agency statutory guidance on FGM
Forced marriage	A forced marriage is where one or both people do not or cannot consent to the marriage, and pressure or abuse is used to force them into marriage. There is government guidance about forced marriage For support contact the forced marriage unit or charities for this, such as Halo.
County lines	This term relates to gangs moving illegal drugs within the UK into 1 or more imported area, using vulnerable people or children. They do this using dedicated mobile phone or 'deal lines' They are likely to exploit children and vulnerable adults to move and store the drugs and money using intimidation, violence, including sexual violence and weapons. The national crime agency provides information how to recognise those who are be subject to exploitation and provides information about support services. The National Crime Agency provides further information.
Hate crime	This is a criminal offence which is perceived to be motivated by hostility or prejudice related to someone's race, religion, sexual orientation, transgender identity or disability. You can report hate crime centrally, via the government's hate crime webpage. Victim Support can provide support and advice to people experiencing hate crime.
Anything else. or if you are not sure or which service to contact	**In an emergency dial 999** Contact the ICB safeguarding team on ciosicb.scatconcern@nhs.net who will be in touch to support. Contact 101 to report a non-emergency crime

Staff roles and responsibilities

The ICB is accountable to NHS England. The ICB has a clear line of accountability in relation to the delivery of its safeguarding duties. These are set out below:

Chief executive officer

The chief executive officer:

- is accountable to the ICB chair and board for delivery of strategies against the agreed financial plan. This includes the strategic plans of safeguarding boards and partnerships
- leads a positive culture of how the NHS responds to safeguarding in Cornwall and the Isles of Scilly.
- assures themselves that their local safeguarding arrangements are effective and keep adults safe. This includes systems of assurance for delivery against contracts

Chief nursing officer

The chief nursing officer is accountable to and reports to the chief executive officer.

The chief nursing officer acts as the executive lead for safeguarding, providing professional advice to the ICB board and the relevant committees. They are supported by the designated, named and lead professionals for safeguarding.

The responsibilities of the chief nursing officer are to:

- lead on supporting the chief executive and board for safeguarding people of all ages
- promote a positive culture of how the NHS responds to the safeguarding in Cornwall and the Isles of Scilly.
- is accountable for ensuring that the joint forward plan sets out how the ICB responds to the needs of adults who need safeguarding.
- ensure that all safeguarding functions are performed effectively and that there are effective assurance mechanisms in place.
- lead the relationship with key safeguarding partners, to improve outcomes.
- ensure the arrangements are in place for representation at safeguarding boards and partnerships, delegating attendance at the Cornwall and Isles of Scilly Safeguarding Adults Board executive group.

Director of nursing

The director of nursing is accountable and reports to the chief nursing officer and deputises for them. They support the chief nursing officer, providing the ICB with the capacity to meet all the statutory duties in relation to safeguarding. They also ensure

that the accountable officer, directors, and governing body can access professional advice in relation to when required.

The role ensures the connection between other areas of ICB business, such as quality and patient safety and is responsible for the ICB contribution to the system quality group.

Head of nursing

The ICB head of nursing reports to the director of nursing and is accountable to the chief nursing officer.

The head of nursing is the lead designated professional and is responsible for leading and overseeing programmes of work in relation to domestic abuse to ensure the effective implementation of this policy.

The role is responsible for preparing submissions on a regular basis to the relevant ICB committees and preparing the safeguarding submission for the ICB joint forward plan.

The head of nursing represents the ICB at the SAB executive group.

Lead nurse for adult safeguarding

The professional lead for adult safeguarding reports to the head of nursing and is accountable to the chief nursing officer.

The professional lead for adult safeguarding is an expert and leader for adult safeguarding. They are a vital source of safeguarding advice and expertise for all relevant agencies, including health commissioners in ICB's, the local authority and NHS England, other health professionals in provider organisations, system quality groups, regulators, safeguarding adult boards and the health and wellbeing board.

The adult safeguarding lead is required to;

- Be able to access the ICB executive (board level) lead for safeguarding, to enable the right level of influence of safeguarding on the commissioning process.
- Work across the local health system to support professionals in their agencies on all aspects of adult safeguarding and prevent.
- Provide, for single and multiagency learning reviews, a health perspective and be responsible for quality assuring the health content and disseminating the lessons learnt.
- Attend reflective or restorative supervision meetings regularly. These supervision meetings must be formally documented and should be professionally facilitated if possible.
- Assist with enabling safeguarding adults to be an integral part of the ICB clinical and quality governance framework.

- Promote, influence, and develop safeguarding training and supervision for both ICB and other related agencies to meet the training and supervision needs of staff.
- Provide advice on the development and monitoring of the safeguarding aspects of contracts and or service specification.
- In accordance with the safeguarding adult board guidance, support with allegations against people in positions of trust (PIPOT) concerns; resolving any interagency issues that may arise whilst adhering to the relevant human resources policy
- Ensure all ICB staff have access to training for safeguard adults at the appropriate level to their role as per adult safeguarding intercollegiate document and provide data about this.

Named GP for adult safeguarding

The named GP reports to the head of nursing and is accountable to the chief nursing officer.

The named GP promotes, within general practices, the provision of effective primary care services to safeguard adults at risk and to improve their outcomes. They facilitate GPs and practice staff to understand their roles and fulfil their responsibilities towards the protection and safeguarding of adults. They also link with the ICB board about safeguarding adults and work with the lead professional.

GP practices are required to have a lead for safeguarding and MCA, who should work closely with the named GPs and the adult safeguarding lead and or MCA lead.

MCA lead

This role is responsible for providing support and advice to clinicians in individual cases, and supervision for staff in areas where these issues may be particularly prevalent and or complex. They also have a role in highlighting the extent to which their own organisation is compliant with the MCA through undertaking audit, reporting to the governance structures and providing training.

The MCA lead is responsible for providing the court of protection with the necessary information for people that the ICB are responsible for funding.

ICB commissioning

The ICB has a duty to ensure that the services it commissions are safe, effective and appropriate for the needs of our population.

Practitioners and commissioners may need to work in partnership with the local authority (adult social care) to balance the well-being of the adult(s) with transferable risks and harm. How safeguarding concerns are addressed depends on level of risk and the impact on people using the service.

Commissioners should be assured of the safety and effectiveness of commissioned services through quality Assurance frameworks and activities, including the robust performance and contract management of commissioned providers. This also includes the commissioners' responsibilities for services within the host authority area which are commissioned by others.

Concerns about quality of care and safety should always be discussed with the provider in the first instance. The exception is if that by raising concerns there could be a risk of harm to children or adults at risk by doing so.

Necessary and proportionate information sharing with ICB continuing healthcare, commissioning, and quality team is central to safeguarding people in the services we commission and consider the potential for transferable risks to others.

As a statutory safeguarding partner, and commissioner of NHS services, the ICB will often support the health system response to organisational safeguarding concerns. Where there are organisational safeguarding concerns the Cornwall and Isles of Scilly organisational safeguarding policy should be followed.

Commissioning managers and procurement

They will liaise with the safeguarding leads in the ICB to ensure that service specifications of all health providers from whom services are commissioned include clear service standards for safeguarding and promoting the welfare of adults. These standards will then be robustly managed through the ICB's contract monitoring processes, ensuring oversight from the ICB safeguarding leads.

Commissioning managers will ensure that all new pathways, commissioning cases and schemes are impact assessed by the ICB's quality impact assessment to ensure all consideration is given to safeguarding requirements.

All staff

All ICB staff have a responsibility to play a part in the prevention, detection and reporting of neglect and abuse.

Each member of staff has responsibilities to:

- follow the safeguarding policies and procedures
- recognise abuse and neglect and know where to seek advice
- participate in safeguarding training in line with the job role
- understand the principles of confidentiality and information sharing in line with local and government guidance
- discuss any safeguarding concerns for an adult at risk with their line manager, senior colleague or designated or lead nurse for safeguarding adults
- have regard for the Care Act, 2014

All healthcare staff must comply with their professional codes of conduct, policies, guidelines, and contracts of employment.

Managers

Each manager has responsibilities to:

- ensure that all their own staff members have adequate and appropriate training for their roles and responsibilities within adult safeguarding
- ensure they follow the ICB recruitment policies and procedures regarding safer recruiting practices including obtaining references, disclosure and barring service (DBS) checks, ID checks and Offenders Rehabilitation Act 2014 requirements
- ensure that staff who have direct contact with patients have access to supervision and understand their role in relation to identification of the types of abuse and the need to refer to local authority safeguarding adult teams
- provide a safe environment and an approachable atmosphere, so staff can raise and discuss safeguarding concerns

People and development team

The people and development team have a particular role in relation to implementing those areas of the framework that relate to safer recruitment and responding to concerns about a person's suitability to work in a position of trust, along with ensuring that staff are suitably trained to conduct any function in relation to safeguarding in accordance with their roles.

Continuing healthcare (CHC) nurse assessors and coordinators

There are additional expectations of the CHC staff who review and assess CHC eligibility and oversee ICB funded packages of care. This group of staff needs to;

- be able to apply the MCA 2005 in accordance with their day-to-day work and evidence this in records
- recognise a deprivation of liberty
- check a DoLS authorisation is in place
- recognise a situation which may need escalation to the Court of Protection and to refer to the MCA lead
- contribute to section 42 enquiries and the multi-agency response to an adult who needs safeguarding

Mental health commissioning team, including transforming care clinical review officers

There are additional expectations of the CHC staff who review and assess CHC eligibility and oversee ICB funded packages of care. This group of staff needs, in combination with the Mental Health Act 1983 to;

- be able to apply the MCA 2005 in accordance with their day-to-day work and evidence this in records
- recognise a deprivation of liberty
- check a DoLS authorisation is in place
- recognise a situation which may need escalation to the Court of Protection and to refer to the MCA lead
- contribute to section 42 enquiries and the multi-agency response to an adult who needs safeguarding

ICB statutory and strategic safeguarding responsibilities

The ICB has a statutory responsibility as part of the safeguarding adults board in Cornwall and the Isles of Scilly and has a number of statutory safeguarding duties to the adults within our geographical area.

The safeguarding legislation relevant to ICBs can be found within the Adult safeguarding, legislation, guidance and policy section.

ICB's are statutory safeguarding partners. They are responsible for the provision of effective clinical, professional and strategic leadership to the partners in our safeguarding adults board, including the quality assurance of safeguarding through their contractual arrangements with all provider organisations.

Integral to the development of networks is the support, guidance and peer review that can be provided for safeguarding. ICB safeguarding leaders must work in collaboration with their local integrated care system, primary care networks, general practice GPs and other professionals to ensure safeguarding legal requirements are integral to their networks.

ICB's must gain assurance from all commissioned services, both NHS and independent healthcare providers, throughout the year. Assurance may consist of assurance visits, such as safeguarding adult board (SAB) audits and attendance at provider safeguarding committees.

Safeguarding forms part of the NHS standard contract (service condition 32) and commissioners need to agree with providers, through local negotiation, what contract monitoring processes are used to demonstrate compliance with safeguarding duties.

We deliver these statutory duties in accordance with the NHS England safeguarding accountability and assurance framework 2024.

The ICB must demonstrate that there are appropriate systems in place for discharging their responsibilities in respect of safeguarding, to include:

- a clear line of accountability for safeguarding, properly reflected in the ICB governance arrangements
- clear policies outlining their commitment, and approach, to safeguarding, including safe recruitment practices and arrangements for dealing with allegations against people who work with children and adults
- training their staff in recognising and reporting safeguarding issues, adequate supervision and ensuring staff are competent to carry out their safeguarding responsibilities
- equal system leadership between the local authority, the police and the ICB and effective inter agency working with local authorities, the police and third sector organisations, including appropriate arrangements to co-operate with the local authority in the operation of safeguarding adult boards and health and wellbeing boards
- ensuring effective arrangements for information sharing
- employing the expertise of designated professionals or equivalent professional for safeguarding adults
- effective systems for responding to abuse and neglect of adults
- supporting the development of a positive learning culture across partnerships for safeguarding adults, ensuring organisations manage risk correctly
- working with the local authority to ensure access to community resources that reduce isolation for adults and promote making safeguarding personal, means it should be person led and outcome focused
- ensuring that adult and children's services work together to commission and provide health services that ensure a smooth transfer or transition for young people and children in care from children's to adult's services

Where appropriate, agencies must undertake a safeguarding enquiry when caused to do so by the local authority. For example, ICB staff may lead on or contribute to the safeguarding enquiry when a person is funded by continuing healthcare and is experiencing abuse or neglect. In undertaking the enquiry, staff should apply the principles of the care and support statutory guidance 2025 and in accordance with the terms of reference agreed with the local authority.

ICB Care Act 2014 duties

The Care Act 2014 states the following about the statutory responsibilities of the ICB and health. This includes:

- the requirement that each local authority must set up a SAB of which the ICB must be a member and is responsible for co-delivering the functions of the board

- cooperating with the local authority, each of its relevant partners and other agencies to protect adults experiencing or at risk of abuse or neglect

Safeguarding boards and partnerships in Cornwall and the Isles of Scilly

The ICB has a duty to be a member of and is responsible for the co delivery of the functions of the Cornwall and Isles of Scilly SAB.

Cornwall and the Isles of Scilly SAB

Under the terms of the Care Act 2014, each local authority must set up a SAB, with statutory partners from the local authority, police and ICB. A SAB has a strategic purpose.

The ICB must be represented on the SAB. We fulfil the above requirements to co-deliver the functions of the SAB by:

- the chief nursing officer delegating attendance at the SAB strategic group to the ICB head of nursing
- Attendance at the SAB board by the lead nurse for adult safeguarding and or the chief nursing officer

The work programme of the SAB is supported by the ICB lead and named safeguarding adult professionals for safeguarding through their attendance at the board subgroups.

Safer Cornwall community safety partnership

The ICB is a ‘responsible authority’ of the local community safety partnership, known as Safer Cornwall.

The Crime and Disorder Act 1998 introduced a statutory framework for community safety partnerships (CSPs). CSPs are made up of representatives from the police, local council, fire service, health service, probation as well as many others. Their purpose is to make the community safer, reduce crime and the fear of crime, reduce anti-social behaviour and work with business and residents on the issues of most concern. They also manage strategic plans for certain areas of safeguarding for example prevent, domestic abuse, serious violence and modern-day slavery.

The ICB must be represented on Safer Cornwall as a ‘responsible authority.’

Statutory safeguarding reviews

The Cornwall and Isles of Scilly Safeguarding Adult Board and Safer Cornwall have a duty, under certain circumstances to undertake a review of a death or serious harm when abuse or neglect has occurred.

Statutory adult safeguarding reviews include:

- safeguarding adult reviews
- domestic abuse related death reviews, previously known as domestic homicide reviews
- multi agency public protection (MAPPA) reviews

Safeguarding adult reviews (SARs)

SARs are required under the Care Act 2014 and convened by a safeguarding adult board when an adult has died from, or has experienced, serious abuse or neglect, and there is reasonable cause for concern about how service providers and agencies worked together to safeguard the person.

The purpose of SARs is described very clearly in the statutory guidance as to 'promote effective learning and improvement action to prevent future deaths or serious harm occurring again.' The aim is that lessons can be learned from what happened to the person and for those lessons to be applied to future cases to prevent similar harm re-occurring.

A panel, which includes a ICB representative, is convened to review the involvement of each agency and produce an investigation report identifying any learning and make recommendations for improvement. Other cases of concern can be referred for a SAR if it is felt there are opportunities for multiagency learning which could improve future outcomes.

Domestic abuse related death reviews (DARDRs)

A domestic abuse related death review (DARDR), previously known as domestic homicide reviews (DHR), is carried out where a person has died as a result of abuse, violence or neglect by a relative, intimate partner or member of the same household. DARDRs were established on a statutory basis under Section 9 of the Domestic Violence, Crime and Victims Act (2004).

The home office statutory guidance for DHRs 2016 states a DHR (DARDR) is a multi-agency review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by a person to whom they were related or with whom they were, or had been, in an intimate personal relationship, or a member of the same household as themselves.

Partnership Working

To fulfil the requirements of its duties to work in partnership with the local authority and other agencies, and meets its duties in relation to the ICB SAB and Safer Cornwall, including shared responsibility for the completion of SARs and DHRs, ICB will:

- support and guide the safeguarding agenda of its partners and in monitoring the effectiveness of partnership working
- provide strategic representation for health on the partnership boards and appropriate subgroups
- participate in assurance processes
- provide appropriate professional advice to the local authorities as needed when deciding the outcome of section 42 enquiries relating to commissioned health care services
- be committed to the monitoring of safeguarding training within its provider organisations to ensure it is complaint with the adult safeguarding: roles and competencies for healthcare staff intercollegiate document 2024 (intercollegiate document) to ensure public safety with regards to safeguarding and to promote wellbeing

Allegations against staff involving abuse or neglect - adults

It is a requirement of the Care Act (2014) that SABs should establish a framework and process for any organisation to respond to allegations against anyone who works (in either a paid or an unpaid capacity) with adults with care and support needs. In Cornwall, this is known as the 'Managing allegations against PIPOT' (person in a position of trust) process.

Any allegations against staff must be escalated immediately to the line manager, the people and development team and the safeguarding leads who will consult with the appropriate people and development team partner. For concerns about staff misconduct, the appropriate people and organisational development policy must be followed.

Where there is an allegation that a member of staff in a ICB or primary care services has abused or neglected an adult in their personal life, the designated or lead professional for safeguarding adults in the ICB should be informed, NHS England accountability and assurance framework, 2024.

The senior lead responsible for safeguarding may raise a safeguarding concern with the appropriate local authority where the alleged incident happened. The local authority will determine if a Care Act section 42 enquiry is required and will make a referral to the police if needed.

In conjunction with the head of nursing, the line manager and the people and development team, a decision will be made regarding proportionate action for the worker. This may include suspension or relocation within the organisation.

When the local authority and or police deem necessary the case will be passed to the ICB human resources team for internal management with support from the safeguarding leads.

The worker will be offered support from the people team, occupational health support and or other means as needed.

Freedom to speak up at work (whistleblowing)

An important part of providing care is ensuring a working environment that encourages people to challenge practices in their own workplace. The law offers some protection from victimisation to people who blow the whistle under the Public Interest Disclosure Act (PIDA) 1998. The parameters of 'protected disclosure' are set out in the Employment Rights Act (ERA) 1996.

A culture of open practice is needed to protect and support safeguarding within the organisation. Professional reporting or "whistleblowing" is about sharing information with the intention of identifying and preventing continuing abusive, poor practice or the neglect of adults that is likely to cause harm.

All staff (paid or unpaid) who work with an adult who is experiencing, or is at risk of, abuse or neglect have an individual responsibility to raise concerns about abuse or poor practice and have a right to know that they will be supported if they are acting in good faith.

For further information on professional reporting see www.gov.uk/whistleblowing and ICB freedom to speak up policy.

Governance

National governance

The chief nurse for NHS England has ultimate accountability for safeguarding in the NHS, supported by a national head of safeguarding.

NHS England provide oversight and assurance of ICB's safeguarding arrangements and support ICB's in meeting their responsibilities. NHS England is responsible for empowering local systems to hold partners to account, ensuring that there are safe systems in place to meet their safeguarding needs.

The regional chief nurse Within each NHS England region, the regional chief nurse has the lead responsibility for safeguarding for both children and adults, with a regional safeguarding lead heading the portfolio of work.

ICB governance

Governance of the safeguarding process is defined in the NHS England Safeguarding Accountability and Assurance Framework 2024.

The reporting and recommendations to the relevant ICB committee responsible for quality (as the committee with delegated authority for quality) are prepared through the ICB safeguarding assurance meeting. The ICB is accountable for all duties and responsibilities through its board and joint peninsula committee, to which the finance, performance and quality committee reports.

Quality assurance and monitoring

The ICB has systems in place for quality assuring the safeguarding governance systems within provider organisations from which they directly commission services and this is set out in the ICB safeguarding accountability and assurance framework.

Contract leads and providers should raise concerns if they are concerned about compliance.

Update and review

All policies and similar documents must be dated when approved and a review date also included. This will usually be 3 years unless there is an indication to the contrary. It is the responsibility of the author (or nominated officer) to be aware of influencing factors and to initiate reviews promptly within the 3 years if appropriate.

Where review is necessary due to legislative change, this will happen as soon as practicably possible.

Adult safeguarding legislation, guidance and policy

Legislation

- Action Counters Terrorism 2025
- Care Act 2014
- Counter Terrorism and Security Act 2015
- Crime and Disorder Act 1998
- Criminal Justice and Courts Act 2015
- Employment Rights Act 1996

- Domestic Abuse Act 2021
- Domestic Violence, Crimes and Victims Act 2004
- Female Genital Mutilation Act 2003
- Human Rights Act 1998
- Mental Capacity Act 2005
- Mental Capacity Amendment Act 2019
- Mental Health Act 2007
- Modern Slavery Act 2015
- Public Interest Disclosure Act 1998
- Offender Rehabilitation Act 2014
- Safeguarding Vulnerable Groups Act 2006 and the Protection of Freedoms Bill
- Serious Crime Act 2015
- Sexual Offences Act 2003
- Terrorism Act 2000
- Terrorism Act 2006
- Victims and Prisons Act 2024

Safeguarding statutory guidance

- Care and support statutory guidance, updated July 2025
- Care Act Statutory Guidance 2019.
- Channel Duty Guidance: Protecting people susceptible to radicalisation 2023
- Domestic abuse – statutory guidance, July 2022
- NHS England Safeguarding accountability and assurance framework 2024
- Mental Capacity Act Code of Practice, updated 2020
- Multi-agency statutory guidance on female genital mutilation, updated in 2020
- Prevent duty guidance: England and Wales 2023
- Serious Violence Duty statutory guidance, 2022

Policies referred to in this document

- the ICB safeguarding children policy
- the ICB prevent policy
- the ICB MCA and DoL policy
- Cornwall and Isles of Scilly Safeguarding Adult Board adult safeguarding policy
- Cornwall and Isles of Scilly Safeguarding Adult Board organisational safeguarding policy
- Home Office multi agency statutory guidance for the conduct of domestic homicide reviews (2016).
- Human Rights Act 1998.
- NHS standard contract 2024/25 - Particulars (full length).
- Prevent duty guidance: England and Wales (2023).
- UK GDPR and Data Protection Act 2018.

Appendix 1: Impact assessment

Name of policy, service or decision to be assessed: Adult safeguarding policy
Department or section: Nursing and quality
Date of assessment: 22 September 2025
Person(s) responsible for the assessment: Cerian Margetts
Is this a new or existing policy? Existing

General background information

Reason for undertaking full impact assessment: Change to policy or procedure, three-yearly review.

Describe the aims, objectives and purpose of the policy, service change or development:

To ensure the ICB has processes in place to keep adults at risk of abuse or neglect whilst, wherever possible, keeping their wishes and beliefs are the heart of decision making. To minimise the effects of or prevent abuse and harm.

Anticipated timetable for decision: Less than 1 month.

What areas will this impact? Cornwall and Isles of Scilly.

Which of the strategic objectives apply to this full impact assessment? Other - improve care experience and improve health and wellbeing.

What are the commissioning arrangements? Other – cover whole of the ICB in all aspects of practice.

What are the contractual implications for the policy or service change? All staff and commissioned services should comply with this policy.

Who implements the policy or service? The ICB.

Who benefits or is intended to benefit from this policy or service? All service users especially adults at risk of abuse or neglect.

What health and social care outcomes are achieved or wanted from this policy or service? Reducing health inequalities.

How will this be monitored? Multiple sources.

What factors or forces could contribute or detract from the outcomes? Service pressure can affect impact.

Who are the main stakeholders in relation to the policy or service? All staff and safeguarding partners.

Is there clinical evidence for effectiveness of the policy or service? Yes – national.

Does this policy or service link to health and social care overall strategy for the next 5 years and current direction of travel for integrated communities? Yes.

Engagement

How have you engaged stakeholders in gathering or testing the evidence available? Policy based on national findings from public enquiries and legislation and local system policy.

What is the experience of individuals who access the service? Multiple – impact of the policy on adult safeguarding is largely positive but due to the nature of the issues involved outcome can be mixed.

How have you engaged stakeholders in testing the policy or service proposals? Based on multi-agency policy which is developed by stakeholders.

F**or each engagement activity, please state who was involved, how and when they were engaged, and the key outputs**:

Impacts

Access to services

Aspect	+ or – impact	Details and plans to minimise negative impact
Ability of people to access the service	Positive	Not applicable
Eligibility of people to receive the service	Positive	Not applicable
Longer term sustainability of the service	Positive	Not applicable
Reducing health inequalities	Positive	Not applicable
Waiting times to receive service	Positive	Not applicable

Quality of services

Aspect	+ or – impact	Details and plans to minimise negative impact
Choice for members of the public	Positive	Not applicable

Aspect	+ or – impact	Details and plans to minimise negative impact
Clinical performance or outcomes	Positive	Not applicable
Cohesion with wider services	Positive	Not applicable
Operational effectiveness	Positive	Not applicable
Statutory NHS targets	Positive	

Members of the public and carers

Aspect	+ or – impact	Details and plans to minimise negative impact
Carer experience	Positive	Not applicable
Psychological	Positive	Not applicable
Privacy and dignity	Positive	Not applicable
Public care journey and pathway	Positive	Not applicable
Public care standards	Positive	Not applicable
Public experience	Positive	Not applicable
Public safety	Positive	Not applicable

Wider community

Aspect	+ or – impact	Details and plans to minimise negative impact
Cohesion with community strategy	Positive	Not applicable
Community safety, crime, and disorder	Positive	Not applicable
Environment, including climate change	Positive	Not applicable
Information management	Positive	Not applicable
Local economy	Positive	Not applicable
Rural isolation	Positive	Not applicable
Safeguarding*	Positive	Not applicable
Social care	Positive	Not applicable
Technology	Positive	Not applicable
Transport	Positive	Not applicable

* For safeguarding, consider the Care Act 2014 6 key principles: empowerment, prevention, proportionality, protection, partnership, and accountability.

Wider system partners

Has consideration been given to sharing with all appropriate meetings, groups or organisations?

Aspect	+ or – impact	Details and plans to minimise negative impact
Care homes	Positive	Not applicable
Cornwall Council	Positive	Not applicable
Cornwall Partnership NHS Foundation Trust	Positive	Not applicable
Council of the Isles of Scilly	Positive	Not applicable
Domiciliary care providers	Positive	Not applicable
E-zec Medical Transport	Positive	Not applicable
Hospice providers	Positive	Not applicable
Kernow Health Community Interest Company (CIC)	Positive	Not applicable
NHS 111	Positive	Not applicable
Out of hours primary care	Positive	Not applicable
Primary care	Positive	Not applicable
Royal Cornwall Hospitals NHS Trust	Positive	Not applicable
South Western Ambulance Service NHS Foundation Trust	Positive	Not applicable
University Hospitals Plymouth NHS Trust	Positive	Not applicable
Other system partners - please specify and add lines as necessary	Positive	Not applicable

Financial aspect

Aspect	+ or – impact	Details and plans to minimise negative impact
Implications for individual or carer	Positive	Not applicable
Implications for local authorities	Positive	Not applicable
Implications for the ICB	Positive	Not applicable
Implications for other NHS commissioning organisations	Positive	Not applicable
Implications for GP practice	Positive	Not applicable
Implications for primary care network (PCN)	Positive	Not applicable
Implications for surrounding practices	Positive	Not applicable

Aspect	+ or – impact	Details and plans to minimise negative impact
Implications for NHS provider organisations	Positive	Not applicable
Implications for peninsula	Positive	Not applicable
Implications for private sector	Positive	Not applicable
Implications for voluntary sector	Positive	Not applicable

Anticipated climate of opinion

Aspect	+ or – impact	Details and plans to minimise negative impact
Clinical opinion	No impact	Not applicable
Colleagues	No impact	Not applicable
Local community	No impact	Not applicable
Media	No impact	Not applicable
Political	No impact	Not applicable

Protected characteristics

What is the differential impact on people from the perspective of race, nationality and/or ethnic origin? Does this have a positive or negative impact on people who have a black, Asian and minority ethnic (BAME) background? How will any negative impacts be mitigated?

This policy promotes equity in service provision and seeks to ensure all are safe from abuse and neglect regardless of background or experience.

What is the differential impact on people from the perspective of sex? Does this have a positive or negative impact on people who identify as male, female, or intersex? How will any negative impacts be mitigated?

This policy promotes equity in service provision and seeks to ensure all are safe from abuse and neglect regardless of background or experience.

What is the positive or negative differential impact on people from the perspective of disability? How will any negative impacts be mitigated?

This policy promotes equity in service provision and seeks to ensure all are safe from abuse and neglect regardless of background or experience.

What is the differential impact on people from the perspective of sexual orientation? Does this have a positive or negative impact on people who identify as heterosexual, lesbian, gay, bisexual, pansexual, or asexual? How will any negative impacts be mitigated?

This policy promotes equity in service provision and seeks to ensure all are safe from abuse and neglect regardless of background or experience.

What is the positive or negative differential impact on people from the perspective of age? How will any negative impacts be mitigated?

This policy promotes equity in service provision and seeks to ensure all are safe from abuse and neglect regardless of background or experience. This policy is specifically aimed at protecting adults with care and support needs but can be applied in any care setting or environment that may come into contact with adults at risk.

What is the positive or negative differential impact on people from the perspective of religion or belief? How will any negative impacts be mitigated?

This policy promotes equity in service provision and seeks to ensure all are safe from abuse and neglect regardless of background or experience.

What is the positive or negative differential impact on people from the perspective of marriage and civil partnership? This is particularly relevant for employment policies. How will any negative impacts be mitigated?

This policy promotes equity in service provision and seeks to ensure all are safe from abuse and neglect regardless of background or experience.

What is the differential impact on people from the perspective of gender re-assignment? Does this have a positive or negative impact on people who identify as trans or transgender, non-binary or gender fluid? How will any negative impacts be mitigated?

This policy promotes equity in service provision and seeks to ensure all are safe from abuse and neglect regardless of background or experience.

What is the differential impact on people from the perspective of pregnancy and maternity? Does this have a positive or negative impact on people who are pregnant, breast feeding mothers, or those on maternity leave? How will any negative impacts be mitigated?

This policy promotes equity in service provision and seeks to ensure all are safe from abuse and neglect regardless of background or experience.

Other identified groups. How will any negative impacts be mitigated?

This policy promotes equity in service provision and seeks to ensure all are safe from abuse and neglect regardless of background or experience.

Human rights

How have the core human rights values of fairness, respect, equality, dignity, and autonomy been considered in the formulation of this policy, service, or strategy? If they have not, please review this document and amend to incorporate these values.

This is described in the policy itself.

Which of the human rights articles does this document impact?

The right:

☒ to life
☒ not to be tortured or treated in an inhuman or degrading way
☒ to liberty and security
☒ to a fair trial
☒ to respect for home and family life, and correspondence
☒ to freedom of thought, conscience, and religion
☒ to freedom of expression
☒ to freedom of assembly and association
☒ to marry and found a family
☒ not to be discriminated against in relation to the enjoyment of any of the rights contained in the European Convention
☒ to peaceful enjoyment of possessions

Which of the UN Convention on the Rights of the Child does this document impact?

Every child has the right to:

☒ Relax and play (Article 31)
☒ Freedom of expression (Article 13)
☒ Be safe from violence (Article 19)
☒ An education (Article 28)
☒ Protection of identity (Article 8)
☒ Sufficient standard of living (Article 27)
☒ Know their rights (Article 42)
☒ Health and health services (Article 24)

What existing evidence (either presumed or otherwise) do you have for this?

Safeguarding is intrinsic to promoting human rights and ensuring prevention of discrimination and harm.

How will you ensure that those responsible for implementing the policy are aware of the human rights implications and equipped to deal with them?

Governance is in place to ensure the policy is embedded in practice and this includes promoting human rights.

Social Value Act 2012

The ICB is committed and obliged to fulfil the requirements of the public sector Social Value Act 2012. This act requires the organisations to consider how services commissioned or procured might improve the economic, social, and environmental wellbeing of an area. Please describe how this will support and contribute to the local system, wider system, and community.

Aspect	+ or – impact	Details and plans to minimise negative impact
Economic: promote skills, tackle worklessness, maintain employment, increase volunteer hours to support the community and promote inclusion	Positive	Not applicable
Environmental: support local, reduce congestion	Not applicable	Not applicable
Inclusion of small medium size enterprises (SMEs) in the process and supply chain	Not applicable	Not applicable
Social: reduce anti-social behaviour, tackle exclusion by promoting inclusion including to vulnerable groups	Positive	Not applicable

General public sector equality duties

Describe how the policy contributes towards eliminating discrimination, harassment, and victimisation.

This policy promotes equity in service provision and seeks to ensure all are safe from abuse and neglect regardless of background or experience.

Describe how the policy contributes towards advancing equality of opportunity.

This policy promotes equity in service provision and seeks to ensure all are safe from abuse and neglect regardless of background or experience.

Describe how the policy contributes towards promoting good relations between people with protected characteristics.

This policy promotes equity in service provision and seeks to ensure all are safe from abuse and neglect regardless of background or experience.

Any other impact not identified above?

No.

Summary

If the differential impacts identified are positive, explain how this policy is legitimate positive action and will improve outcomes, services and/or the working environment for that group of people.

Promotion and adherence to this policy will ensure staff are confident to uphold the rights of adults to live without abuse and neglect. This will be monitored via a robust governance structure.

Explain what amendments have been made to the policy or mitigating actions have been taken, and when they were made.

Updated to ensure take into account changes in practice and legislation.

If the negative impacts identified have been unable to be mitigated through amendment to the policy or other mitigating actions, explain what your next steps are using the following full impact assessment action plan.

None identified

Responsible person: Cerian Margetts, lead nurse for adult safeguarding

Timescale for completion: 1 month.

Issues to be addressed: Not applicable.

Action required: Not applicable.

Action taken: Not applicable.

Comments: Not applicable.

This impact assessment should accompany the policy or service change documentation through the sign off process.

Completed by: Cerian Margetts
Date: 22 September 2025

Signed (head of department or section): Executive Team

Date: 22 October 2025

Please ensure that a signed copy of this form with the policy is sent to both the corporate governance team and equality and diversity lead.

Comments and reviews

Reviewed by	Date	Any comments not captured above