

Requirements of the Care Act for Partner Organisations

This document has been produced by the London Borough of Barking and Dagenham Care Act Team to set out the requirements that the Care Act 2015 places on partner organisations based on the Care Act Guidance.

It is not a substitute for the Care Act Guidance produced by the Department of Health: it is a heavily summarised document for quick reference purposes

Requirements on partners' safeguarding arrangements are set out on pages 12 to 23.

	Para	PREVENTING, REDUCING OR DELAYING NEEDS	Partner
1	2.15	To prevent needs emerging across health and care, integrated services should draw on a mixture of qualified health, care and support staff, working collaboratively to deliver prevention. This could involve, for instance, reaching beyond traditional health or care interventions to help people develop or regain the skills of independent living and active involvement in their local community.	All partners
2	2.27	Where the local authority does not provide such types of preventative support itself, it should have mechanisms in place for identifying existing and new services, maintaining contact with providers over time, and helping people to access them. Local approaches to prevention should be built on the resources of the local community, including local support networks and facilities provided by other partners and voluntary organisations	All partners
3	2.30	Understanding unmet need will be crucial to developing a longer-term approach to prevention that reflects the true needs of the local population. This assessment should also be shared with local partners, such as through the health and wellbeing board, to contribute to wider intelligence for local strategies. Preventative services, facilities or resources are often most effective when brought about through partnerships between different parts of the local authority and between other agencies and the community such as those people who are likely to use and benefit from these services.	All Partners
4	2.32	Preventing needs will often be most effective when action is undertaken at a local level, with different organisations working together to understand how the actions of each may impact on the other.	All partners
5	2.33	Across the local landscape, the role of other bodies including the local NHS (e.g. GPs, dentists, pharmacists, ophthalmologists etc.), welfare and benefits advisers (e.g. at the Jobcentre Plus), the police, prisons in respect of those persons detained or released with care and support needs,	All partners

		service providers and others will also be important in developing a comprehensive approach to prevention of care and support needs.	
6	2.35	A local authority must cooperate with each of its relevant partners and the partners must cooperate with the local authority, for example, in relation to the provision of preventative services and the identification of carers, a local authority must cooperate with NHS bodies.	All partners

	Para	INFORMATION AND ADVICE	Partner
		Duty to establish and maintain a service	
7	3.14	While the local authority must establish and maintain a service, the duty does not require they provide all elements of this service. Rather, the local authority is expected to understand, co-ordinate and make effective use of other high quality statutory, voluntary and/or private sector information and advice resources available to people within their areas. This may also include provision of a service or parts of a service in conjunction with one or more local authorities, health services, children's services, or reuse of information from other local or national sources. When a local need for additional information and advice services is identified, local authorities should recognise the relevance of independent and impartial advice and should consider carefully whether services should be provided by the local authority directly or by another agency, including independent providers.	Voluntary and private sector information and advice resources Other LAs Health services Children's Services
		What should be provided	
8	3.24	The information and advice service should include, information and advice on: <ul style="list-style-type: none"> • available housing and housing-related support options for those with care and support needs; • effective treatment and support for health conditions, including Continuing Health Care arrangements; • availability and quality of health services; • availability of services that may help people remain independent for longer such as home improvement agencies, handyman or maintenance services; • availability of intermediate care entitlements such as aids and adaptations; • eligibility and applying for disability benefits and other types of benefits; • availability of employment support for disabled adults; • children's social care services and transition; • availability of carers' services and benefits; • sources of independent information, advice and advocacy; • the Court of Protection, power of attorney and becoming a Deputy; • raise awareness of the need to plan for future care costs; • practical help with planning to meet future or current care costs; • accessible ways and support to help people understand the different types of abuse and its prevention. 	Housing Health Home improvement / maintenance services Benefit agencies/ employment support Children's services Carers groups Court of Protection
		Money management	
9	3.45	Different people will need different levels of support from the local authority and other providers of information and advice depending on their financial capability, their care needs and the amount they are expected to contribute. The local authority may be able to provide some of this information itself, for example of welfare benefits, but where it cannot, it should help people access it.	All Partners
10	3.49	Staff within a local authority and other frontline staff should have the knowledge to direct people to the financial information and advice they need explaining the differences and potential benefits from seeking regulated or non-regulated financial advice. Local authorities should ensure frontline staff are able to support people to access the information and advice they need to make good financial decisions.	Front line staff

		Safeguarding	
11	3.53	The information and advice provided must also cover who to tell when there are concerns about abuse or neglect and what will happen when such concerns are raised, including information on how the local Safeguarding Board works.	Safeguarding Adults Board and its partners
		Reviewing and developing a plan or strategy	
12	3.59	<p>The development of information and advice plans and their implementation should be an ongoing and dynamic process, involving all relevant stakeholders, rather than a one off occurrence. The plan and the resulting service should adapt to changing needs and as a result of feedback and learning on what works best. The plan should be reviewed at agreed intervals. As a minimum, the process of developing a local plan should include:</p> <ul style="list-style-type: none"> • engagement with people, carers and family members, to understand what is working and not working for them, their preferences and how their information advice and advocacy needs can best be met; • adopting a 'co-production' approach to their plan, involving user groups and people themselves, other appropriate statutory, commercial and voluntary sector service providers, and make public the plan once finalised; • mapping to understand the range of information, advice and advocacy services, including independent financial advice and different providers available; • coordination with other statutory bodies with an interest in care and support, including local Clinical Commissioning Groups, Health and Wellbeing Boards, local Healthwatch and neighbouring local authorities; • building into the plan opportunities to record, measure and assess the impact of information and advice services rather than simply service outputs. 	<p>All stakeholders</p> <p>Service users and carers Statutory, commercial and voluntary sector provides CCGs HWB HealthWatch Neighbouring LAs</p>
13	3.63	As part of their plans, local authorities should consider the persons and/or places most likely to come into contact with people in need of information and advice at these and other critical points in the person's care and support journey. This may be another statutory party, such as a GP or other NHS professional, other professionals, such as a solicitor or funeral director, care and support and housing providers, or a local group, user-led or charitable organisation, rather than the local authority itself. Local authorities should consider whether independent sources of information and advice may in some circumstances be more trusted – and therefore more effective – than the local authority itself	<p>GPs Health professionals Solicitors Funeral directors Housing Local groups</p>
14	3.68	Some national providers, for example the Money Advice Service and NHS choices, may also offer free access to tools, resources and information content that can be integrated into local authority websites or delivered in paper formats. Local authorities are encouraged to explore how they can make the most of cost-effective partnership opportunities with national providers. Referral or signposting to national sources should only occur where this is deemed to be in the best interests of the person and their circumstances and should not take the place of local services necessary for local authorities to discharge their duty under the Act. Local authorities will need to find the appropriate balance between local and national provision to cost-effectively meet their local need.	National providers

15	3.69	Information and advice provided, whether directly by a local authority or by third parties as part of the information and advice service that the local authority establishes and maintains, should be of a good standard and, where appropriate, delivered by trained or suitably qualified individuals	All providers of information and advice
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	Para	MARKET SHAPING	Partner
16	4.88	The Health and Social Care Act 2012 sets out specific obligations for the health system and its relationship with care and support services. It gives a duty to NHS England, clinical commissioning groups, Monitor and Health and Wellbeing Boards to make it easier for health and social care services to work together to improve outcomes for people. Section 3 of the Care Act places a corresponding duty on local authorities to carry out their care and support functions with the aim of integrating services with those provided by the NHS or other health-related services, such as housing.	NHS CCG Monitor HWBs

	Para	MANAGING PROVIDER FAILURE	Partner
17	5.17	From April 2015, the financial “health” of certain care and support providers will become subject to monitoring by the Care Quality Commission (CQC). The Care and Support (Market Oversight Criteria) Regulations 2014 set out the entry criteria for a provider to fall within the regime. CQC will determine which providers satisfy the criteria using data available to it. It will notify the providers which meet the entry criteria.	CQC
18	5.18	CQC must then assess the financial sustainability of the provider’s business. If it assesses there is a significant risk to the financial sustainability of the provider’s business, there are certain actions CQC may take with that provider (none of which involve local authorities).	CQC
19	5.19	Where CQC is satisfied that a provider in the regime is likely to become unable to continue with their activity because of business failure, it is required to tell the local authorities which it thinks will be required to carry out the temporary duty, so that they can prepare for the local consequences of the business failure. CQC will inform local authorities once it is satisfied the provider is unlikely to be able to carry on because of business failure. CQC’s trigger to contact authorities is that it believes the whole of the regulated activity in respect of which the provider is registered is likely to fail, not parts of it.	CQC
20	5.20	Where CQC considers it necessary to do so to help a local authority to carry out the temporary duty, it may request the provider to provide it with information and CQC must then give the information, and any further relevant information it holds, to the local authorities affected.	CQC
21	5.21	If the CQC is of the view that a provider is likely to become unable to continue with its activity because of business failure, the CQC should work closely together with the affected local authorities to help them fulfil their temporary duty. Local authorities should consider the guidance which it is anticipated CQC will publish early in 2015 on its operation of the market oversight function and how it will work with authorities in such situations.	CQC
22	5.22	In exercising its market oversight functions, CQC must have regard to the need to minimise the burdens it imposes on others.	CQC

	Para	ASSESSMENT AND ELIGIBILITY	Partner
23	6.3	A joint assessment is where relevant agencies work together to avoid the person undergoing multiple assessments (including assessments in a prison, where local authorities may need to put particular emphasis on cross-agency cooperation and sharing of expertise).	All partners
24	6.4	People may approach a local authority for an assessment, or be referred by a third party	All partners
25	6.75	People may have needs that are met by various bodies. Therefore, a holistic approach to assessment which aims to bring together all of the person's needs may need the input of different professionals such as adult care and support, children's services, housing, experts in the voluntary sector, relevant professionals in the criminal justice system, health or mental health professionals.	Children's Services Housing Voluntary Sector Criminal Justice System Health
26	6.77	Where more than one agency is assessing a person, they should all work closely together to prevent that person having to undergo a number of assessments at different times, which can be distressing and confusing.	All partners
27	6.78	Where a person has both health and care and support needs, local authorities and the NHS should work together effectively to deliver a high quality, coordinated assessment	NHS
28	6.81	Whilst local authorities have a duty to carry out an assessment they cannot arrange services that are the responsibility of the NHS (e.g. care provided by registered nurses and services that the NHS has to provide because the individual is eligible for NHS CHC). Responsibility for arranging and monitoring the services required to meet the needs of those who qualify for NHS CHC rests with the NHS.	NHS
29	6.82	Individuals may require care and support provided by their local authority and/or services arranged by CCGs. Local authorities and CCGs therefore have a responsibility to ensure that the assessment of eligibility for care and support and CHC respectively take place in a timely and consistent manner. If, following an assessment for NHS CHC, a person is not found to be eligible for NHS CHC, the NHS may still have a responsibility to contribute to that person's health needs – either by directly commissioning services or by part-funding the package of support. Where a package of support is commissioned or funded by both an LA and a CCG, this is known as a 'joint package' of care. A joint package of care could include NHS-funded nursing care and other NHS services that are beyond the powers of a local authority to meet. The joint package could also involve the CCG and the local authority both contributing to the cost of the care package, or the CCG commissioning part of the package. Joint packages of care may be provided in a nursing or care home, or in a person's own home, and could be by way of joint personal budget.	CCGs
30	6.83	Local authorities and CCGs in each local area must agree a local disputes resolution process to resolve cases where there is a dispute between them about eligibility for NHS CHC, about the apportionment of funding in joint funded care and support packages, or about the operation of refunds guidance. Disputes should not delay the provision of the care package, and the protocol should make clear how funding will be provided pending resolution of the dispute. Where disputes relate to local authorities and CCGs in different geographical areas, the	CCG

		disputes resolution process of the responsible CCG should normally be used in order to ensure resolution in a robust and timely manner. This should include agreement on how funding will be provided during the dispute, and arrangements for reimbursement to the agencies involved once the dispute is resolved.	
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	Para	INDEPENDENT ADVOCACY	Partner
31	7.21	The duty to consider the need for an independent advocate to support a person's involvement in an assessment applies equally to people whose needs are being jointly accessed by the NHS and the local authority or where a package of support is, planned, commissioned or funded by both a local authority and a Clinical Commissioning Group (CCG), known as a 'joint package' of care.	NHS CCG
32	7.23	People who do not retain a right to an Independent Mental Health Advocate (IMHA), whose care and support needs are being assessed, planned or reviewed by the NHS and local authority should be considered for an advocate under the Care Act, if they have substantial difficulty in being involved and if there is no appropriate person to support their involvement.	NHS
33	7.26	There is increasing case law on adult safeguarding from the Court of Protection of which advocates and practitioners should be aware.	Advocates and practitioners
34	7.27	If a safeguarding enquiry needs to start urgently then it can begin before an advocate is appointed but one must be appointed as soon as possible. All agencies need to know how the services of an advocacy can be accessed and what their role is.	All partners

	Para	INTEGRATION, CO-OPERATION AND PARTNERSHIP	Partner
		Duty to Co-operate	
35	15.2	Sections 3, 6 and 7 of the Act require that: <ul style="list-style-type: none"> • local authorities must carry out their care and support responsibilities with the aim of promoting greater integration with NHS and other health-related services; • local authorities and their relevant partners must cooperate generally in performing their functions related to care and support; and, supplementary to this, • in specific individual cases, local authorities and their partners must cooperate in performing their respective functions relating to care and support and carers wherever they can. 	All partners
36	15.15	All public organisations should work together and co-operate where needed, in order to ensure a focus on the care and support (including carers' support) and health and health-related needs of their local population.	All partners
37	15.18	Local Authorities and relevant partners must co-operate when exercising any respective functions which are relevant to care and support. This requirement relates to organisations' existing functions only, and the Act does not confer new functions.	All partners
38	15.21	The local authority must co-operate with each of its relevant partners, and the partners must also co-operate with the local authority, in relation to relevant functions. The Act specifies the "relevant partners" who have a reciprocal responsibility to co-operate. These are: <ul style="list-style-type: none"> • other local authorities within the area (i.e. in multi-tier authority areas, this will be a district council); • any other local authority which would be appropriate to co-operate with 	NHS bodies Department for Work and Pensions Police Prison services Probation services

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		<p>in a particular set of circumstances (for example, another authority which is arranging care for a person in the home area);</p> <ul style="list-style-type: none"> • NHS bodies in the authority's area (including the primary care, CCGs, any hospital trusts and NHS England, where it commissions health care locally) • local offices of the Department for Work and Pensions (such as Job Centre Plus); • police services in the local authority areas and prisons and probation services in the local area. 	
39	15.22.	<p>There may be other persons or bodies with whom a local authority should co-operate if it considers this appropriate when exercising care and support functions, in particular independent or private sector organisations. Examples include, but are not limited to, care and support providers, NHS primary health providers, independent hospitals and private registered providers of social housing, the Care Quality Commission and regulators of health and social care professionals.</p>	<p>Independent and Private Sector Social housing providers CQC Regulatory bodies</p>
40	15.25	<p>Co-operation in relation to care and support functions should form part of a local authority and partners' general strategic thinking, which should inform how they exercise these functions day-to-day. However, there will be individual cases where more specific co-operation will be required, and a local authority or partner will need to explicitly ask one another for co-operation, for example, by requesting specific action in an individual case. The Care Act provides an express duty for the local authority and partner to ask each other for co-operation in individual cases.</p>	<p>All partners</p>
41	15.28	<p>Where the local authority or relevant partner decide to use this mechanism, they should notify the other in writing, making clear the relevant Care Act provisions. If the local authority or the relevant partner decides not to co-operate with a request, then they must write to the other, setting out reasons for not doing so. Local authorities and their relevant partners must respond to requests to cooperate under their general public law duties to act reasonably, and failure to respond within a reasonable time frame could be subject to judicial review.</p>	<p>All partners</p>
42	15.30	<p>In order to support joint working, it is important that all partners involved are clear about their own responsibilities, and how they fit together. Section 22 of the Care Act sets out the limits on what a local authority may provide by way of healthcare and so, in effect, sets the boundary between the responsibilities of local authorities for the provision of care and support, and those of the NHS for the provision of health care.</p>	<p>NHS</p>
43	15.34	<p>Where the person has a 'primary health need' as set out in regulations and as determined following an assessment of need under national guidance, it is the responsibility of the health service to meet all assessed health and associated care and support needs, including suitable accommodation, if that is part of the overall need.</p>	<p>NHS</p>
44	15.37	<p>The provisions on the discharge of hospital patients with care and support needs are contained in Schedule 3 to the Care Act 2014 and the Care and Support (Discharge of Hospital Patients) Regulations 2014 ("the Regulations"). These provisions enable the NHS to seek reimbursement from local authorities where they consider it necessary in order to assist the NHS and local authorities in working together effectively and efficiently to plan the safe and timely discharge of NHS hospital patients from NHS acute medical care facilities to local authority care and support. The purpose of these provisions is to maintain the existing scope of the reimbursement regime but to update existing</p>	<p>NHS</p>

		provisions to reflect the current NHS and care and support landscape. Also, in light of the drive to improve integration between health and social care provision the recovery of any reimbursement has now been placed on a discretionary rather than mandatory footing.	
45	15.38	Schedule 3 to the Care Act covers: <ul style="list-style-type: none"> • the scope of the hospital discharge regime and the definition of the patients to whom it applies; • the notifications which an NHS body must give a local authority where the NHS considers that it is not likely to be safe to discharge the patient unless arrangements for meeting the patient's needs for care and support are put in place; • the period for which an NHS body can consider seeking reimbursement from a local authority, where that local authority has not fulfilled its requirements to assess or put in place care and support to meet needs, or (where applicable) to meet carers' needs for support, within the time periods set such that the patient's discharge from hospital is delayed. 	NHS
46	15.39	The Regulations and this guidance both set out further details of the form and content of what the various types of NHS notification notices must and should contain to ensure the local authority has relevant information to comply with its requirements to undertake assessments, and to put in place any arrangements necessary for meeting any of the patient's care and support needs, or where applicable, the carer's needs for support. They set out the circumstances when assessment notices and discharge notices must be withdrawn, and determine the period and amount of any reimbursement liability which a local authority may be required to pay the NHS for any delay in the transfer of care.	NHS
47	15.40	Both NHS and local authorities should, using the best evidence available, develop and apply local protocols that ensure that all patients receive appropriate and safe discharge procedures.	NHS
48	15.41	The NHS may seek reimbursement from local authorities for a delayed transfer of care in the circumstances set out in Schedule 3 to the Care Act and its Regulations.	NHS
49	15.42	NHS and local authorities should develop and adopt collaborative approaches to working together in order to reduce the number of delayed days where a patient is ready to be transferred from NHS acute medical care to other settings regardless of whether the patient falls within the scope of the reimbursement regime. The duties to cooperate in the Care Act 2014 also apply to all transfers of care.	NHS
50	15.44	The discharge of hospital patients provisions only apply to NHS hospital patients in England who are receiving acute care, and who the NHS considers are likely to have care and support needs after discharge from hospital and who have not otherwise been expressly excluded. However, even where a patient falls outside the scope of these provisions, this does not mean that the NHS and local authorities should not be working together to deliver the safe and timely discharge of all hospital patients with care and support needs.	NHS
51	15.47	The Act allows an NHS body which has commissioned acute treatment at an independent hospital within the UK to make arrangements for the independent provider to issue assessment or discharge notifications on its behalf. This means that independent providers can take decisions such as whether the patient is likely to need care and support services, when the patient is to be discharged, what follow-up health needs they may have, etc. However, the NHS body will retain ultimate responsibility	NHS Independent providers

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		for the functions, including any claim for reimbursement that might be appropriate.	
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	Para	TRANSITIONS TO ADULT CARE AND SUPPORT	Partner
		Co-ordination and co-operation	
52	16.4	Professionals from different agencies, families, friends and the wider community should work together in a coordinated manner around each young person or carer to help raise their aspirations and achieve the outcomes that matter to them. The purpose of carrying out transition assessments is to provide young people and their families with information so that they know what to expect in the future and can prepare for adulthood.	All partners
53	16.43	Local authorities must also cooperate with relevant external agencies including local GP practices, housing providers and educational institutions. Again, this duty is reciprocal. This cooperation is crucial to help ensure that assessments and planning are person-centred. Furthermore, local health services or schools are vital to identifying young people and carers who may not already be in contact with local authorities.	All partners
54	16.45	The local authority should ensure that all relevant partners are involved in transition planning where they are involved in the person's care and support. Equally, the local authority should be involved in transition planning led by another organisation, for example a child and adolescent mental health service, where there are also likely to be needs for adult care and support.	All partners
55	16.46	Agencies should agree how to organise processes so that all the relevant professionals are able to contribute. For example, this might involve arranging a multi-disciplinary team meeting with the young person or carer. However, it may not always be possible for all the professionals from different agencies to be present at appointments, but where this is the case, they should still be able to contribute. Transition assessments must be person-centred, which means that contributions by different agencies should reflect the views of the person to whom the assessment relates.	All partners
56	16.56	The local authority and relevant partners should consider building on a transition assessment to create a person-centred transition plan that sets out the information in the assessment, along with a plan for the transition to adult care and support, including key milestones for achieving the young person or carer's desired outcomes. An advantage of a transition plan is that it is easier to update and refine without undertaking a new assessment – transition assessments and plans should be reviewed regularly to take account of changes both in circumstances and desired outcomes. The priorities of young people and young carers will often change a lot during their adolescent years, and plans should be updated frequently enough to reflect this.	All partners
57	16.70	For some people with complex SEN and care needs, local authorities and their partners may decide that children's services are the best way to meet a person's needs – even after they have turned 18. Both the Care Act 2014 and the Children and Families Act 2014 allow for this	All partners
58	16.79	Clinical Commissioning Groups (CCGs) should use the National Framework for NHS Continuing Healthcare and supporting guidance and tools to determine what on-going care services people aged 18 years or over should receive. The framework sets out that CCGs should ensure that adult NHS continuing healthcare is appropriately	CCGs

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		represented at all transition planning meetings to do with individual young people whose needs suggest that there may be potential eligibility. CCGs and LAs should have systems in place to ensure that appropriate referrals are made whenever either organisation is supporting a young person who, on reaching adulthood, may have a need for services from the other agency.	
59	16.81	Where a young person has been receiving children's continuing health care from a relevant CCG, it is likely that they will continue to be eligible for a package of adult NHS CHC when they reach the age of 18. Where their needs have changed such that they are assessed as no longer requiring such a package, they should be advised of their non-eligibility and of their right to request an independent review and mediation. The CCG should continue to participate in the transition process, in order to ensure an appropriate transfer of responsibilities, including consideration of whether they should be commissioning, funding or providing services towards a joint package of care.	CCGs

	Para	PRISONS, APPROVED PREMISES AND BAIL ACCOMMODATION	Partner
		NHS Responsibilities	
60	17.7	The local authority will be jointly responsible for after-care with NHS England while the person is in prison.	NHS England
61	17.42	For those assessed as being in need of equipment or adaptations to their living accommodation to meet their needs, local authorities should discuss with their partners in prisons, approved premises and health care services where responsibility lies. Where this relates to fixtures and fittings (for instance a grab rail or a ramp), it will usually be for the prison to deliver this. But for specialised and moveable items such as beds and hoists, then it may be the local authority that is responsible. Aids for individuals, as defined in the Care and Support (Preventing Needs for Care and Support) Regulations 2014, are the responsibility of the local authority, whilst more significant adaptations would be the responsibility of the custodial establishment. Custody services, healthcare providers and local authorities should agree local responsibilities.	Custody services, healthcare providers
		Information sharing	
62	17.23	Prisons and/or prison health services should inform local authorities when someone they believe has care and support needs arrives at their establishment.	Prisons and prison health services
		Movement of an individual	
63	17.50	There will be circumstances where the process to ensure continuity of care will need to differ. The prison or approved premises to which an individual is allocated is a matter for the Ministry of Justice, and individuals may be moved between different custodial settings. In such cases, the Governor of the prison or a representative, should inform the local authority in which the prison is located (the first authority) that the adult is to be moved or is being released to a new area as soon as practicable. Where the new custodial setting or the community, if being released, is in a different local authority area (second authority), the first authority must inform the second authority of the move once it has been told by the prison.	Prison Governors
64	17.51	The prison, local authorities and where practicable, the individual, should work together to ensure that the adult's care is continued during a move.	Custody services

		Ordinary Residence	
65	17.58	Given the difficulties associated with determining some offenders' ordinary residence on release, prisons or approved premises, the probation provider (NPS or CRC) and the local authority providing care and support should initiate joint planning for release in advance. Early involvement of all agencies, particularly providers of probation services, should ensure that the resettlement plan is sustainable in the local authority area where the individual will reside. Prisons and probation services should support assessment and care and support planning for those offenders who will require care and support services on their release from prison.	Custody services Probation Service
		Integrated Services	
66	17.59	It is essential that local arrangements for the delivery of care and support are made in partnership with health and education commissioners and providers within a custodial environment, as well as the NPS and CRCs so that those with eligible needs experience integrated services.	Health Custody services Probation Services
67	17.60	The duty to promote integration includes health and health related services provided by prisons and providers of probation services.	Health Custody services Probation services
		End of Life Care	
68	17.62	The provision of care and support for those in custodial settings extends to those who reach the end of life whilst in prison. For this provision of palliative care, some will transfer to a local hospital, hospice or care home or move to an alternative prison where a more suitable environment is available. In these cases, responsibility for care and support will pass to the NHS or new local authority, once the individual arrives at the new location. Approved Premises are not in general a suitable location for the provision of end of life care.	NHS
69	17.63	Prison managers and health care providers should consider informing local authorities when a prisoner receives a terminal diagnosis or when the condition of such a patient deteriorates significantly. Information could be shared with local authorities for the purpose of offender management under s.14 of the Offender Management Act 2007. The individual's consent should be obtained where possible.	Prison managers Healthcare providers
70	17.64	Where it is not possible to obtain consent to share the information, managers of custodial settings and health care providers should make an individual assessment of the nature of the information and the requirements of the Data Protection Act 1998.	Prison managers Healthcare providers
71	17.67	NHS England is responsible for commissioning healthcare for prisoners, where necessary this includes NHS continuing healthcare.	NHS England
		Safeguarding	
72	17.68	The prison must ensure that it has clear safeguarding policies and procedures that are explained to all visiting staff. Prison and probation staff may approach the local authority for advice and assistance in individual cases although the local authority will not have the legal duty to lead enquiries in any custodial setting.	Prison managers Probation staff Care providers
		Complaints	
73	17.78	Managers of custodial settings should inform local authorities where an offender wishes to make a complaint about the provision of care and support as soon as they are made aware.	Managers of custodial settings

	Para	DELEGATION OF LA FUNCTIONS	Partner
74	18.12	Care and support functions are public functions and they must be carried out in a way that is compatible with all of the local authority's legal obligations including the Human Rights Act or the Data Protection Act.	Partners carrying out LA functions

	Para	CROSS BORDER PLACEMENTS	Partner
75	21.68	The Responsible Person (i.e. Minister or Northern Ireland Department) to whom the dispute between authorities has been referred must: <ul style="list-style-type: none"> • Consult other responsible persons (i.e. Ministers or NI Department) in determining the dispute. • Notify those responsible persons of their determination. 	Minister or Northern Ireland Department

	Para	SIGHT REGISTERS	Partner
76	22.11	It is expected that NHS services will keep the completed Certificate of Vision of Impairment, signed by the consultant and the patient, for their records. A copy of the certificate should be sent to the relevant local authority and the patient's GP within five working days of its completion.	NHS

ADULT SAFEGUARDING

	SAB1	CHIEF OFFICERS AND CHIEF EXECUTIVES	
77	14.191	All officers, including the Chief Executive of the local authority, NHS and police chief officers and executives should lead and promote the development of initiatives to improve the prevention, identification and response to abuse and neglect. The Chief Officers must sign off their organisation's contributions to the Strategic Plan and Annual Reports	LA NHS Police
78	14.192	Chief Officers should receive regular briefings of case law from the Court of Protection and the High Courts	LA NHS Police
79	14.190	Responsible for promoting prevention, early intervention and partnership working is a key part of a DASS's role and also critical in the development of effective safeguarding.	DASS
		Priority Partners	
80	14.52	Relevant partners of a LA include any other local authority with whom they agree it would be appropriate to co-operate and the following agencies/ bodies who operate within the local authority's area including: <ul style="list-style-type: none"> • NHS England; • Clinical Commissioning Groups (CCGs); • NHS trusts and NHS Foundation Trusts; • Department for Work and Pensions; • the Police; • Prisons; and • Probation services 	NHS CCG DWP Police Prison service Probation
	SAB 2	STAFF	
		Employers of staff who may be working or have contact with vulnerable adults should ensure that the appropriate pre-employment checks through the Disclosure and Barring Service are carried out	
81	14.203	There are three levels of a Disclosure and Barring Service (DBS) check. The standard check The enhanced check The enhanced with barred list check	All employers

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Reporting of Staff			
82	14.96	Members of staff (including people employed by the adult) should be made aware of any complaint or allegation against them. They should be made aware of their rights under employment legislation and any internal disciplinary procedures.	Employers
83	14.100	Employers who are also providers or commissioners of care and support have a duty to the adult as well as a responsibility to take action in relation to the employee when allegations of abuse are made against them. Disciplinary procedures should be compatible with the responsibility to protect adults at risk of abuse or neglect.	Employers who are commissioners
84	14.101	With regard to abuse, neglect and misconduct within a professional relationship, codes of professional conduct and/or employment contracts should be followed and should determine the action that can be taken. Robust employment practices, with checkable references and recent DBS checks are important. Reports of abuse, neglect and misconduct should be investigated and evidence collected.	Employers
85	14.102	Employers should report workers to the statutory and other bodies responsible for professional regulation such as the General Medical Council and the Nursing and Midwifery Council. If someone is removed from their role providing regulated activity following a safeguarding incident the regulated activity provider (or if the person has been provided by an agency or personnel supplier, the legal duty sits with them) has a legal duty to refer to the Disclosure and Barring Service.	Employers
86	14.62	<p>If someone is removed by being either dismissed or redeployed to a non-regulated activity, from their role providing regulated activity following a safeguarding incident, or a person leaves their role (resignation, retirement) to avoid a disciplinary hearing following a safeguarding incident and the employer/volunteer organisation feels they would have dismissed the person based on the information they hold, the regulated activity provider has a legal duty to refer to the Disclosure and Barring Service.</p> <p>If an agency or personnel supplier has provided the person, then the legal duty sits with that agency. In circumstances where these actions are not undertaken then the local authority can make such a referral.</p>	<p>Employer/ Volunteer Organisation</p> <p>Agency or Personnel suppliers</p> <p>LA</p>
Record Keeping			
87	14.87	Employers must ensure all staff keep accurate records, stating what the facts are and what are the known opinions of professionals and others and differentiating between fact and opinion.	Employers
88	14.150	Whenever a complaint or allegation of abuse is made, all agencies should keep clear and accurate records and each agency should identify procedures for incorporating, on receipt of a complaint or allegation, all relevant records into a file to record all action taken. When abuse or neglect is raised managers need to look for past incidents, concerns, risks and patterns. In the case of providers registered with CQC, records of these should be available to service commissioners and the CQC so they can take the necessary action.	<p>All agencies</p> <p>Registered providers CQC</p>

89	14.151	Staff should be given clear direction as to what information should be recorded and in what format.	Employers
90	14.152	Records should be kept in such a way that the information can easily be collated for local use and national data collections.	Employers
Information Sharing			
91	14.153	All agencies should identify arrangements, consistent with principles and rules of fairness, confidentiality and data protection for making records available to those adults affected by, and subject to, an enquiry. If the alleged abuser is using care and support themselves, then information about their involvement in an adult safeguarding enquiry, including the outcome, should be included in their case record. If it is assessed that the individual continues to pose a threat to other people then this should be included in any information that is passed on to service providers or other people who need to know.	All organisations
Training and Development			
92	14.86	Employers must ensure that staff, including volunteers, are trained in recognising the symptoms of abuse or neglect, how to respond and where to go for advice and assistance.	Employers
93	14.198	Staff governed by professional regulation (for example, social workers, doctors, allied health professionals and nurses) should understand how their professional standards and requirements underpin their organisational roles to prevent, recognise and respond to abuse and neglect.	Professionals
94	14.199	The SAB should ensure that relevant partners provide training for staff and volunteers on the policy, procedures and professional practices that are in place locally, which reflects their roles and responsibilities in safeguarding adult arrangements. This should include: <ul style="list-style-type: none"> • basic mandatory induction training with respect to awareness that abuse can take place and duty to report; • more detailed awareness training, including training on recognition of abuse and responsibilities with respect to the procedures in their particular agency; • specialist training for those who will be undertaking enquiries, and managers; and, training for elected members and others e.g. Healthwatch members; and • post qualifying or advanced training for those who work with more complex enquiries and responses or who act as their organisation's expert in a particular field, for example in relation to legal or social work, those who provide medical or nursing advice to the organisation or the Board. 	SAB Employers Volunteer agencies
95	14.200	Training should take place at all levels in an organisation and be updated regularly to reflect best practice. To ensure that practice is consistent no staff group should be excluded.	All employers
96	14.202	Regular face-to-face supervision from skilled managers and reflective practice is essential to enable staff to work confidently and competently with difficult and sensitive situations	All employers

97	14.205	Provider agencies should produce for their staff a set of internal guidelines which relate clearly to the multiagency policy and which set out the responsibilities of all staff to operate within it.	Providers
98	14.206	Internal guidelines should also explain the rights of staff and how employers will respond where abuse is alleged against them within either a criminal or disciplinary context	All employers
Mental Capacity Act			
99	14.45	Professionals and other staff must understand and work in line with the MCA – they will need considerable guidance and support from their employers – including regular face to face supervision from skilled managers	Professionals Employers
Designated Adult Safeguarding Manager (DASM)			
100	14.175	Each SAB should establish and agree a framework and process for any organisation under the umbrella of the SAB to respond to allegations and issues of concern that are raised about a person who may have harmed or who may pose a risk to adults.	SAB
101	14.176	Each member of the SAB should have a Designated Adult Safeguarding Manager (DASM) responsible for the management and oversight of individual complex cases and coordination where allegations are made or concerns raised about a person, whether an employee, volunteer or student, paid or unpaid The DASM should keep in regular contact with their counterparts in partner organisations. They should also have a role in highlighting the extent to which their own organisation prevents abuse and neglect taking place.	LA CCG Police Other SAB members
102	14.177	The DASM should provide advice and guidance within their organisation, liaising with other agencies as necessary. The DASM should monitor the progress of cases to ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process.	LA CCG Police Other SAB members
103	14.178	The DASM will work with care and support providers and other service providers e.g. housing and NHS trusts to ensure that referral of individual employees to the DBS and, or, Regulatory Bodies (e.g. CQC, HCPC, GMC, NMC) are made promptly and appropriately and that any supporting evidence required is made available.	LA CCG Police Other SAB members Service Providers
104	14.179	The DASM will ensure that systems are in place to provide the employee with support and regular updates in respect of the adult safeguarding investigation	LA, CCG Police Other SAB members
105	14.180	The DASM should ensure that appropriate recording systems are in place that provide clear audit trails about decision-making and recommendations in all processes relating to the management of adult safeguarding allegations against the person alleged to have caused the harm or risk of harm and ensure the control of information in respect of individual cases is in accordance with accepted Data Protection and Confidentiality requirements.	LA CCG Police Other SAB members
106	14.181	The local authority DASM will need to work closely with the children's	LA

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		services Local Authority Designated Officer (LADO) and other DASM and LADO for both adults and children in the region or nationally to ensure sharing of information and development of best practice.	Children's Services
107	14.182	There may be times when a person is working with adults and their behaviour towards a child or children may impact on their suitability to work with or continue to work with adults at risk. This may be referred to the DASM from a LADO, if it is not, then information should be shared with the LADO.	All organisations
108	14.183	There may also be times when a person's conduct towards an adult may impact on their suitability to work with or continue to work with children. All these situations must be referred to the LADO.	All organisations
109	14.184	Unless it puts the adult at risk or child in danger, the individual should be informed that the information regarding the allegation against them will be shared. Responsibility lies with the person receiving the information to obtain the consent of the individual to share information.	All organisations
		Senior managers	
110	14.187	Each agency should identify a senior manager to take a lead role in the organisational and in inter-agency arrangements, including the SAB.	All organisations SAB
	SAB 3	WORKING TOGETHER	
		Roles and responsibilities	
111	14.167	Local roles and responsibilities should be clear and collaboration should take place at all the following levels: <ul style="list-style-type: none"> • operational; • supervisory line management; • Designated Adult Safeguarding Managers (DASM); • senior management staff; • corporate/cross authority; • Chief officers/chief executives; • local authority members and local police and crime commissioners; • commissioners; • providers of services; • voluntary organisations, and; • regulated professionals. 	All organisation
112	14.188	Each organisation must recognise and accept its role and functions in relation to adult safeguarding. These should be set out in the SAB strategic plan as well as its own communication channels. They should also have protocols for mediation and family group conferences and for various forms of dispute resolution.	All organisation
		Being aware of safeguarding needs	
113	14.29	Workers across a wide range of organisations need to be vigilant about adult safeguarding concerns in all walks of life including, amongst others in health and social care, welfare, policing, banking, fire and rescue services and trading standards; leisure services, faith groups, and housing. GPs, in particular, are often well-placed to notice changes in an adult that may indicate they are being abused or neglected.	All organisation
		Knowing what to do	

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114	14.30	<p>Regardless of how the safeguarding concern is identified, everyone should understand what to do, and where to go locally to get help and advice. It is vital that professionals, other staff and members of the public are vigilant on behalf of those unable to protect themselves. This will include:</p> <ul style="list-style-type: none"> • knowing about different types of abuse and neglect and their signs; • supporting adults to keep safe; • knowing who to tell about suspected abuse or neglect; and • supporting adults to think and weigh up the risks and benefits of different options when exercising choice and control. <p>Awareness campaigns for the general public and multi-agency training for all staff will contribute to achieving these objectives</p>	<p>All organisation</p> <p>SAB</p>
Policy and Procedures			
115	14.40	All agencies need to understand local inter-agency policies and procedures	All organisation
116	14.41	<p>All agencies should have adult safeguarding policies and procedures. Procedures may include:</p> <ul style="list-style-type: none"> • a statement of purpose relating to promoting wellbeing, preventing harm and responding effectively if concerns are raised; • a statement of roles and responsibility, authority and accountability sufficiently specific to ensure that all staff and volunteers understand their role and limitations; • a statement of the procedures for dealing with allegations of abuse, including those for dealing with emergencies by ensuring immediate safety, the processes for initially assessing abuse and neglect and deciding when intervention is appropriate, and the arrangements for reporting to the police, urgently when necessary; • a full list of points of referral indicating how to access support and advice at all times, whether in normal working hours or outside them, with a comprehensive list of contact addresses and telephone numbers, including relevant national and local voluntary bodies; • an indication of how to record allegations of abuse and neglect, any enquiry and all subsequent action; • a list of sources of expert advice; • a full description of channels of inter-agency communication and procedures for information sharing and for decision making; • a list of all services which might offer access to support or redress; • how professional disagreements are resolved especially with regard to whether decisions should be made, enquiries undertaken for example. 	All organisation
117	14.54	Agencies should implement robust risk management processes in order to prevent concerns escalating to a crisis point and requiring intervention under safeguarding adult procedures	All organisation
118	14.55	Partners should ensure that they have the mechanisms in place that enable early identification and assessment of risk through timely information sharing and targeted multi-agency intervention	All organisation
119	14.99	The Police and Crown Prosecution Service (CPS) should agree	Police

		<p>procedures with the local authority, care providers, housing providers, and the NHS/CCG to cover the following situations:</p> <ul style="list-style-type: none"> • action pending the outcome of the police and the employer's investigations; • action following a decision to prosecute an individual; • action following a decision not to prosecute; • action pending trial; and • responses to both acquittal and conviction 	<p>CPS LA Care providers Housing providers NHS/CCG</p>
120	14.196	All service providers, including housing and housing support providers, should have clear operational policies and procedures that reflect the framework set by the SABs in consultation with them.	Service providers
121	14.197	Voluntary organisations need to work with commissioners and the SAB to agree how their role fits alongside the statutory agencies and how they should work together. All voluntary organisations that work with adults need to have safeguarding procedures and lead officers	Voluntary sector
Information Sharing – Caldicott Requirements			
122	14.157	Agencies should draw up a common agreement relating to confidentiality and setting out the principles governing the sharing of information, based on the welfare of the adult or of other potentially affected adults. Any agreement should be consistent with the principles set out in the Caldicott Review.	All organisation
123	14.158	Where an adult has refused to consent to information being disclosed for these purposes, then practitioners must consider whether there is an overriding public interest that would justify information sharing (e.g. because there is a risk that others are at risk of serious harm) and wherever possible, the appropriate Caldicott Guardian should be involved	All practitioners
124	14.173	Managers need to develop good working relationships with their counterparts in other agencies to improve cooperation locally and swiftly address any differences or difficulties that arise between front line staff or managers	All organisation
Carers			
125	14.38	If a carer experiences intentional or unintentional harm from the adult they care for, or if the carer intentionally or unintentionally harms or neglects that adult, consider, as part of the assessment, whether support can be provided that removes or mitigates the risk. Other agencies should be involved – police where a criminal offence is suspected, primary healthcare services to be involved in monitoring.	Police and Healthcare
Action following an enquiry			
126	14.89	Action could take a number of courses: it could include disciplinary, complaints or criminal investigations or work by contracts managers and CQC to improve care standards. Those discussions should enable the adult to understand what their options might be and how their wishes might best be realised.	All organisation
Responsibilities post enquiry			

127	14.94	<p>Once enquiries are completed, the outcome should be notified to the local authority which should then determine with the adult what, if any, further action is necessary and acceptable.</p> <p>It is for the local authority to determine the appropriateness of the outcome of the enquiry. One outcome of the enquiry may be the formulation of agreed action for the adult which should be recorded on their care plan. This will be the responsibility of the relevant agencies to implement.</p>	All organisation
SAB 4 REPORTING AND RESPONDING TO ABUSE			
Information Sharing			
128	14.165	All commissioners or providers of services in the public, voluntary or private sectors should disseminate information about the multi-agency policy and procedures. Staff should be made aware through internal guidelines of what to do when they suspect or encounter abuse of adults in vulnerable situations. This should be incorporated in staff manuals or handbooks detailing terms and conditions of appointment and other employment procedures so that individual staff members will be aware of their responsibilities in relation to safeguarding adults	Commissioners Providers
129	14.34	<p>To ensure effective safeguarding arrangements:</p> <ul style="list-style-type: none"> • All organisations must have arrangements in place which set out clearly the processes and the principles for sharing information between each other, with other professionals and the SAB; this could be via an Information Sharing Agreement to formalise the arrangements; and, • No professional should assume that someone else will pass on information which they think may be critical to the safety and wellbeing of the adult. If a professional has concerns about the adult's welfare and believes they are suffering or likely to suffer abuse or neglect, then they should share the information with the local authority and, or, the police if they believe or suspect that a crime has been committed. 	<p>All organisations</p> <p>SAB members</p> <p>Employers – to make professionals aware</p>
Staff Responsibilities			
130	14.168	Operational front line staff are responsible for identifying and responding to allegations of abuse and substandard practice. Staff at operational level need to share a common view of what types of behaviour may be abuse or neglect and what to do as an initial response to a suspicion or allegation that it is or has occurred. This includes GPs. It is employers' and commissioners' duty to set these out clearly and reinforce regularly.	Employers and Commissioners
131	14.169	There should be effective and well-publicised ways of escalating concerns by front line staff where immediate line managers do not take action in response to a concern being raised	Employers
132	14.170	Concerns about abuse or neglect must be reported whatever the source of harm is. It is imperative that poor or neglectful care is brought to the immediate attention of managers and responded to swiftly, including ensuring immediate safety and well-being of the adult. Where the source of abuse or neglect is a member of staff it is for the employer to take immediate action and record what they have done and why (similarly for volunteers and or students).	Employers
133	14.171	There should be clear arrangements in place about what each agency	All

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		should contribute at this [operational] level. These will cover approaches to enquiries and subsequent courses of action. The local authority is responsible for ensuring effective co-ordination at this level	organisations LA
		Commissioning	
134	14.195	Commissioners have a responsibility to assure themselves of the quality and safety of the organisations they place contracts with and ensure that those contracts have explicit clauses that holds the providers to account for preventing and dealing promptly and appropriately with any example of abuse and neglect.	Commissioners
		SAB 5 SAFEGUARDING ADULT REVIEWS	
		Principles	
135	14.138	The following principles should be applied by SABs and their partner organisations to all reviews: <ul style="list-style-type: none"> • there should be a culture of continuous learning and improvement across the organisations that work together to safeguard and promote the wellbeing and empowerment of adults, identifying opportunities to draw on what works and promote good practice; • the approach taken to reviews should be proportionate according to the scale and level of complexity of the issues being examined; • reviews of serious cases should be led by individuals who are independent of the case under review and of the organisations whose actions are being reviewed; • professionals should be involved fully in reviews and invited to contribute their perspectives without fear of being blamed for actions they took in good faith; and • families should be invited to contribute to reviews. They should understand how they are going to be involved and their expectations should be managed appropriately and sensitively. 	SAB All partners
		Involvement of organisations and professionals	
136	14.142	The SAB should ensure that there is appropriate involvement in the review process of professionals and organisations who were involved with the adult. The SAR should also communicate with the adult and, or, their family. In some cases it may be helpful to communicate with the person who caused the abuse or neglect	SAB
		Links with other reviews	
137	14.145	When victims of domestic homicide are aged between 16 and 18, there are separate requirements in statutory guidance for both a child Serious Case Review (SCR) and a Domestic Homicide Review (DHR). Where such reviews may be relevant to SAR (e.g. because they concern the same perpetrator), consideration should be given to how SARs, DHRs and SCRs can be managed in parallel in the most effective manner possible so that organisations and professionals can learn from the case.	SAB
138	14.146	In setting up a SAR the SAB should also consider how the process can dovetail with any other relevant investigations that are running parallel, such as a child SCR or DHR, a criminal investigation or an inquest	SAB

139	14.147	Any SAR will need to take account of a coroner's inquiry, and/or, any criminal investigation related to the case, including disclosure issues, to ensure that relevant information can be shared without incurring significant delay in the review process. It will be the responsibility of the manager of the SAR to ensure contact is made with the Chair of any parallel process in order to minimise avoidable duplication.	SAB
Findings from SARs			
140	14.148	All documentation the SAB receives from registered providers which is relevant to CQC's regulatory functions will be given to the CQC on CQC's request.	SAB CQC
SAB 6 SAFEGUARDING ADULTS BOARD			
Role of SAB			
141	14.116	The following organisations must be represented on the SAB: <ul style="list-style-type: none"> • the local authority which set it up; • the CCGs in the local authority's area; and • the chief officer of police in the local authority's area. 	LA CCG Police
142	14.105	The SAB has a strategic role that is greater than the sum of the operational duties of the core partners. It oversees and leads adult safeguarding across the locality and will be interested in a range of matters that contribute to the prevention of abuse and neglect. These will include the safety of patients in its local health services, quality of local care and support services, effectiveness of prisons and approved premises in safeguarding offenders and awareness and responsiveness of further education services.	LA Police CCG Other SAB and sub group members
Working Together Across Different Boards			
143	14.194	Local Authority Health Scrutiny Functions, such as the Council's Health Overview and Scrutiny Committee, Health and Wellbeing Boards (HWBs) and Community Safety Partnerships can play a valuable role in assuring local safeguarding measures, and ensuring that SABs are accountable to local communities. Similarly, local Health and Wellbeing Boards provide leadership to the local health and wellbeing system; ensure strong partnership working between local government and the local NHS; and ensure that the needs and views of local communities are represented. HWBs can therefore play a key role in assurance and accountability of SABs and local safeguarding measures. Equally SABs may on occasion challenge the decisions of HWBs from that perspective.	OSC, Community Safety Partnerships HWB
144	14.132	It is expected that those organisations (LA, Police, HealthWatch and Health and Wellbeing Board) will fully consider the contents of the Annual Report and how they can improve their contributions to both safeguarding throughout their own organisation and to the joint work of the Board	LA Police HealthWatch HWB
Policy and Procedures			
145	14.42	SAB must keep policies and procedures under review. Procedures should be updated to incorporate learning from published research, peer reviews, case law and lessons learned from SAR.	SAB

SAB 7		ENQUIRIES	
		Who can carry out an enquiry	
146	14.69	Work with the adult may frequently require the input of a social worker, other aspects of enquiries may be best undertaken by others with more appropriate skills and knowledge. Eg, health professionals should undertake enquiries and treatment plans relating to medicines management or pressure sores.	Key professionals
147	14.70	Although the local authority has the lead role in making enquiries, where criminal activity is suspected, then the early involvement of the police is likely to have benefits in many cases.	LA Police
148	14.71	Police have a duty under legislation to assist those witnesses who are vulnerable and intimidated.	Police
149	14.77	Everyone involved in an enquiry must focus on improving the adult's well-being and work together to that shared aim.	All organisations
150	14.84	The local authority is the lead agency for making enquiries but it may require others to undertake them. The specific circumstances will often determine who is the right person to begin an enquiry. In many cases a professional who already knows the adult will be the best person. They may be a social worker, a housing support worker, a GP or other health worker such as a community nurse. In this role if the local authority has asked someone else to make enquiries, it is able to challenge the body making the enquiry if it considers that the process and/or outcome is unsatisfactory	Partner involvement in enquiries to protect
151	14.85	Where a crime is suspected and referred to the police, then the police must lead the criminal investigations, with the local authority's support where appropriate. The local authority has an ongoing duty to promote the wellbeing of the adult in these circumstances.	Police
		Responsibility to act	
152	14.56	The first responsibility to act must be with the employing organisation as provider of the service. However, social workers or counsellors may need to be involved in order to support the adult to recover.	Employers LA
153	14.58	The employer should investigate any concern (and provide any additional support that the adult may need) unless there is compelling reason why it is inappropriate or unsafe to do this eg this could be a serious conflict of interest on the part of the employer, concerns having been raised about non-effective past enquiries or serious, multiple concerns, or a matter that requires investigation by the police	Employer organisations
154	14.79	It is the responsibility of all staff and members of the public to act on any suspicion or evidence of abuse or neglect and to pass on their concerns to a responsible person or agency	All organisations and public
		Who to inform	
155	14.57	When an employer is aware of abuse or neglect in their organisation, then they are under a duty to correct this and protect the adult from harm as soon as possible and inform the local authority, CQC and CCG where the latter is the commissioner.	Employer organisations LA CQC CCG

		<p>Where a local authority has reasonable cause to suspect that an adult may be experiencing or at risk of abuse or neglect, then it is still under a duty to make (or cause to be made) whatever enquiries it thinks necessary to decide what if any action needs to be taken and by whom.</p> <p>The local authority may well be reassured by the employer's response so that no further action is required. However, a local authority would have to satisfy itself that an employer's response has been sufficient to deal with the safeguarding issue and, if not, to undertake any enquiry of its own and any appropriate follow up action (e.g. referral to CQC, professional regulators).</p>	LA
156	14.60	There should be a clear understanding between partners at a local level when other agencies such as the local authority, CQC or CCG need to be notified or involved and what role they have	All partners