



**Plymouth  
Safeguarding  
Adults Board**

**Democratic Support**  
Plymouth City Council  
Civic Centre  
Plymouth PL1 2AA

Please ask for: Amelia Boulter  
T 01752 304570  
E [amelia.boulter@plymouth.gov.uk](mailto:amelia.boulter@plymouth.gov.uk)  
[www.plymouth.gov.uk/democracy](http://www.plymouth.gov.uk/democracy)  
1 July 2014

## **PLYMOUTH SAFEGUARDING ADULTS BOARD**

Friday 4 July 2014  
1 pm  
Windsor House

**Members:**

Jim Gould, Independent Chair.

Carole Burgoyne, Lorna Collingwood-Burke, Stuart Palmer, Mandy Sharp, Mike French, Karen Grimshaw, Dave Simpkins, Councillor Tuffin, DS Paul Northcott, Phil Smale, Becky Morris, Roslynn Azzam, Jane Elliot Toncic, Pete Aley, Mandy Cox, Paul Francombe, Julian Moulard, Tony Staunton, Geoff Baines and Martin Cordy.

Members are invited to attend the above meeting to consider the items of business overleaf.

**Tracey Lee**  
Chief Executive

# **PLYMOUTH SAFEGUARDING ADULTS BOARD**

- 1. WELCOME AND APOLOGIES**
- 2. MINUTES AND MATTERS ARISING** (Pages 1 - 4)
- 3. DECLARATIONS OF INTEREST**
- 4. CHAIR'S URGENT BUSINESS**
- 5. PSAB BUDGET**
- 6. CARE ACT 2014** (Pages 5 - 26)
- 7. PEER CHALLENGE UPDATE** (Pages 27 - 34)
- 8. SAFEGUARDING MANAGER REPORT** (Pages 35 - 44)
- 9. SAR 2013-14** (Pages 45 - 50)
- 10. PSAB PERFORMANCE INDICATORS WORK STREAM**
- 11. DoLS** (Pages 51 - 54)
- 12. SECTION 136 UPDATE**
- 13. ANY OTHER BUSINESS**
- 14. FUTURE AGENDA ITEMS AND CONFIRMATION OF FUTURE MEETINGS**

The panel is asked to note the dates of future meetings for the municipal year 2014 – 2015. All meetings will commence at 1.30 pm –

Friday 3 October 2014  
Friday 30 January 2015  
Friday 10 April 2015

## **15. EXEMPT BUSINESS**

To consider passing a resolution under Section 100A(4) of the Local Government Act 1972 to exclude the press and public from the meeting for the following item(s) of business on the grounds that it (they) involve the likely disclosure of exempt information as defined in paragraph(s) of Part 1 of Schedule 12A of the Act, as amended by the Freedom of Information Act 2000.

## **PART II (PRIVATE MEETING)**

### **AGENDA**

#### **MEMBERS OF THE PUBLIC TO NOTE**

that under the law, the Panel is entitled to consider certain items in private. Members of the public will be asked to leave the meeting when such items are discussed.

NIL.

This page is intentionally left blank

**Plymouth Safeguarding Adults Board****Friday 4 April 2014****PRESENT:**

Jim Gould, Independent Chair.

Also in attendance: Carole Burgoyne, Geoff Baines, Jenny Winslade, Peter Aley for Stuart Palmer, Mike French, Karen Grimshaw, Dave Simpkins, Councillor Sue McDonald, Phil Smale, DS Paul Northcott, Jane Elliot Tonic, Mandy Cox, Tony Staunton, Martin Cordy and Julian Moulard.

Apologies for absence: Odette Coveney, Becky Morris, Roslynn Azzam and Stuart Palmer.

The meeting started at 1.00 pm and finished at 3.30 pm.

*Note: At a future meeting, the Board will consider the accuracy of these draft minutes, so they may be subject to change. Please check the minutes of that meeting to confirm whether these minutes have been amended.*

**50. MINUTES AND MATTERS ARISING**

Agreed that the minutes of the meeting held on 24 January 2014 be confirmed.

**Matters Arising**

Minute 41 – Audit. It was reported that no contact had been made with the Devon Audit Partnership. This action needs to be followed up.

**51. DECLARATIONS OF INTEREST**

In accordance with the code, declarations of interest were made by Mandy Cox, Geoff Baines and Phil Smale are also members of the Children Safeguarding Board.

**52. CHAIR'S URGENT BUSINESS**

The Chair, Jim Gould announced his retirement as Chair of the Safeguarding Adults and Children in September. The post of Independent Chair for Safeguarding Adults would be advertised this month. The Board gave thanks to Jim and wished him a happy retirement.

**53. CARE HOME MANAGEMENT REVIEW UPDATE**

Jim Gould, Chair provided the board with an update on the Care Home Management Review. It was reported that the action plan would be updated and the board would receive a further update and final report at a future meeting.

54. **HEALTH REPORT**

Martin Cordy, NEW Devon CCG provided the Board with a presentation on the process for health based alerts. It was reported that the number of alerts across the CCG –

- Western Locality - 60 %
- North/Eastern Locality – 40%

The Board would receive an update on the roll out of the pilot for Plymouth at the next meeting. They would be focussing on the most serious safeguarding alerts and would look to change systems and processes quickly.

Discussions took place on the different levels of practice against all 4 local authority areas. A meeting was taking place next week to get some consistency and to unpick the quality of the referral and increasing number of assumptions made by social workers assuming that some GPs didn't provide the right level of care.

There needs to be a clear pathway with care and to stop referrals unless we get a quality referral. There needs to be some agreement on the quality of the response and clarity of the process locally and the LATs role to support this. There needs to be a link with primary care and safeguarding and this is a window the Board needs to address.

The Board requested a report on the following themes –

1. when an alert is reported, the person who made the alert does not hear anything back;
2. residential nursing homes and non-admissions – partners and local arrangements;
3. referring to GPs as independent businesses and how to engage and get leverage with these services.

It was also reported that GPs had to be level 3 trained for safeguarding and CQC requirements.

55. **SAFEGUARDING MANAGER REPORT (SERIOUS SELF-NEGLECT)**

Jane Elliot Tonic provided the Board with an update on Serious Self Neglect (SSN). It was reported that –

- regional work was on-going;
- sub-groups were now in place;
- links are being made with Public Health colleagues to identify vulnerable groups
- consideration is being given to the issues surrounding development of a 'register' of people considered at high risk of harm across the city

Housing providers are a rich source of information in identifying those who self-neglect and are difficult to engage in services. It is hoped that the review of VARM and redesign of policy will be ready for the annual review of the on-line policy and procedures manual in November 2014. In line with discussions at the ADASS South West Regional Safeguarding Leads Group we need to look at how we record, process and review concerns regarding this group. We want to retain the principles of VARM and continue to promote a multi-agency approach to addresses this, and will be collating research and guidance and updating workforce guidance accordingly.

56. **FRANCIS REPORT UPDATE - LESSONS LEARNED**

Jenny Winslade provided the Board with an update on the Frances Report. There were 177 recommendations from the Francis Report and would look at -

- taking a multi-agency approach and initial benchmarking around recommendations;
- creating a collective responsibility;
- focussing on the staff experience. If that declines care of patients will decline;
- partnering with John Lewis on their approach to staff experiences;
- Summit taking place on 29 May 2014 – looking at a person centred approach.

57. **SERIOUS CASE REVIEW SUBGROUP UPDATE**

Julian Mouland provided the Board with an update from the Serious Case Review (SCR) Subgroup. The new SAB logo was shared with the Board and would now feature on all future correspondence. The SCR Subgroup had met twice and were looking at an on-going case; it was reported that the Police had so far been unable to complete their IMR but were addressing reasons for delay and keeping the family informed. They were seeking advice from the Racial Equality Council, and wanted to ensure that the review of the case addresses the family's concerns.

It was highlighted that the Local Safeguarding Children Board had set up an Equality and Diversity Group, with an Equality and Diversity Champion on each of their sub groups. It was raised whether the Safeguarding Adults Board could link to this group?

It was reported that Public Health sit on the Devon Safeguarding Adults Board and that an invitation should be sent to Kelechi Nnoaham, Director for Public Health to attend future PSAB meetings.

58. **SECTION 136 UPDATE**

This item was deferred to the next meeting.

59. **PERFORMANCE UPDATE**

a. AVA DATA

Jane Elliot Tonic provided the Board with a performance update on the abuse of vulnerable adults (AVA) return. It was reported that they were looking to re-establish the Performance Monitoring Sub Group to look at qualitative information.

It was reported that 23% of safeguarding alerts were substantiated. There are further discussions around what other data needed to be captured and it was highlighted that the figures were the corporate picture rather than an individual picture.

Agreed: Geoff Baines and Julian Mouland to form a task and finish group to develop an assessment tool for performance indicators and to provide an update at the next meeting. Martin Cordy volunteered his involvement.

b. STAFF SURVEY RESULTS

Julian Mouland provided the Board with an overview of the Staff Survey results. It was reported that the results were for Plymouth City Council staff only. The CCG had undertaken a similar survey with their staff. The Board wanted assurances that all organisations were doing the same to address the issues and give peer challenge to each other if issues were not addressed.

c. TRAINING

Julian reported that following feedback on the Alerter's Training, this session has been reduced to ½ day, resulting in an increase in number of people attending the training.

60. **BUDGET 14/15**

The Chair, Jim Gould stated that Plymouth City Council currently fund 66% towards the budget and other partners to contribute the rest.

Agreed: Dave Simpkins to make contact with partners for contributions towards the Safeguarding Adults Board budget 2014-15.

61. **EXEMPT BUSINESS**

There were no items of exempt business.



# CARE ACT 2014

## SAB 4<sup>th</sup> JULY 2014



## Co-operative Commissioning and Adult Social Care

# Landmark Legislation



- The Care Act is an historic piece of legislation and places care and support law into a single, clear modern statute and enshrines the principles of individual wellbeing and personalisation
- The Act creates a single modern piece of law for adult care and support in England. It will update complex and out-dated legislation that has remained unchanged since 1948
- The reforms introduce significant new duties on Local Authorities and consequently will involve significant change in to finances, processes and people
- The Act ensures that people will have clearer information and advice to help them navigate the care system, and a more diverse, high quality range of support to choose from to meet their needs

# Landmark Legislation



- The Act places more emphasis than ever before on prevention – shifting from a system which manages crises to one which focuses on people’s strengths and capabilities and supports them to live independently for as long as possible
- The implementation of the Care Act is linked to the wider Integrated Health and Wellbeing Transformation Programme
- The Care Act 2014 with the exception of the Mental Health Act and Mental Capacity Act replaces all existing adult social care legislation and introduces a range of duties for local authorities, as well as implementing the funding reforms laid out in the Dilnot report

# Implementation Phases



- Implementation will be in two phases:
  - April 2015 for the changes to assessment and eligibility
  - April 2016 for cap on care costs

# Duties Include



- The assessment of adults, regardless of need for care/support, or financial resources
- The assessment of carers and provide services for those who are eligible
- The promotion an individual's well-being
- To provision of a range of advice
- For greater partnership and integration
- **Placing Safeguarding Adults Boards on a statutory footing**

# Funding Reforms Include



- The introduction of a national minimum eligibility threshold for adult care and support
- The introduction of a cap on care costs so that people over 65 receiving care which has a cumulative value of £72k will become eligible for state support for reasonable care costs. People of working age who develop care needs before retirement age will benefit from a lower cap
- People who have care needs before they turn 18 will receive free care
- The introduction of Independent Personal Budgets and maintenance of Care Accounts for people with eligible needs who are buying their own care because they have yet to reach the care cap
- Raising the Capital threshold for residential / nursing care - those with £118k or less will receive financial support (current limit £23k)
- The introduction of Universal Deferred Payments schemes – people not having to sell their home in their lifetime to pay for care

# LOCAL IMPLEMENTATION



- Implementation of the Care Act is linked to the wider Integrated Health and Wellbeing Transformation Programme.
- In line with this methodology a Sub Project Board has been established, with the Assistant Director for Cooperative Commissioning & Adult Social Care acting as Project Sponsor.
- The sub group, comprises key representatives of Adult Social Care, Legal Services, Financial Services, business architecture and ICT and Work Stream Leads, manages the sub projects (*Workstreams*).

# We have 4 workstreams



	Workstream	Workstream Scope	Lead
1	Journey of the Customer	End to end customer journey and the service user and carer experience	Paul Francombe
2.	Preparing the care & support market	Development of the care provider market and the need for high quality and flexible services, and improving information & advice to the public of Plymouth	Claire Anderson
3.	<b>Safeguarding</b>	<b>The Act sets out a clear legal framework for how local authorities should protect adults at risk of abuse or neglect.</b>	<b>Jane Elliott Tonicic</b>
4.	Financial processes & implications	Financial impact of the Act & the development of mechanisms for charging and paying for care	Helen Foote



# Workstream Leads



- The Lead for each work stream will identify ASC operational engagement and other key partners/personnel
- The Workstream leads meet on a monthly basis and form a project group which meets monthly.
- Each work stream is scoping the work required to meet the identified requirements in the Care Act and develop detailed project plans that will feed into an overarching plan

# Legal Framework - Safeguarding



- The Care Bill sets out a clear legal framework for how local authorities should protect adults at risk of abuse or neglect.
- A joint working protocol established with key partners which clarifies roles, responsibilities and allows for the sharing of information. Jointly with local people develops a shared Plan for safeguarding.
- A SAB established that includes PCC, NHS & Police which meets regularly to consider local issues and has established systems to ensure the SAB arranges Independent Management Reviews and Serious Case Reviews as necessary.
- Has systems to publish the Plan and report progress to the public on an annual basis
- Has established systems to ensure enquiries are made where an adult is considered to be at risk of neglect or abuse, whether the local authority funds the care or not.

# Safeguarding Baseline Assessment - Leadership Role



## Important changes:

- Continued leadership role for councils in Adult Safeguarding

## Key Tasks for Councils:

- A joint working protocol established with key partners which clarifies roles, responsibilities and allows for the sharing of information.
- Jointly with local people develops a shared Plan for safeguarding.
- **Baseline Assessment**

## We have:

- An established SAB since 2008
- Ongoing leadership and representation at Senior level provided to PSCB, PSCAB, Health and Wellbeing Board, Early Intervention and Prevention Board etc.
- New online manual sets out multi-agency policies and procedures. Interim review of contents (June 2014) completed, full review (November 2014) to be addressed by Policy and Procedure sub group which meets quarterly aligned with other significant SAB sub groups.

## We need to:

- Ensure the Partnership agreement is revised and signed by statutory partners and wider SAB partners.

# Safeguarding Baseline

## Assessment: Adult Safeguarding Boards



### Important changes:

- Adult Safeguarding Boards become statutory bodies, similar to Children's boards, with a define core membership of the Council

### Key Tasks for Councils:

- A SAB established that includes PCC, NHS & Police which:
- Meets regularly to consider local issues.
- Has established systems to ensure the SAB arranges Independent Management Reviews and Serious Case Reviews as necessary.

### Baseline Assessment

#### We have:

- An established SAB that meets quarterly and complies with the terms of reference (TOR). However, the joint Chair (both PCSB and PSAB) is retiring thus creating a vacancy which has been advertised externally /nationally.
- A structure of Sub Groups that meet regularly and report to SAB, this includes for IMRs and SCRs

# Safeguarding Baseline

## Assessment: **Adult Safeguarding Boards** contd.



### We need to:

- Review overall membership and TOR of SAB and the Sub Groups in light of recent staff changes and ensure that the meetings calendar (sub groups) is aligned to feed into the quarterly SAB.
- Commission a SAB Development day to ensure partners and Elected Members understand and comply with roles and responsibilities.
- Be proactive in responding to new national initiatives and guidance and to lessons learned from SCRs and Domestic Homicide Reviews.

# Safeguarding Baseline Assessment - Annual Strategic Plans



## Important changes:

- Councils will be required to publish an annual strategic plan and an annual report

## Key Tasks for Councils:

- Has systems to publish the Plan and report progress to the public on an annual basis

## Baseline Assessment

### We have:

- A corporate safeguarding improvement plan from April 2014-2015.
- Our last full annual report was 2010-11

### We need to:

- Ensure we produce an annual report for 2013 -14
- Ensure PCC web pages are periodically updated.

# Safeguarding Baseline Assessment - Safeguarding Enquiries



## Important changes:

- Councils will have a legal duty to make safeguarding enquiries or cause others to do so

## Key Tasks for Councils:

- Has established systems to ensure enquiries are made where an adult is considered to be at risk of neglect or abuse, whether the local authority funds the care or not.

## Baseline Assessment

### We have:

- A safeguarding pathway that responds to and conducts enquiries.
- We have a QAIT team that works with care providers to quality check/provide advice, and support with service improvements.

### We need to:

- Promote public awareness of safeguarding issues.
- Embed robust quality assurance arrangements.

# Safeguarding Baseline Assessment - Council Role



## Important changes:

- Previously, the Council Role in Adult Safeguarding was set out in Statutory Guidance as opposed to Primary Legislation

## Baseline Assessment

### We need to:

- Ensure all Council staff and Members fully understand their roles and responsibilities in relation to safeguarding and are equipped to fulfil these, including an understanding of when and how to escalate concerns.

### We have:

- A safeguarding pathway that responds to and conducts enquiries.
- We have a QAIT team that works with care providers to quality check / provide advice, and support with service improvements.



# Safeguarding Baseline Assessment - Other



## We need to:

- Continue to embed a comprehensive prevention and early intervention strategy to promote the wellbeing of children, young people and adults at risk, and to ensure that any safeguarding issues are addressed at the earliest opportunity.

# Our activity so far



- April 2014 – implementation plan drawn up
- April 14 – Project Brief drafted
- May 2014 – first ADASS stocktake survey completed and submitted
- May/ June 2014 – baseline assessments for each workstream undertaken
- May/June 2014 – ICT system requirements analysis and planning
- May/June 2014 – Surrey Model utilised to model and understand potential cost of Care Act Implementation
- June 2014 – Briefing for CMT/ CCG and cabinet planning
- June 2014 presentation to CMT
- June 2014 – Communication plan drafted
- June/July 2014 – completion and submission of Care Act Consultation
- Ongoing – regular attendance at regional events by relevant officers from Adult Social Care, Finance and Performance.

# Next Steps



- Overarching Project Plan to be drawn up with sub project plans for each workstream.
- Agreement of project plan and ownership
- Development of detailed work packages
- Continue to engage nationally and regionally
- Responses to DoH Consultation Document to be collated and submitted
- Start to communicate with our stakeholders
- Drop in workshops for ASC staff

# Timelines



May 2014 – Draft regulations & guidance

Oct 2014 – Final regulations & guidance

April 2015 – Care Act in force (excluding funding reforms)

April 2016 – Care Act funding reforms in place

# Our challenge



- Pace of implementation
- ICT requirements
- A prepared workforce
- A sufficient care market
- Funding the changes
- Raising awareness locally

# Questions



# Safeguarding Peer Challenge



Plymouth Safeguarding Adults Board  
Briefing 4 July 2014

# What is a peer challenge?



Critical friend approach to reviewing the local authority safeguarding process

Our Challengers

Our journey...



## When is it happening?



1st December 2014 - Meet and Greet with a contextual presentation: Council House.

2nd – 4<sup>th</sup> December: Windsor

Full and detailed timetable will be circulated

Anyone who will be meeting the challengers will receive briefing in advance.

# Who will meet with the challengers?



- Chief Executive
- Cabinet Members
- Director and Assistant Director
- PSAB Chair
- Commissioning and operational managers, frontline staff
- Partners including CCG, NHS providers, Police, User groups

# Focus of the Review



The peer challenge will focus on four themes which we have selected.

1. Service delivery and effective practice
2. Performance and resource management
3. Commissioning
4. Working together: Local Safeguarding Board

(Taken from the Standards for Adult Safeguarding Dec 2011)

# Types of evidence



- Strategies, improvement plans, minutes etc
- Policies and procedures and awareness and utilisation by staff (online manual)
- Guidance for staff and partners e.g flow charts, tools
- File audits
- Interviews, focus groups, forums (including off site visits)
- Information and advice for the public

# Peer Challenge Products



- Identification of successes and barriers
- Recommendation for future development
- Presentation at the end of visit
- Summary letter setting out the findings and conclusions

# In summary



- Prior to the visit, we will establish a designated web page with all the relevant information required by the Challenge team for their advance preparation and we will also prepare our staff, our Members and support our safeguarding partners
- During the visit, we will maximise our opportunities to evidence good practice
- After the visit, we will respond to and act upon recommendations for future development.

# SAFEGUARDING MANAGER'S REPORT FOR PSAB 4<sup>TH</sup> JULY 2014



## I CORPORATE SAFEGUARDING IMPROVEMENT PLAN

Last update to SAB in January 2014. The Corporate Safeguarding Improvement Plan is a live document that changes over time with new actions and priorities with the aim to moving everything to a green rating. This is a quality assurance process, and the plan is monitored at high level quarterly meetings between the leader of the council, cabinet portfolio holders, SAB Independent Chair, PCC Chief Executive and the relevant Assistant Directors.

Examples of activities within the plan

In Adult Social Care:

- DASH training
- Adult safeguarding conference

For SAB:

- Review Terms of Reference and membership of the Safeguarding Adults Board, in line with the Care Act
- Ensure that Partnership agreement is revised and signed by statutory partners and wider SAB partners

## 2 DEVON PARTNERSHIP AUDIT INTERIM UPDATE

The start of the PSAB audit was delayed by DPA, and it commenced in May. The auditor has met with all requisite contributors and we received a brief overview of the recommendations this week. The full draft audit is expected next week and the detailed report and action plan will be presented at the October board meeting. Audit results can be

1. High Standard
2. Good standard
3. Improvements Required
4. Fundamental Weaknesses

We will receive Improvements Required, but the auditor stressed that the Board is aware of most of the points raised. Areas for improvement will include:

- Governance
- Partnership agreement
- Funding arrangements
- Budget management
- Annual report
- Risk register
- Business plan
- Asset register
- Co-operation with PSCB on arrangements to manage the Boards
- Induction for new board members
- SAR: validation of information and sample checking of source data



### **3 PSAB INDEPENDENT CHAIR RECRUITMENT UPDATE**

Closing date for applications was 30.5.14, we had 10 applicants in total, and shortlisting was completed last week. Interviews are planned for 21st July, and the process will include clarification of candidates' interest in a joint Board appointment, and input from a children's panel and our adult user group.

### **4 PAUSE UPDATE**

We have now established links with Plymouth Adult User Safeguarding Executive (PAUSE), and meet with them for input into SAB prior to each board meeting. They have met with the Independent Chair and agreed to work with us to develop a wider user forum which could act as a sub group of the Board. There is a dedicated Highbury Trust staff member acting as facilitator and we have received their first report. Full details are contained in the copy of their minutes, included in the pack.

### **5 ASC SAFEGUARDING PATHWAY UPDATE**

Last update to SAB in January 2014. The dedicated pathway, launched in November 2013, is operating well, but facing pressures from:

- volume of alerts
- increased demands on staff, some of whom are also BIAs and responding to increase in DoLS applications
- some multi-agency issues; strategies being developed include co-location being explored in light of the integration agenda



PSAB Safeguarding Mangers Report July 2014

PAUSE minutes

Safeguarding issue: Care providers and staffing

Further to the AOB from the meeting held on 9.4.14: The issue was raised of short-notice staffing changes for care recipients residing alone. People's safety is being compromised where they are required to allow unknown carers into their homes. In some instances, care providers have made short notice staffing changes but have not informed the care-recipient by telephone. PAUSE members raised several concerns;

1. Feelings of panic / anxiety in care recipients
2. May lead to care recipients rejecting care.
3. Identification can be easily falsified, therefore care recipients do not necessarily feel safe when presented with I.D.
4. Where there is a key safe system, the security number can be well known.

Charlotte commented that although there were no known instances in which abuse had taken place as a result of staffing changes, the potential for abuse was present. It was agreed that this matter be put to the SAB.

Further to this discussion, a number of concerns arose regarding care in the care recipients own home;

1. Short notice changes to the times of care visits can result in people running out of supplies if they are relying on carers to go shopping.
2. The high turnover of care staff.
3. The issue of lack of control over who is performing intimate and personal tasks. Language difficulties. Where a care recipient is unable to understand a carer problems may occur as the care recipient may be unable to make their needs understood or understand what they are being asked to do. Charlotte reminded PAUSE members of anti-discrimination legislation but it was generally agreed that care-recipients should expect a minimum standard of communication skills.
4. Care recipients often don't wish to 'make a fuss' as they are wary of being branded troublesome.
5. C spoke of instances in which the real needs of care recipients were not being addressed by carers who treated care visits as 'befriending' visits and failed to perform the care tasks required of them.

It was agreed that these issues warrant discussion at a structural level with the SAB.

Charlotte informed the group that she had a meeting with Jane Elliot-Toncic on Monday 16<sup>th</sup> June and asked for volunteers to attend. Chris and Mark volunteered. Details of the time and venue were discussed.

This page is intentionally left blank



**OUTCOME :**  
Children, Young People and Adults at Risk in Plymouth are kept safe and their

The strategic aim and purpose of this plan is to ensure safeguarding processes, policy and procedures are owned and embedded across all Council departments and commissioned services, so that children, young people and Adults at Risk are effectively safeguarded by all staff and the commissioned agencies that work with them.

**KEY ACTION:**  
The adoption of core safeguarding principles applicable across the work of the council & commissioned

- \* The safety and wellbeing of all children & young people and Adults at Risk and the recognition of the diversity of their needs, is at the centre of everything we do
- \* All children, young people and Adults at Risk have the right to live their lives free from physical, sexual and emotional abuse, neglect, exploitation, domestic abuse and oppression
- \* Safeguarding is everybody's business and all council employees have a duty to ensure service users are protected from harm
- \* All children, young people and Adults at Risk have a right to confidentiality. However, we will ensure information is shared appropriately and swiftly where there is a safeguarding issue, in line with Working Together 2013 & "No Secrets" Guidance and Care Act 2014
- \* The Council will take lead agency responsibility for safeguarding within the multi-agency partnership, including a role in promoting public awareness
- \* We will strive to be a values-led, learning organisation, and to adopt and promote best practice in all we do, by working to the following **key safeguarding priorities**

SafeGuarding Priorities/Outcomes	Activities	Milestone	Milestone Due Date	Resources Required	Support required from other departments /partners*	Completion Date	Benefits, Planned savings, Income generated
<b>1. Children's Social Care</b>							
1. Working collaboratively with the PSCB & PSAB, we will provide joint leadership in co-ordinating, ensuring and promoting safeguarding outcomes across the multi-agency partnerships, and within council and commissioned services, including promoting public awareness of safeguarding issues;	1.1 Review information sharing and effective joint planning for children affected by adult mental health issues to inform a joint action plan	Milestone 1 Joint Action Plan in place	Jun-14		ASC, health colleagues		Staff recognise the impact of adult mental health issues on dependent children & young people, identifying need and risk at the earliest opportunity. Adult mental health staff confident in participating in team around the child. Children at CSC threshold identified appropriately and collaborative working arrangements in place.
	2.1 Agree and implement action plan from Supervision Audit	Milestone 2.1 Action plan in place including agreed measures and milestones which build on current arrangements to ensure reflective and analytical supervision is embedded within CSC	Jun-14			Supervision action plan drawn up and to be shared at June Performance CSCMT	Staff understand their roles and are supported to reflect on practice ensuring best outcomes for individual children. Staff team are robust and staff retention supported
2. We will ensure all Council staff and Members fully understand their roles and responsibilities in relation to safeguarding, and are equipped to fulfil these, including an understanding of when and how to escalate concerns where necessary	2.2 Review and refresh single agency training in line with the corporate training plan	Milestone 2.2 Publish updated single agency training programme	Jun-14			In place as of 1st April. Strategy and progress shared with portfolio holder	Up to date and relevant single agency training available targeted at changing needs of staff group
	3.1.1 Carefirst system to be amended to be fit for purpose with appropriate checkpoints in place	Milestone 3.1 Implement Single Assessment framework in line with WT13	Jun-14		CareFirst project team	Work underway on Single Assessment, to complete by September 14	C & YP's needs assessed in an appropriate and timely manner leading to care planning which safeguards and promotes wellbeing at the earliest point in their journey
3.1.2 Single Assessment framework processes embedded within frontline services							

SafeGuarding Priorities/Outcomes	Activities	Milestone	Milestone Due Date	Resources Required	Support required from other departments /partners* **	Completion Date	Benefits, Planned savings, Income generated	
4. We will ensure providers' and commissioned services' contracts clearly reflect expected standards and practice, and are in line with National Care Standards, Winterbourne View, and Francis Report recommendations etc	4.11 Continue robust arrangements re commissioning of CAHMs service to ensure placements supported by provision of appropriate therapeutic services.	Milestone 4.1 Improve access to therapeutic support for children in care including those at risk of CSE	on-going	CCG, CAMHS, ACE, Barnardos, NSPCC	New referral pathways have been agreed to ensure better support to children placed in	Children and young people's mental health needs assessed and able to access targeted support. Improvement in placement stability. Improvement in long term outcomes across the spectrum for C&YP in care. Prevention of CSE		
	4.12 Secure the commissioning of appropriate care co-ordination for C&YP with mental health needs placed outside Plymouth boundaries		May-14				Meetings have been held, currently escalated meeting arranged between AD, Co-operative commissioning	
	4.13 Complete review of provision of therapeutic services to C&YP at risk of CSE undertaken by MACSE		Sep-14				Review is ongoing, report due in September	
	4.14 Develop innovative and group based interventions to address sexualised behaviour with high risk children in the ACES service	on-going	Programme in place, p					
	4.21 Develop the capacity within the in-house foster service to ensure it continues to provide suitable placements for the majority of Plymouth children	Milestone 4.2 On-going and demonstrable improvement in placement sufficiency	May-14		Independent Fostering Agencies, Commissioning team		Recruitment strategy for in house Adopters and Foster carers has been updated with a targetted cost and volume tender is underway for increase in quality and sufficiency in the inde. Sector and profile of needs in relation to requirements to	Sufficiency of placements to allow for excellent matching process. Fewer children placed outside of Plymouth
	4.22 Stimulate the independent fostering and residential placement market to ensure sufficiency, quality and performance with a key aim to place as many children as possible within Plymouth							
4.23 Increase the number of potential adopters to provide sufficient placements for sibling groups, children aged 3 & over and children with additional needs.								
5. We will embed robust quality assurance arrangements, so that we can be confident of evidence-based safeguarding interventions that have a measurable impact on the lives of children, young people and Adults at Risk	5.11 Undertake audit into children who have had 3+ placements over the previous 3 months	Milestone 5.1 Placement Stability action plan in place	April -June 14	Commissioning team	Audit is underway for completion August	Children in care safeguarded Increased placement stability in line with target KPI		
	5.12 Develop and implement placement stability action plan to ensure risks to placement stability are identified early and ways of maintaining stability are developed							
	5.13 Identify and implement alternative models of fostering that better meet the need of high risk children							
	5.14 Link with Southampton and other LAs to explore best practice and implement key learning	Milestone 5.2 Action plan in place and improving trend in child protection plans in line with national expectations	April and quarterly reporting thereafter in line with KPIs	Commissioning team	Links made with Southampton	All children have risk have SMART plans which meet their safeguarding needs. All children subject to plans appropriate to be safeguarded within child protection procedures. Any implications for early intervention or step down processes identified in order to safeguard C&YP at the earliest point in their journey.		
	5.21 Undertake programme of work to ensure the rise in cp plans is understood and that CP plans are appropriate to individual cases							
	5.22 Complete Action Plan to improve quality of written cp plans							
5.31 Response to 10 Wishes to be collated and fed back to PSCB	Milestone 5.3 Measurable Action plans in place to respond to issues raised within the 10 Wishes and the Pledge to Children in Care	April 2013 and quarterly	Corporate Parenting Group	Complete April 14	Children's views actively informing service planning. As a result better outcomes for children			
5.32 key recommendations of the Pledge to be implemented and actions embedded								
5.33 Agreed actions to be included in individual service plans and monitored via CSCMT								
6. We will continue to embed a comprehensive prevention and early intervention strategy to promote the wellbeing of children, young people and Adults at Risk, and to ensure any safeguarding issues are addressed at the earliest opportunity	6.1 Build on current work to co-locate a range of staff in A&A screening team, to ensure participation of health and other key partners	Milestone 6. Achieve co-location of health personnel within screening service	May-14	CCG, police, early years, voluntary agencies, CAF team	Range of partner agencies co-located in A&A and Action Plan in place to develop front door.	Referrals to A&A are screened and where appropriate diverted to early intervention services along secure pathways and in line with clearly understood and agreed thresholds. C&YP receive appropriate intervention at the earliest point. Reduced pressure of inappropriate referrals on A&A		
	6.2 Implement single assessment within A&A						Carefirst team	Work underway on Single Assessment, to complete by September 14

SafeGuarding Priorities/Outcomes	Activities	Milestone	Milestone Due Date	Resources Required	Support required from other departments /partners* **	Completion Date	Benefits, Planned savings, Income generated	
<b>2 Cooperative Commissioning and Adult Social Care</b>								
1. Working collaboratively with the PSCB & PSAB, we will provide joint leadership in co-ordinating, ensuring and promoting safeguarding outcomes across the multi-agency partnerships, and within council and commissioned services, including promoting public awareness of safeguarding issues;	1.1 Develop annual programme of briefings and awareness raising of adults at risk and alerting process for frontline council staff, providers.	Milestone 1 Complete review of training strategy (brought forward from 13/14)	Sep-14	Safeguarding Team (JET & JM)		I.1 annual programme of training developed and current I.2 completed March 2014 I.3 conference being planned with University of Plymouth for Summer 2015	Increase in numbers of alerts. People who come into contact with adults at risk feel confident about the Council's leadership  Raise public and professional awareness of safeguarding adults at risk  Assures the Leader of the Council, Cabinet Members for Children and Adults, the Chief Executive and CMT are all equipped to fulfil their leadership responsibilities for safeguarding children, young people and Adults at Risk	
	1.2 Attend Caring Plymouth Scrutiny to raise awareness of Elected Member training and present annual report							
	1.3 Commission safeguarding conference and awareness week		2015					
2. We will ensure all Council staff and Members fully understand their roles and responsibilities in relation to safeguarding, and are equipped to fulfil these, including an understanding of when and how to escalate concerns where necessary	2.1 Review Terms of Reference and membership of the Safeguarding Adults Board, in line with the Care Act	Milestone 2 Care Act recommendations	Sep-14		Safeguarding Manager and Independent Chair	Proposed for next PSAB agenda and for discussion with new Independent	Ensure robust leadership in the City to safeguard adults at risk	
	2.2 Ensure that Partnership agreement is revised and signed by statutory partners and wider SAB partners							
	2.3 Commission SAB Development Day to ensure partners and Elected Members understand and comply with roles and responsibilities							Within existing SAB budget
3. We will be proactive in responding to new national initiatives and guidance, and to lessons learned from Serious Case Reviews and Domestic Homicide Reviews	3.1 Complete skills audit	Milestone 3 Develop a SMART plan for continuous professional development in order to embed safeguarding practice, ensure staff retention and minimise organisational risk.	Aug-14			Completed, awaiting sign off of timescales	Staff teams are robust around both childrens and adults safeguarding practice, and early intervention and prevention, retention supported, improved outcomes in staff survey	
	3.2 Review workforce development plan		Mar-15					HR Team, GM Team (ASC) & Safeguarding Manager and Partnership Crime Reduction Officer
4. We will ensure providers' and commissioned services' contracts clearly reflect expected standards and practice, and are in line with National Care Standards, Winterbourne View, and Francis Report recommendations etc	4.1 Establish reference group with Police and partners	Milestone 4 Complete review of Police Detention Order (place of safety) for detained adults and young people	Jul-14		Safeguarding Manager (Children & Adults), Commissioning Partners and Police	completed, police paper on agenda for next PSAB	Prevent inappropriate placements. Prevent escalation of risk and commission alternative resource.	
	4.2 Produce commissioning plan and/or revision of current process							
	4.3 Continue with Winterbourne View action plan							
	4.4 Peer Review							
5. We will embed robust quality assurance arrangements, so that we can be confident of evidence-based safeguarding interventions that have a measurable impact on the lives of children, young people and adults at risk	5.1 Complete Devon Audit	Milestone 5 SAB Audit	Jun-14		Strategic Safeguarding Team & HR	audit started May 2014	Recommendations for SAB To inform compliance with duties under the Care Act 2014 To reassure members of Governance and Partnership arrangements	
	5.2 Action plan developed, signed off by SAB							
	5.3 Actions completed and policies updated accordingly							

SafeGuarding Priorities/Outcomes	Activities	Milestone	Milestone Due Date	Resources Required	Support required from other departments /partners* **	Completion Date	Benefits, Planned savings, Income generated
6. We will continue to embed a comprehensive prevention and early intervention strategy to promote the wellbeing of children, young people and adults at risk, and to ensure any safeguarding issues are addressed at the earliest opportunity	6.1 Commence start of review of multi-agency VARM policy (to include escalation policy)	Milestone 6 VARM (Vulnerable Adult Risk Management) and serious self neglect.	Jun-14		Safeguarding Manager	interim review complete, policy development underway	This is a prevention strategy for adults at risk and serious self neglect, who do not engage with service provision.  Roll out of revised document will ensure that high profile cases are escalated to senior management.
	6.2 Produce revised policy in line with Tri.X review					interim review complete, policy development underway	
	6.3 Re-launch policy across all agencies (July 14)					proposed for agenda of next PSAB policy and procedures sub group	
	6.4 Continue to embed Domestic Abuse training					171 staff trained at Level 1, 32 trained at Level 2 as DASH assessors.	
<b>3 Council wide</b>							
1. Working collaboratively with the PSCB & PSAB, we will provide joint leadership in co-ordinating, ensuring and promoting safeguarding outcomes across the multi-agency partnerships, and within council and commissioned services, including promoting public awareness of safeguarding issues;	1.1 On-going leadership and representation at senior level provided to PSCB, PSCAB, health and Wellbeing Board, Early Intervention and prevention Board, Children's Partnership, PDAF etc	Milestone 1. To continue to influence and lead on Safeguarding across Plymouth at a senior level	On-going	Within current resources – CJ & JET	Multi-agency task		PCC influencing and leading the agenda in response to Safeguarding practice across the city
2. We will ensure all Council staff and Members fully understand their roles and responsibilities in relation to safeguarding, and are equipped to fulfil these, including an understanding of when and how to escalate concerns where necessary	2.1 Further training and awareness sessions delivered to CMT/SMT and elected members	Milestone 2.1 Training programme for elected members and senior managers put in place	On-going reported quarterly	Within current resources – CJ & JET		A series of joint children and adult safeguarding briefings and training sessions have been	Senior managers and elected members fully trained and supported in understanding and fulfilling their roles and responsibilities in respect of safeguarding
	2.2 Safeguarding information and lessons from serious case reviews to be disseminated to elected members	Milestone 2.2 Leaflets and posters to be available at council chambers	On-going	Within current resources – CJ & JET		Complete and reviewed quarterly	
	2.3 review and amend previous corporate Safeguarding policy	Milestone 2.3 Corporate Safeguarding procedure updated and available on PCC website	Sep-14			Review currently being undertaken by TS	Staff have access to up to date procedures in order to fulfil safeguarding responsibilities
3. We will be proactive in responding to new national initiatives and guidance, and to lessons learned from Serious Case Reviews and Domestic Homicide Reviews	3.1 As lessons from SCRs, and initiatives emerge milestones and specific action plans put in place for the council as a whole to ensure dissemination of learning and engagement in actions expedited	Milestone 3.1 Proactive response put in place as lessons and initiatives emerge	Ongoing				Lessons and new initiatives actively absorbed into practice ensuring Plymouth remains at the forefront of current best practice
4. We will ensure providers' and commissioned services' contracts clearly reflect expected standards and practice, and are in line with National Care Standards, Winterbourne View, and Francis Report recommendations etc	See CSC & ASC actions above						
5. We will embed robust quality assurance arrangements, so that we can be confident of evidence-based safeguarding interventions that have a measurable impact on the lives of children, young people and Adults at Risk	5.1 Ongoing programme of Directors & ADs observing practice		Ongoing		PSCB & PSAB	Ongoing programme in place	
	5.2 Ongoing work to support the Independent Chair of PSCB and PSAB, responding to challenge. Involvement in appraisal process for Independent Chair					Recruitment underway for new Independent chair	
6. We will continue to embed a comprehensive prevention and early intervention strategy to promote the wellbeing of children, young people and Adults at Risk, and to ensure any safeguarding issues are addressed at the earliest opportunity	6.1 Review of joint working with Adult mental Health services	Milestone 6 Protocol with adult mental health services complete and in place	Dec-14		CSC & Adult Mental Health Services		Staff and partners working with adults across the city recognise safeguarding concerns understand their responsibilities to safeguard and promote the welfare of children, young people and Adults at Risk
	6.2 Review practice in line with multi-agency learning from SCRs, MACAs etc and KPIs trends relating to chronic neglect, and embed in Departmental business plans as appropriate	Milestone 6.2 Action plans in place to respond to chronic neglect	May-14			Action plan in place and monitored via CSCMT	

SafeGuarding Priorities/Outcomes	Activities	Milestone	Milestone Due Date	Resources Required	Support required from other departments /partners* **	Completion Date	Benefits, Planned savings, Income generated	
7. We will respond to the challenges from the PSCB to the Children's Partnership Board	7.1 Confirm arrangements are in place to address a lack of confidence in some day care provisions in working with looked after children and infant care.	Milestone 7.1 Training provided, practice monitored through annual Welfare review visits . Protocol in place with EY settings on how to support LAC.	ongoing from September 14			Jhall to update quarterly	EY practitioners will have support and guidance to increase skills and confidence when working with LAC and managing intimate care	
	7.2 Confirm that ongoing work with Families with a Future is having a positive outcome on the safeguarding of children and young people		ongoing from September 14			Awaiting info from Liz Cahill		
	7.3 Confirm work being undertaken by Early Years Service to support the improvement of practice within the one Children's Centre and 5 child minders rated satisfactory by OFSTED in 2012/13	Milestone 7.3 High level support package in place for Children's Centre and childminders to improve practice	Reviewed quarterly from Sept 14				Jhall to update quarterly	Quality of Early Years provision is improved resulting in better outcomes for children
	7.4 Confirm that strategies to reduce the number of children living in temporary accommodation are proving effective and there is corresponding evidence that such children are being safeguarded and experiencing better health outcomes.	Use of Housing Choices Smarter Solutions Delivery Plan Milestone 1: Implementation of recommissioned accommodation and outreach services for families to prevent homeless/risk of homelessness; Milestone 2: Regular monitoring of stretch targets for homelessness prevention casework to ensure that high and increasing demand does not translate into more families with children being placed in temporary accommodation. Milestone 3: presentation of statistics at PSCB data sets meeting to show trends				Adult social care commissioning	Aug-14	Services focus on supporting homeless/at risk of homelessness families to ensure households develop and/or sustain their capacity to live independently within the community - reducing numbers being placed in temporary accommodation by the authority. Commissioned services are all required to have effective safeguarding policies in place, and service impact is monitored using outcome information collected in relation to all service users in relation to 'Be Healthy' outcomes including impact on physical health, mental health, substance misuse and aids/adaptations.
	7.5 confirm that government recommendations to improve outcomes for children of prisoners and better support their families are being met.	To be set and monitored by Children's Partnership Board		Dec-14				

This page is intentionally left blank



# SAFEGUARDING ADULTS RETURN 2013/14

Plymouth Safeguarding Adults Data Submission

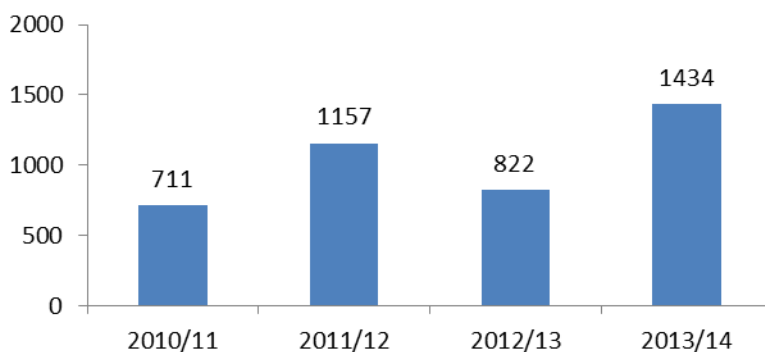


In June 2014, Plymouth City Council submitted the Safeguarding Adults Return to the NHS Information Centre. This report highlights some of the figures sent as part of the return as well as comparisons to the results submitted in 2012/13.

## ALERTS

1434 safeguarding alerts recorded in 2013/14 which shows a considerable increase on 2012/13. In 2012/13 we recorded 822 alerts so this year we have recorded 612 more. This figure brings us much more in line with other local authorities in terms of increases in safeguarding activity. Chart one below illustrates the number of alerts recorded over the past four years.

Chart one – Number of Safeguarding Alerts



The drop in 2012/13 may have been influenced by a number of issues including complete restructure of both health and adult social care during this time period. A change in the way adult social care recorded contacts/concerns may also mean that some concerns were recorded as assessments rather than safeguarding alerts at the initial point.

## **ETHNICITY OF ALLEGED VICTIMS (SUBJECT TO REFERRAL FOR FURTHER INVESTIGATION)**

In 2013/14 we had a 100% capture rate of the alleged victim's ethnicity; this represented a considerable improvement on 2012/13. Table two below provides a breakdown of ethnicity for the alleged victims of abuse that was referred onto a full investigation. In total 595 alerts proceeded to investigation, this is reported later in this report.

White	555
Mixed/Multiple	2
Asian/ Asian British	2
Black / African / Caribbean / Black British	2
Any other Ethnic group	0
Refused	27
Undeclared/ Unknown	7

93% of alleged victims are White, a decrease from 96% in 2012/13. It is worth noting however that there were 34 cases where the ethnicity was refused or is unknown, so in reality the proportion of White victims might indeed be higher (or lower). In total of the 561 cases where the ethnicity is known just 6 are of a different ethnicity to White.

According to the 2012 Joint Strategic Needs Assessment, 93.4 per cent of Plymouth population are White. 6.6 per cent are Black and Minority Ethnic of which the largest communities are Kurdish Iraqi, Polish speaking migrant workers, Indian, Chinese, Russian speaking migrant workers and Black African.

## **ALERTS REQUIRING FURTHER INVESTIGATION**

In 2013/14 595 alerts required further investigation, an increase on the 291 in 2012/13, this equates to 41% of alerts proceeding to investigation. The proportion proceeding to investigation in 2012/13 was 35%.

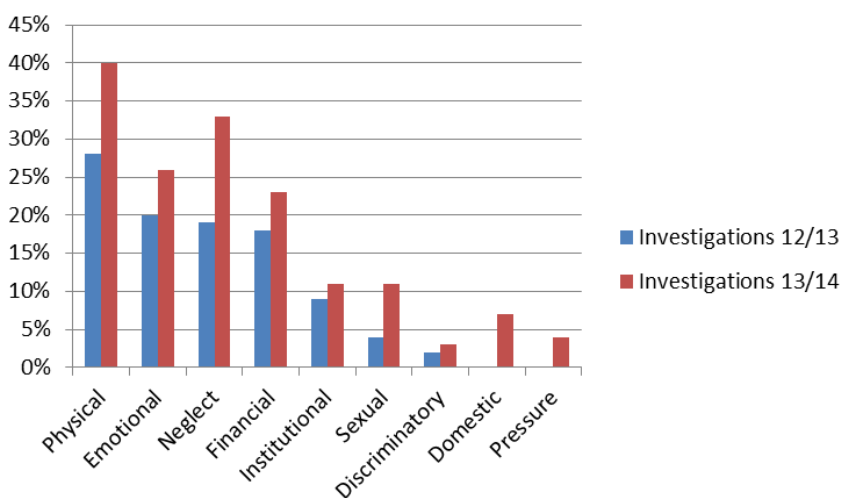
## INVESTIGATIONS BY ABUSE TYPE

A single alert or investigation may involve multiple types of abuse.

Whilst the order of the highest abuse type has changed slightly the four abuse types with the highest proportion of investigations remain the same. Physical abuse remains the most common abuse type, Neglect now second highest followed by Emotional and Financial. “Domestic” and “Pressure” are new abuse types used for the first time this year.

Charts two below illustrates the breakdown of investigations by abuse type and compares the percentages against 2012/13.

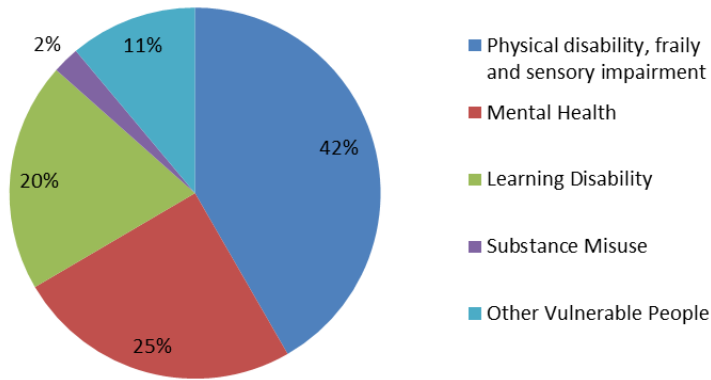
Chart two – Number of Safeguarding Investigations by Abuse type



## INVESTIGATIONS BY SERVICE USER GROUP

Chart three below illustrates that physically disabled clients (42%) continue to represent the largest proportion of alleged abuse victims. The client type breakdown is similar to last year with Mental Health the second most likely to be a victim (25%) followed by clients with Learning Difficulties (20%).

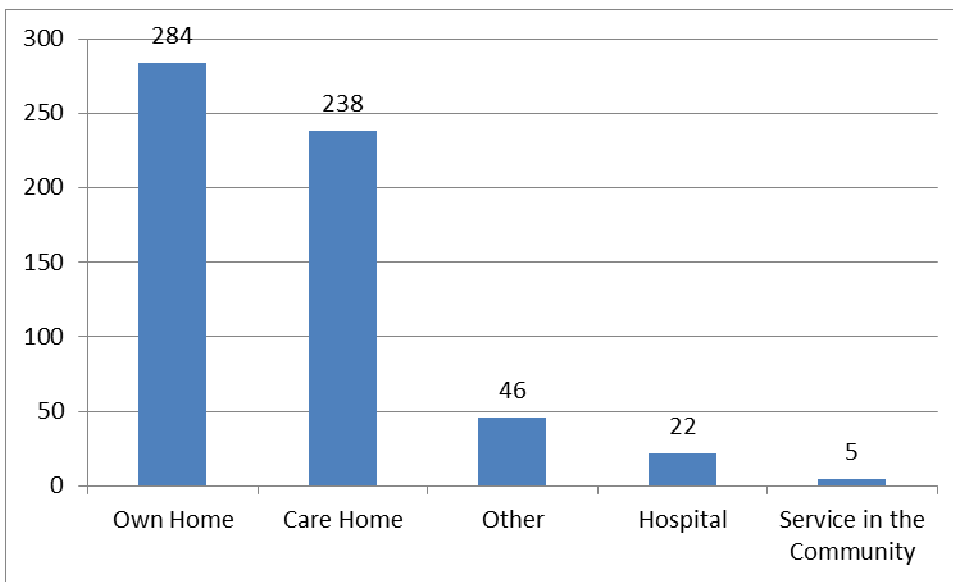
Chart three – Number of Safeguarding Investigations by Client type



**LOCATION OF ALLEGED ABUSE INVESTIGATED**

This year’s return recorded location of abuse differently and required less specific information about where the alleged abuse had taken place, previously for example care home was split by residential and nursing which is no longer the case. Chart four below illustrates the location breakdown and highlights that the vast majority of alleged abuse occurs in either a care home or the persons own home. Just 22 alleged abuse cases were recorded as having occurred within a hospital and 46 were recorded as other with no further breakdown provided.

Chart four – Abuse by Location



## RESULT OF ACTION TAKEN

This year's return for the first time asked us to report on the outcome of action taken by the safeguarding teams. The return gives us the opportunity to record one of the following as an outcome of support;

- Where 'no further action under safeguarding'
- Risk remains
- Risk reduced
- Risk removed

Each result is recorded by the person who records the result on Carefirst at the end of the investigation.

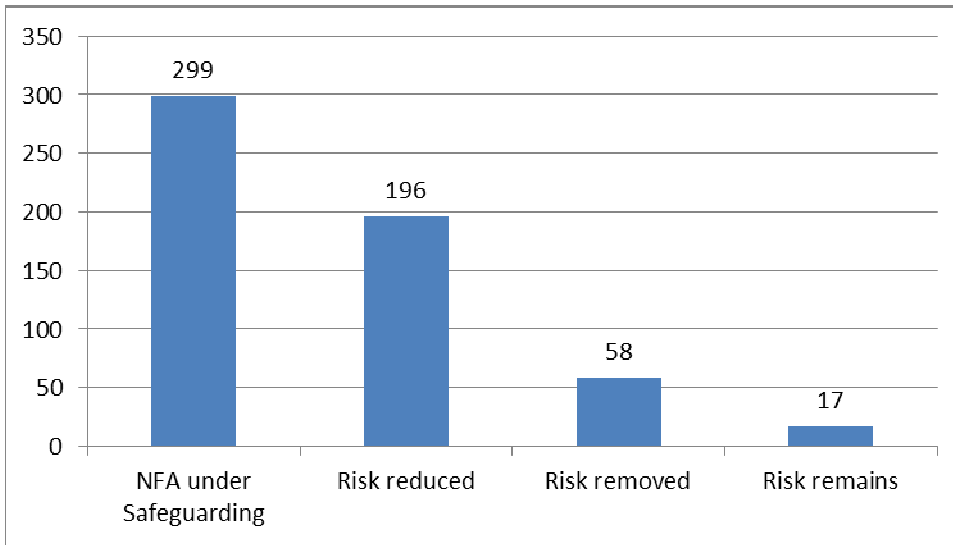
Chart five below shows how these outcomes were reported by us this year and shows that in over half of cases the investigation at point of conclusion resulted in no further action (52%), this in most cases refers to those that were not substantiated, inconclusive or investigation ceased at individuals request.

34% of concluded cases saw the risk reduced, this refers to cases where, after action has been taken to support management of risk, the level of risk has reduced or the circumstances which made the individual vulnerable have been mitigated.

10% saw the risk removed, this refers to cases where, after action has been taken to support management of risk, the circumstances which made the person vulnerable have been fully addressed and the individual is no longer subject to that specific risk.

17 cases were recorded where the risk remains, this is defined in guidance as after action has been taken to support management of risk, the circumstances causing the risk are unchanged and the same degree of risk remains. It should be acknowledged that there may be valid reasons why a risk remains, one of these being individual choice, and so this is not meant to be used as a stand-alone measure of performance.

Chart five – Result of action taken to support management of risk



### CASE CONCLUSION

96% (570 of 595) of investigations were concluded at the time of submission; this represents an improvement on the 91% capture rate of last year. The 25 cases with no conclusion have been identified as ongoing and their outcomes will feature in next year’s return. Table three below outlines the breakdown of case conclusions and makes a comparison to 2013/13.

Case Conclusion	2012/13	%	2013/14	%	Direction of travel
Substantiated	61	23%	148	25%	Increasing
Partly substantiated	49	18%	44	7%	Decreasing
Not substantiated	73	27%	201	34%	Increasing
Not determined/inconclusive	84	32%	146	25%	Decreasing
Ceased at clients request			31	5%	

A further conclusion category has been introduced (Investigation ceased at individuals request), which will require monitoring to ensure that it is being applied appropriately. That is, the new category should only be used where there is no over-riding reason for the investigation to continue such as alleged abuse by a member of staff or where other vulnerable adults may be at risk. Appropriate use of this category has had an impact on the proportion of investigations recorded as inconclusive which has dropped from 32% and 25%.

# DEPRIVATION OF LIBERTY SAFEGUARDS

Report for Safeguarding Adults Board July 2014



## Context

A report was compiled for SAB in April 2014 on MCA and DOLS. Since then, the Supreme Court issued a judgment in *n P v Cheshire West and Chester Council and P and Q v Surrey County Council* which changed the understanding of what constitutes a deprivation of liberty. The government has also published its response to the House of Lords Scrutiny Committee on the Mental Capacity Act entitled: Valuing every voice, respecting every right: Making the case for the MCA.

This report summarises the main issues arising from these developments and requests clarification on the role Plymouth Safeguarding Adults Board wishes to take in monitoring compliance with the MCA, DOLS, deprivation of liberty in the community and the Supreme Court judgement.

## Summary of the Act

The Mental Capacity Act (MCA) 2005 provides a statutory framework to empower and protect some of the most vulnerable people in society. It makes it clear who can take decisions, in which situations and how they should go about this in respect of people who lack capacity to make particular decisions for themselves. It provides guidance to health and social care staff for providing care and treatment to people who are unable to consent in the form of the Mental Capacity Act Code of Practice. The Act provides guidance around advanced decisions, lasting power of attorney and accessing the court of protection (CoP). It gives some people who lack capacity a right to receive support from an Independent Mental Capacity Advocate. All health and social care providers and commissioners have responsibility for on-going implementation of the act. This is monitored by the CQC.

The Deprivation of Liberty Safeguards came into effect in 2009. They are part of the Mental Capacity Act 2005. Their aim is to ensure that people's human rights are protected when they are or may be deprived of their liberty in hospitals or care homes.

## The role of the Local Authority in responding to DoLS applications

From April 2013, the local authority has responsibility to act as supervisory body in response to all deprivation of liberty applications from care homes and hospitals. The core duties and responsibilities of the supervisory body are to respond to applications and arrange for specialist assessments, investigate unauthorised deprivation, commission an advocacy service and ensure the person has a representative while deprived of their liberty.

### **The role of Clinical Commissioning Groups (CCG)**

Clinical commissioning groups continue to receive funding for Mental Capacity Act implementation and training, (which includes ensuring a good understanding in hospitals of the Deprivation of Liberty Safeguards). CCGs are responsible for confirming that safe implementation of the Mental Capacity Act, including DoLS, is considered in all relevant commissioning processes and specified in all relevant contracts. The grant amount originally committed to Plymouth PCT was estimated to be £41,664 recurring annually. Subsequent guidance indicated that this amount was to transfer to CCGs.

It is recommended by the social care institute for excellence that CCGs should, working in partnership with local authority, commission from their mental health provider the supply, training and release from other duties of suitably qualified doctors to undertake mental health assessments for the DOLS process. There is currently a shortage of trained psychiatrists participating in these assessments in Plymouth. This has been highlighted to the medical director and commissioners responsible for section 12 doctors.

### **The role of Health, Social Care and 3<sup>rd</sup> Sector Providers**

Residential care homes, nursing home and hospitals, including mental health hospitals are responsible for compliance with the mental capacity act and deprivation of liberty safeguards. They have functions as a DOLS managing authority to make applications to the local authority if a person in their care is deprived of their liberty. They must notify the CQC when they make these applications.

Where a person is deprived of their liberty in the community such as supported living arrangement, the commissioner of that service has a responsibility to seek legal authorisation for that arrangement from the court of protection. This has clearly been the case since 2007; however, the new guidance from the Supreme Court on what constitutes a deprivation of liberty means that the need to make applications to the court of protection will significantly increase.

### **Mental Capacity Act Awareness for Children's Services**

There is an additional need for staff in Children's services and commissioning to be aware of the mental capacity act and deprivation of liberty safeguards in relation to the capacity of parents to give consent, the potential for young people age 16 and above to be subject to the MCA and also care arrangements for children and young people in residential or residential education which may amount to deprivation of liberty. The Supreme Court has reiterated that deprivation of liberty can occur even in foster care arrangements; however the court of protection can only authorise deprivation of liberty for young people over the age of 16, so specific legal advice will need to be taken in situations which may amount to a deprivation of liberty but cannot be authorised by DOLS process or the CoP.



## Deprivation of Liberty

### New interpretation of Deprivation of Liberty

The supreme court indicated that the two key questions to ask are:

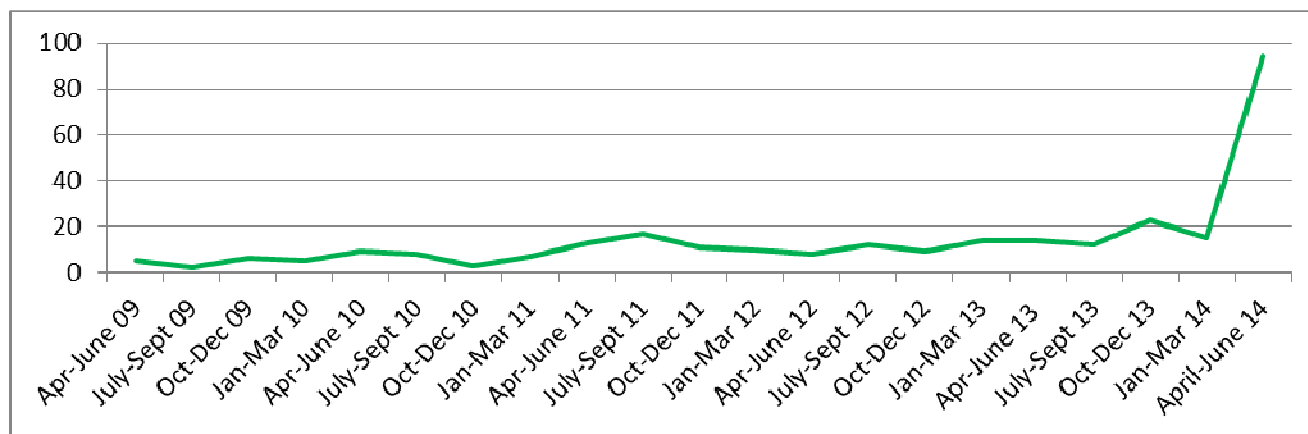
Is the person free to leave? And

Is the person under continuous supervision and control?

When considering whether a person is deprived of their liberty, it is **not** relevant to consider:

- Whether the person has made an attempt to leave
- Whether the person is content with the arrangement
- Whether the person objects to the arrangement
- The purpose of the restrictions or whether they are necessary for the person's safety
- Whether any person with similar needs would be subject to similar restrictions

### Patterns of DOLS application rates since introduction of the Safeguards



### Supported living

Both adult social care and Plymouth community healthcare have begun to scope commissioned services where person who lacks capacity to consent to their care is likely to be deprived of their liberty in the community where an application to the court of protection may be required.

### Options for Level of Oversight/Scrutiny from Plymouth Safeguarding Adults Board

1. Continue to receive periodic update reports from DOLS officer and Lead officer Group
2. Seek specific assurance from member organisation on compliance with the MCA/DOLS including progress updates on compliance with the Supreme Court Judgment and request information from the Safeguarding Children's Board regarding their parallel actions.
3. Form a Task and Finish group to agree a city-wide approach to response to the Supreme Court Judgment and require progress updates to ensure that DOLS applications or court of protection applications are made for anyone in the city (or in out of county placements made by Plymouth commissioners) who may be deprived of their liberty.

## Summary of Government Response to House of Lords Scrutiny on the MCA

[www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/318730/cm8884-valuing-every-voice.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/318730/cm8884-valuing-every-voice.pdf)

- Implementing organisations must assure themselves that MCA governance is up to the task
- All implementation partners should plan MCA awareness raising strategies
- MCA should have a strong advocate within each organisation. Government urge that where responsibility for the MCA is assigned to the named safeguarding lead, “care is taken to ensure that the ‘MCA voice’ is heard in equal measure to the ‘safeguarding voice.’
- Government will consider the case for establishing a new MCA advisory board (Autumn 2014)
- DH MCA Steering Group will continue and hold implementing organisations to account
- LGA will develop a self-peer-audit tool for local authorities (early 2015)
- NHS England is investigating the possibility of self-audit tools for NHS Trusts.
- DH will commission SCIE to carry out a review of the current guidance and tools (end 2014)
- Following SCIE review DH will determine if review of the code of practice would be valuable
- DH will develop “credit-card sized” statement of rights under MCA
- Academy of Medical Royal Colleges, Police, Housing and Safeguarding Adults Alliance, Standing Commission on Carers, Financial Conduct Authority, Healthwatch England, and Health and Wellbeing Board should report to the MCA Steering group on implementation and awareness.
- MCA steering group will produce case studies (early 2015)
- Chief social worker for Adults will write to the sector stressing importance of the MCA
- Government recognises the need for more qualified Best Interest Assessors
- Government working group will scope how MCA training can be made more widely available
- SCIE will produce a report detailing how MCA principles can be embedded into the process of care planning (early 2015) including Advance Decisions and Lasting Powers of Attorney.
- Government will build on new duties to provide advocacy in the Care Act 2014 linking these to existing duties to provide advocacy under the MCA
- Government will commission guidance on IMCAs as litigation friends (autumn 2014)
- Public Health England and DH will work together to see how DPH can contribute.
- Government will ask the Law Commission to consult on and potentially draft a new legislative framework that would allow for the authorisation of deprivation of liberty in supported living. It will also consider any improvements that might be made to the Deprivation of Liberty Safeguards process (this work will not complete for a few years)
- Government will keep the need to refresh the DOLS code of Practice under review
- Government recommends that “NHS England includes expectations on the effective use of the Deprivation of Liberty Safeguards in the standard contract for providers.”
- ADASS will lead a task group to consider implications of the supreme court judgment
- Government will commission a revision of the DOLS standard forms (November 2014)
- Government has commissioned up to date guidance on DOL case law (end 2014)
- Government will draft new chapter for the revised MHA code of practice on the topic of overlap between MCA, DOLS and MHA. (consultation summer 2014).
- Government has committed to revising the Court of Protection Rules by April 2015