Plymouth Safeguarding Adults Board

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26 September 2014

PLYMOUTH SAFEGUARDING ADULTS BOARD

Friday 3 October 2014
1 pm
Meeting Room 2, Ground Floor, Windsor House

Members:
Geoff Baines, Interim Chair

Pete Aley, Roslynn Azzam, Carole Burgoyne, Lorna Collingwood-Burke, Martin Cordy, Mandy Cox, Mike French, Karen Grimshaw, Dan Monck, Julian Mouland, Kelechi Nnoaham, D/Sup Paul Northcott, Stuart Palmer, Mandy Sharp, Dave Simpkins, Phil Smale, Tony Staunton, Jane Elliot Toncic and Councillor Tuffin.

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

Tracey Lee
Chief Executive

PLYMOUTH SAFEGUARDING ADULTS BOARD

PART I (PUBLIC COMMITTEE)

1. WELCOME AND APOLOGIES

2. MINUTES AND MATTERS ARISING **(Pages 1 - 8)**

3. DECLARATIONS OF INTEREST

4. CHAIR'S URGENT BUSINESS

5. SAB SELF ASSESSMENT PI UPDATE

6. SAFEGUARDING MANAGER'S REPORT

a. Devon Partnership Audit – to be tabled

b. Making Safeguarding Personal **(Pages 9 - 42)**

c. Peer Challenge - proposed agenda **(Pages 43 - 48)**

d. VARM/Serious Self Neglect Update **(Pages 49 - 64)**

e. PCC Corporate Safeguarding Improvement Plan - to be tabled

f. PAUSE Update **(Pages 65 - 66)**

7. PCH SAFEGUARDING GOVERNANCE **(Pages 67 - 70)**

8. SCR UPDATE

9. DoLS

10. ANY OTHER BUSINESS

11. FUTURE AGENDA ITEMS AND CONFIRMATION OF FUTURE MEETINGS

The next meeting will take place on Friday 30 January 2015 at 1 pm.

12. 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.

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Plymouth Safeguarding Adults Board

Friday 4 July 2014

PRESENT:

Jim Gould, Independent Chair.

Also in attendance: Roslynn Azzam, Geoff Baines, Carole Burgoyne, Vicky Clark, Martin Cordy, Angela MacBlain, Julian Mouland, DS Paul Northcott, Stuart Palmer, Phil Smale, Jane Elliott Toncic and Councillor Tuffin.

Apologies for absence: Laura Collingwood-Burke, Mandy Cox, Mike French, Karen Grimshaw, Becky Morris, Dave Simpkins and Tony Staunton.

The meeting started at 1.00 pm and finished at 4.20 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.

1. MINUTES AND MATTERS ARISING

Agreed that the minutes of the meeting held on the 4 April 2014 be confirmed.

Matters Arising

- Minute 50 – Audit update. An update would be provided to the Board as part of the Safeguarding Manager's Report.
- Minute 53 – Care Home Management. An update would be provided at a subsequent meeting.
- LSCB discussions – further update to follow.
- Kelechi Nnoaham, Director of Public Health has been invited to attend to attend all Safeguarding Adults Board meetings;
- Minute 58 – Section 136 Update. This item is on today's agenda.
- Minute 54 – Health Report. It was reported that on-going discussions were taking place regarding the pilot for NHS representation. The Board to receive an update at the next Safeguarding Adults Board meeting.

2. DECLARATIONS OF INTEREST

In accordance with the code of conduct, declarations of interest were made by Martin Cordy who also sits on the Devon Safeguarding Adults Board.

3. CHAIR'S URGENT BUSINESS

There were no items of Chair's Urgent Business.

4. **SECTION 136 UPDATE**

Vicky Clarke provided the Board with an overview on place of safety. It was reported that –

(a) Section 136 gives the police the power to remove an apparently mentally disordered person from a public place to a place of safety for up to 72 hours for the specified purposes. A place of safety would be either a police station or suitable hospital ward i.e. the Glenbourne Unit PoS suite;

(b) 72 hours gives the relevant professionals time to delay an assessment if they are intoxicated, and a dedicated hospital suite is preferable to the police custody suite;

(c) the Place of Safety at Glenbourne is a secure unit and there is staffed by a dedicated team that worked 24 hours a day, 7 days a week. The assessments are carried out within the first 1 to 2 hours of a person entering the unit;

(d) people are accepted from the outskirts of Plymouth;

(e) they are working with the street triage project and the police to look at other options rather than Section 136;

(f) they are considering where children and young people should be assessed for the whole of Devon. There was a longer piece of work that needs to be undertaken and Glenbourne might not be the age appropriate place for them.

In response to questions raised, it was reported that -

(g) there is potential of using the suite as a temporary measure for children and young people because it was not acceptable for the children to be held in police custody. They are working with CCG to look at the possibility of using Glenbourne with a backup at Plymbridge House as there were a few occasions when they had not been able to locate a bed;

(h) both Safeguarding Adult and Children Boards had highlighted this as a concern and both Boards need to commit to finding a solution because morally it was not right to accept that a 15 year old to be held in a cell.

5. **SAFEGUARDING VULNERABLE ADULTS**

DS Paul Northcott provided to the Board a presentation on Safeguarding Vulnerable People – Torbay Pilot. It was highlighted that –

(a) they were looking at a single safeguarding process and if successful would roll out force wide;

(b) the pilot was introduced on 19 May 2014 with a phased implementation and scheduled to run for 6 months. The pilot was working really well;

(c) Vulnerability Screening Tool (ViST) – this is a basic safeguarding and risk assessment tool, applicable to children and adults;

(d) Central Safeguarding Team (CST) – will add value to ViST submissions. Signpost and refer for statutory and non-statutory support operating 3 days a week;

(e) Local Safeguarding Team (LST) – the team will commence September 2014 and trained to work across all areas;

(f) 230 officers trained in Torbay in risk, threat and harm and looking to roll out training force wide;

(g) they were starting to implement the model because it had been so successful.

In response to questions raised it was reported that that impact of the pilot meant that early help took up a lot of the demand at the front end and there where excellent examples of this working.

6. **PSAB BUDGET**

Jim Gould, Independent Chair and Julian Mouland shared with the Board the PSAB Budget. It was reported that –

(a) Agreement for contributions were received which were welcomed as the Board changes shape in line with Care Act there was a need for a strategic plan. The Care Act was clear that this Board needed to be in line with the Safeguarding Children Board along with funding and partnership arrangements;

(b) Plymouth City Council are looking at what other Boards were receiving across the region and mapping the contributions made by the different partners.

There was discussion regarding a single professional unit supporting the Safeguarding Children Board and the Safeguarding Adults Board. There was an option of holding the PSCB meeting in the morning and PSAB meeting in the afternoon. By both Boards meeting on the same day would help logistics and there was a need to look differently at how the agenda was produced..

Agreed that a small working group made up of officers from PSCB and PSAB to look at the different options for support for this Board with the new changes coming into effect in April 2015.

7. **CARE ACT 2014**

Kate Jones, Project Manager provided the Board with a presentation on the Care Act 2014 – preparation. It was reported that -

(a) the National Assistance Act was an historic piece of legislation and had remained unchanged since 1948. This update replaces most of the legislation with new duties and changes around funding reforms;

(b) the Act ensures that people would have clear information and advice upfront with high quality range of support to choose from to meet their needs;

(c) implementation of the Act would be in two phases –
- April 2015 – changes to assessment and eligibility;
- April 2106 – cap on care costs.

(d) key duties include –
- the assessment of adults, regardless of needs for care/support or financial resources;
- the assessment of carers and provide services for those who are eligible;
- placing Safeguarding Adults Boards on a statutory footing.

(e) the implementation of the Care Act was linked to the wider Integrated Health and Wellbeing Transformation Programme;

(f) Legal Framework for Safeguarding –
- clear legal framework for how local authorities should protect adults at risk of abuse or neglect;
- A joint working protocol to be established with key partners which clarifies roles, responsibilities and allows for the sharing of information;
- a SAB with statutory partners from the local authority, CCG and Police, that meet regularly to consider local issues and ensure the SAB arranges Independent Management Reviews and Serious Case Review as necessary;
- requirement to publish an annual strategic plan and annual report.

(g) Next steps –

- drop in workshops for adult social care staff;,
- communications with partners and the public;
- responses to the Department of Health consultation to be collated and submitted.

In response to questions raised, it was reported that -

(h) it was difficult to gage what the impact of the cap arrangement would be and the implications;

(i) Jane Elliott Toncic and Julian Mouland were in the process of pulling together a report and requested input from partners.

Agreed that Officers from Plymouth Community Healthcare and NEW Devon CCG work with Officers from Plymouth City Council to contribute to the report.

8. PEER CHALLENGE UPDATE

Angela MacBlain, Project Officer provided the Board with a Peer Challenge Update. It was reported that -

(a) originally the Peer Challenge was due to take place in the first week in December 2013. It was cancelled and re-arranged to take place in either April or October 2014. The Peer Challenge would now take place in the first week in December 2014;

(b) the purpose of the Peer Challenge was to help us identify where our strengths and weaknesses were. It's a constructive and supportive process and an opportunity for colleagues to learn from one and other. Some of the original plans would be carried forward with slight amendments;

(c) the Peer Challenge will focus on 4 themes –

- service delivery and effective practice;
- performance and resource management;
- commissioning;
- working together – Local Safeguarding Board.

(d) the Peer Challenge would be taking place over 3 days. Day 1 – meet and greet followed by 2 days of intensive interviews structured around focus groups. The Dignity in Care Forum would be attending as part of the focus group;

(e) a designated webpage would be set up and posting information that the LGA have requested to read prior to their visit;

(f) as part of our preparation they would be undertaking a self-assessment and welcome partners to be part of the project team;

(g) after the visit they will take on board any recommendations for future development.

9. **SAFEGUARDING MANAGER REPORT**

Jane Elliott Toncic, Adult Safeguarding Manager provided the Board with a report. It was reported that -

Corporate Safeguarding Plan

Feedback for plan was received on time and they were moving towards the green ratings.

They had made links with University of Plymouth with regard to the Adult Safeguarding Conference taking place before next summer.

SAB training rolled out across the council and to staff for the One Stop shop opening in October.

Agreed that the Safeguarding Adults Board –

1. Review Terms of Reference and membership of the Safeguarding Adults Board, in line with the Care Act.

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

Devon Audit Partnership Interim Update

Interim update commenced in May and full report not ready for today. Improvements are required and this was expected and has been a positive process so far. Full report and management response to be presented at next meeting.

PSAB and PSCB Independent Chair Recruitment Update

Ten candidates applied for the position and this had been shortlisted to 4 candidates. An intensive interview process would be taking place soon.

PAUSE Update

Established links with an adult user group which was facilitated by a dedicated worker from the Highbury Trust and would now develop the user group as a sub group of the Board.

ASC Safeguarding Pathway Update

The team were facing pressures from the volume of alerts and a demands from the increase in DoLS applications. There were some multi agency issues which included co-location being explored.

10. **SAR 2013-14**

Roslynn Azzam, Deprivation of Liberty Lead Officer provided the Board with the Safeguarding Adults Return 2013 – 14. It was reported that there had been an increase in alerts. BME alerts were low and work had started to address this.

The Board highlighted that it would be useful to know the number of people suffering with dementia.

11. **PSAB PERFORMANCE INDICATORS WORK STREAM**

Julian Mouland and Geoff Baines, Plymouth Community Healthcare provided the Board with the PSAB Performance Indicators Workstream. It was reported that the workstream was populated with data from last year and this was an example of what we might need to capture. This was the first draft and the key was to identify what should go in and what we want to benchmark.

Agreed to format the self-assessment tool, and send out to members with a request to return in time for a report back to the board in October.

12. **DoLS**

Roslynn Azzam, Deprivation of Liberty Lead Officer provided the Deprivation of Liberty Safeguards (DoLS) report to the Board. It was reported that -

(a) a Supreme Court judgement in March changed the understanding of what constitutes a deprivation of liberty;

(b) it was the responsibility of the provider as to whether they were depriving people of their liberty.

(c) residential care homes, nursing homes and hospitals were responsible for compliance with the Mental Capacity Act and Deprivation of Liberty Safeguards. This is now extended to supported living arrangements. They all need to make applications to the local authority if a person in their care is being deprived of their liberty.

In response to questions raised, it was reported that -

(d) a Devon-wide meeting with health providers would be taking place shortly looking at what this means in practice and how we manage this;

(e) with regard to budgets, health have made a commitment to the DoLS office and need a further conversation on this whether this would continue. There was likely to be a pressure on the DoLS budget.

Agreed that –

1. a Task and Finish group to agree a city-wide approach in responce to the judgement 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.

2. the task and finish group to include officer from Plymouth Community Healthcare, NEW Devon CCG, Plymouth City Council and Plymouth Hospitals Trust.

13. ANY OTHER BUSINESS

The following items were raised under any other business -

- Primary care engagement in safeguarding – NHS England had the authority to recruit 4 Safeguarding nurses, they would sit within the CCG.

- The Audit Report would be circulated to members by the end of July and would form part of the Peer Review.

14. FUTURE AGENDA ITEMS AND CONFIRMATION OF FUTURE MEETINGS

The Board noted the dates of future meetings for the municipal year 2014 – 2015 –

- Friday 3 October 2014
- Friday 30 January 2015
- Friday 24 April 2015

15. EXEMPT BUISNESS

There were no items of exempt business.

Making Safeguarding Personal

Sue Lewis
Jane Lawson
Associate consultants, LGA

2014/15

www.local.gov.uk

Making Safeguarding Personal
Context and Introduction

Learning objectives

- Support your understanding of the aims of the Making Safeguarding Personal programme
- Outline the key findings from Councils involved so far, and how person-centred, outcome-focused practice can be applied using a range of approaches
- Help councils new to MSP to think about making a start on making safeguarding personal
- Help councils previously involved in MSP to make further progress in mainstreaming MSP into safeguarding activity locally: what will you do now? and where do you want to be with this in three years' time?
- Explore the links with implementation of the Care Act and with wider sector-led improvements in safeguarding
- Give you some ideas from the Toolkit and other councils about: developing personalised responses; recording and aggregating information on outcomes; and effecting cultural change
- Offer the opportunity to begin to formulate a plan in discussion with other councils

Making Safeguarding Personal: background

A sector led initiative in response to findings from peer challenges, consultation and engagement etc.

To develop an outcomes focus to safeguarding work, and a range of responses to support people to improve or resolve their circumstances.

The work is supported by ADASS,LGA, RiPfA, TCSW and key academics. The programme reports to the TEASC Board

2011/12: A Toolkit of Responses developed
2012/13: 5 Councils were 'test beds'
2013/14: 53 Councils participated

Making safeguarding personal is about engaging with people about the outcomes they want at the beginning and middle of working with them, and then ascertaining the extent to which those outcomes were realised at the end.

Peer review messages LGA June 2013

What we want to achieve:

- Something that enables safeguarding to be done with, not to, people
- Something that focuses on achieving meaningful improvement to people's circumstances rather than just on 'investigation' and 'conclusion'
- Something that utilises social work skills better than just 'putting people through a process'
- Something that enables practitioners, families, teams and SABs to know what difference has been made

Some of the things that were said by councils involved in the project last year….

"People are more likely to maintain a safer life if they have been involved in a safeguarding process and empowered to take measures to protect themselves. "

"Commitment to quality assurance requires time and a shift of emphasis from "care management" to effective professional social work"

"The presence of service users at meetings has helped in some cases to really get at the truth and to make an impact on other professionals and providers and bring home the impact of abuse."

"Adopting an outcome focussed approach with increased levels of engagement from the service user gave staff the confidence to think more creatively"

…and about the challenges

Additional time is needed at key points in the process, with the person, family, representative

Investment in increased face-to-face contact at the start of a safeguarding episode is key

After an intensive early stage, an outcomes approach can result in avoiding meetings, resolving matters more quickly

More intensive input sometimes results in more effective intervention

People who are more empowered can have reduced dependency on services and this release capacity

Councils recognise the challenge in climate of austerity

"Peer challenges highlight that people tend not to be asked the outcomes they want. Often they want more than one outcome, which are sometimes not easy to reconcile. People generally want to feel safe but also to maintain relationships. For some people the only human contact they have is with the person/people who is/are harming/abusing them"

Peer review messages LGA June 2013

"It is probably fair to say that the emphasis of safeguarding activity so far has been on investigation and conclusions rather than on improving outcomes. This has been strongly affected by the fact that national reporting has focused on this. Although 'outcomes' are recorded, they are in reality, outputs rather than outcomes ('increased monitoring' or 'increased services' for example)"

Peer review messages LGA June 2013

Excerpts from an SCR

written by a service user's wife

'The point is that one constantly needs to place oneself in the other's shoes to retain some inkling of another's wishes and retain a bond of humanity'

"The word "protection" suggests altruistic idealism and protection of the vulnerable. The reality is otherwise. The word is a euphemism for bullying power and a tendency to deny the positive elements that create happiness in a person's life.)"

"The "protection plan" was a bureaucratic system my husband endured with mostly patient resignation because it helped me to some extent. In my opinion, such plans should be abolished as they are dictatorial and intellectually unrefined. I mean this in a profound sense".

appendix to a SCR, Mrs BB, Westminster Council

A service user perspective:

what is to be gained from a person centred approach?

Fire fighting to long-term solutions

Helped find right people to support me

Helped us see the severity of the risk

Supported my family

Put me at ease to share my story

Built my self confidence

Help and results came quickly

I apply the principles on an ongoing basis in my life

I did it myself!

Making Safeguarding Personal 2013/14

53 councils joined last year

43 councils provided impact statements used in final report, including some councils here today

Excellent quality of work, resulted in Report of Findings, Guide, Case studies and a selection of Tools from councils

Work at Bronze level focuses on…

1. Enhanced social work practice ensuring that people have an opportunity to discuss the outcomes they want at the start of safeguarding activity;
2. Follow-up discussions with people at the end of safeguarding activity to see to what extent their desired outcomes have been met;
3. Recording the results in a way that can be used to inform practice and provide aggregated outcomes information for Boards

Work at Silver level…

For councils who are well on the way to achieving points 1-3 (Bronze level). At silver level councils will consolidate this and enhance it by developing one or more safeguarding responses to support the realisation of outcomes people want/need.

Work at Gold level…

Involves a higher education institution for robust evaluation drawing on research

Choosing outcome measures

The outcomes measures chosen can be a powerful tool in changing the culture, giving direction to improving practice, and sending important messages about what the service is about.

In MSP 2014-15 we are continuing to work with a 'sector outcome measure' for safeguarding adults:

Number and % of people referred for services who define the outcomes they want (or outcomes that are defined through Best Interest Assessments or with advocates)

Number and % of people whose expressed outcomes are fully or partly met

Making Safeguarding Personal 2013/14: the findings

Key Findings:

- Many/most councils reported that people felt more empowered and in control of their safeguarding experience when they (or their representative) had been involved *from the start*
- Every council has reported benefits to social work practice
- A significant number of councils have begun to include discussion and recording about outcomes in key safeguarding meetings (and developed information, support etc to enable this to be meaningful)
- Many councils have produced information and guides for people about safeguarding and what to expect and talked through with them what this means
- Many councils have gathered and reported on both qualitative and quantitative evidence to demonstrate that good outcomes have been achieved (using more than one measure of effectiveness)

Key findings continued

- A number of councils reviewed outcomes, and developed an understanding of how these changed through the process
- A significant number of councils found that partners were able to see the benefits of an outcome focused approach: engagement of partners was critical to realise the outcomes people wanted
- Some councils reported that MSP led to prevention and awareness raising activities (with under represented groups)
- The majority of councils identified impact on workload and capacity; some councils reported that matters were resolved more quickly through more focussed and intensive input and empowering people to take action on their own behalf
- A number of councils found that an outcomes approach enabled people to take action themselves, which reduced dependency and ensured longer term resilience

Key findings about the approach

- Most said that MSP approach increases consideration of the involvement of advocates, IMCAs and significant others
- Sound practice in applying the Mental Capacity Act and Deprivation of Liberty Standards in safeguarding is needed
- The majority of councils said that assessment and management of risk is integral: person centred safeguarding care support risk enablement
- Almost all Councils amended or improved their recording systems or created new ones to help record and measure outcomes
- Many councils highlighted the need to revise policies and procedures to reflect MSP and remove potential barriers to person centred practice
- Many councils have concluded that the shift is more about skills than procedures

Key findings about the approach

- Giving leadership and finding champions were key
- The majority said that supporting practitioners and front line managers to shift practice was a key component of introducing person centred practice in safeguarding (reflection, supervision, focus and practitioner groups), identifying skills and confidence gaps to be addressed
- Most councils said this is a cultural change that needs wide ownership and feeds into a broader context – 'a shift in focus from process to people'
- The majority of councils who operated pilot projects identified impacts on workload and capacity
- All the councils who began to introduce an outcomes approach to safeguarding as part of MSP 2013/14 have identified benefits and intend to continue with the work in some way.

Plenary discussion/questions

Moving forward with MSP in 2014/2015

Councils new to MSP: making it manageable; beginning the journey

Councils involved in 2013/14: mainstreaming and moving forward

The Guide: what do I need to focus on?

Service delivery: Do your services or procedures need to be more focussed on **engagement with people?** Are discussions with people about the outcomes that they want embedded at key stages in processes so that your service and procedures drive engagement with people?

- **Staff development:** How will you brief and support staff? How will you address workforce development issues required to ensure your staff are skilled and competent in having difficult conversations with individuals at risk of harm or abuse. Are your staff equipped to negotiate outcomes and seek resolution? Do they have skills, knowledge and permission to use the full range of legal and social work interventions needed?
- **Information systems** How will you capture whether outcomes have been identified and then realised? How will you ensure that you are developing the means to measure whether the outcomes people want are realised, so that practitioners, teams and the board know whether safeguarding ids making a difference

Making Safeguarding Personal 2014/17

No longer a time limited project

Ongoing adjustment in approach

Application in safeguarding adults

Mainstreaming and the broader applications

Meshing this approach with the implementation of the Care Act so that the benefits derived from MSP are much more widely applicable and recognised

Mainstreaming MSP

Key overlapping areas of focus when engaging in MSP

- The Care Act
- The Human Rights Act
- The Mental Capacity Act
- Responses to Domestic Abuse
- Legal literacy

The Care Act

Our vision

- To promote people's independence and wellbeing by enabling them to prevent and postpone the need for care and support.
- To transform people's experience of care and support, putting them in control and ensuring that services respond to what they want.

This means that, in the future, we expect people will be able to say:

1. "I am supported to maintain my independence for as long as possible"
2. "I understand how care and support works and what my entitlements are"
3. "I am happy with the quality of my care and support"
4. "I know that the person giving me care and support will treat me with dignity and respect"
5. "I am in control of my care and support"

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Safeguarding Outcomes from the Care Act

Our vision

- To promote people's independence and wellbeing by supporting and empowering them to prevent and manage risks of harm.
- To transform people's experience of safeguarding support, putting them in control and ensuring that safeguarding responds to what they want.

This means that, in the future, we expect people will be able to say:

1. "I am supported to recognise and manage risks in my life ."
2. "I understand how safeguarding support works, and what my options are"
3. "I am happy with the quality of my safeguarding support"
4. "The person supporting me will treat me with dignity and respect; if required will assess my capacity and then act in my best interests"
5. "I am in control of my care and support if I have capacity; if I don't my voice is still heard and I may have an IMCA.

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Care Act: Draft Statutory Guidance

Informs and informed by MSP

- LA must arrange independent advocate where adult has 'substantial difficulty' in being involved in contributing
- Aims of adult safeguarding include: 'to safeguard individuals in a way that supports them in making choices and having control in how they choose to live their lives'; 'to promote an outcomes approach in safeguarding that works for people resulting in the best experience possible'

Care Act: Draft Statutory Guidance

'avoid safeguarding arrangements that do not put people in control of their own lives, or that revert to a paternalistic and interventionist way of working. People have complex lives and being safe is only one of the things they want for themselves'

'We are all individuals with different preferences, histories, circumstances…It is...unhelpful to attempt a prescriptive process that can be followed in every case for concern'

Care Act: Draft Statutory Guidance

'Wherever possible, the adult should be supported to recognise risks and manage them. Safeguarding plans should empower the adult as far as possible to make choices and to develop their own capability to respond to risks'

Don't miss the opportunity to feed into the consultation your own views and experience in the context of MSP

Human Rights' Act

"The State's obligations under Article 8 (Human Rights Act) are not merely substantive; they are also procedural. Those affected must be allowed to participate effectively in the decision-making process. It is simply unacceptable (and an actionable breach of Article 8) for a Local Authority to decide, without reference to P and her carers, what is to be done and then merely tell them (to 'share' with them) the decision."

Lord Justice Munby, July 2010, Keynote Address to the Community Care Conference 14th July 2010

Mental Capacity Act

Some key issues highlighted recently by Lucy Bonnerjea, DH Lead MCA/DoLS

MCA and Safeguarding

We can't do safeguarding without the MCA

It has the potential to be of huge benefit to people

And to lead to high quality personalised safeguarding.

And yet...

House of Lords scrutiny of MCA found that the relationship between Safeguarding and the MCA not yet clear and developed – often operate separately

MCA needs to provide a challenge to safeguarding practice (human rights). Knowledge of MCA needed for effective safeguarding

HoL scrutiny throws up challenges about: extent of implementation of MCA in practice; about paternalism affecting ability to implement MCA; about extent to which people who lack capacity have access to justice

"The Empowering Ethos has not been delivered"

Capacity not always assumed

Assessments of capacity not done well

No time or effort for supported decision making

Unwise decisions face institutional obstruction

Prevailing cultures of *risk averseness* (social care)

Culture of *paternalism* in NHS

Clinical judgements or resource led decisions more important than P's wishes and feelings

Least restrictive option not adequately considered

MCA must be considered as part of the safeguarding agenda

Wishes and Feelings

Wishes and feelings are important in the MCA

How do we find out about people's wishes and feelings?

We ask them.. .. again and again

We think about what their behaviour tells us

We ask their relatives

We ask their social workers/ care managers/ key workers

Help people make their own decisions

As professionals one of our key roles is to empower

To help people make their own decisions

To weigh up their own risk and benefits

This is called 'supported decision making'..

And

Is different from substitute decision making – which is a last resort, but should still consider people's wishes and feelings.

What is domestic abuse?

Incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse... by someone who is or has been intimate partner or family member regardless of gender or sexuality

Includes: psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence; FGM; forced marriage.

Age range extended to 16.

Messages from practice and research:

- On average 2 women per week are killed by current or ex partners in England and Wales (British Crime Survey)

  1 in 4 women in the UK will experience domestic abuse in their lifetime (Women's Aid)

- 50% of disabled women are likely to have experienced domestic abuse in their lives - twice the rate of non-disabled women (Women's Aid)

- Disabled women, regardless of age, sexuality, ethnicity or social class, may be assaulted or raped at a rate at least twice that of non-disabled women (Magown, 2004)

Messages from practice and research:

- One in four lesbian, gay, bisexual or transgendered (LGBT) people may experience domestic violence
- Being disabled strongly affects the nature, extent and impact of abuse; abusers may deliberately emphasise and reinforce dependency to maintain control
- Older people may be more physically vulnerable, socially isolated, economically dependent; may have put up with a lifetime of abuse; may be assumed to have social care needs if injured or depressed

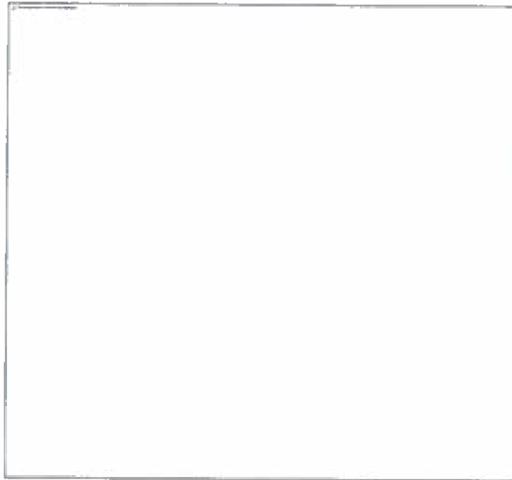
Responding to domestic abuse in safeguarding:

- Estimated proportions of safeguarding work that are also domestic abuse vary – 25-75%?
- Older and disabled people are rarely included in domestic violence and abuse services – case work tends to be with younger people with children
- Essential to consider fear, undue influence/ coercion and to think carefully how this compromises people's capacity to make decisions

Responding to domestic abuse in safeguarding:

- Non-molestation and residence orders are key legal responses to consider
- Links between safeguarding and community safety are needed
- 'Adult safeguarding and domestic abuse: A guide to support practitioners and managers' (LGA April 2013) looks at how approaches can be developed in safeguarding

Supporting people in situations of domestic abuse case example MSP 2013/14



Legal Literacy

Importance of ensuring staff competence and awareness of the range of legal remedies that could be applied

Input from councils involved in the programme during 2013/214

- Making it manageable
- Deciding upon an initial focus
- Including a focus on cultural and organisational change
- Thinking across and mainstreaming MSP

Group discussion

- Why and how is this a priority for us?
- What is our motivation and how can we capitalise on this?
- Where will our focus be at this point?
- Who do we need to involve locally?
- Where do we want to be in three years' time?

Recording and measuring outcomes: what did councils do and find out?

Some key messages

- The process and recording/reporting are structures to support decision making *with* (and not about) the individual
- Recording and what we record is crucial because often what is reported becomes what is important. We need to include outcomes in this
- Start with aggregated information on the sector led outcomes measure and work back from there to think about the questions you want to ask and the conversations you want to have to get to this
- Beware of treating data about personal outcomes as performance targets or benchmarks

A determined focus on using recording to support good practice

- Amending existing forms, developing new formats, requiring a different approach to record-keeping – all have supported the transformation in practice
- Using aide-memoires and prompts: not a set of boxes to tick; not a script; the person's own words are used; this is a challenge being addressed by many councils.
- Using questionnaires or other ways to seek views at up to three points in the process – outcomes change

Each council has adapted to their own situation

- Finding ways to record desired outcomes (not process) at the start and at key points a major feature of work undertaken on the project
- Some councils have embedded recording of people's wishes, feelings, outcomes in existing systems, including prompts, mandatory fields
- Other councils have used / invented stand-alone systems
- Many councils are looking at ways to amend / update their systems to record person-centred practice better

Case studies are providing a rich source of information

- Bringing data to life through anonymised case studies not just valuable, essential!
- Indicative of understanding the need for qualitative as well as quantitative information – stories really are powerful
- Some councils have developed tables of brief qualitative quotes directly related to tables which show outcomes fully / partly met

Measuring the effectiveness of an outcomes approach

- Councils are beginning to use the data from improved recording systems
- Outcomes are being measured by triangulating information from more than one source: case file audits; focus groups; post-safeguarding questionnaires
- A number of councils have commissioned independent bodies to ask 'what does the service look like?'
- Boards are demanding and getting data which captures views and experiences; assures them that person-centred practice is taking place
- Achieving outcomes is about effectiveness of the whole system and not just adult social services
- Performance management staff significantly involved

What councils tried in recording and aggregating information

Input from councils involved in 2013/14 and discussion

Person- centred / outcomes-focused practice: what did councils do and find out?

Underlines involving people ***from the start*** as a critical first step

- ***Every council so far reports enhancements in practice in understanding and acting upon outcomes people want***
- The approach requires more time at the start
- Clarity about outcomes leads to greater clarity about what needs to be done and by whom…enhanced protection planning and ownership of actions
- Involving people at the outset can ensure mental capacity is considered early on
- Information early on about what is happening enables informed choice and meaningful engagement. Considering outcomes at the end is a reminder that we need to end safeguarding support in a clear and helpful way

People's quality of life & wellbeing

- The outcomes achieved by engaging people in conversations about the outcomes they want often leads to outcomes that empower and protect key elements of the person's quality of life and wellbeing

  (outcomes that are quite different from those professionals might have chosen)
- The very act of involving people can develop them: their understanding of their situation and the alternatives; their resilience, their confidence

The way in which we get to the information about outcomes really counts!

An outcomes approach enabling people to feel more empowered/ in control

- Positive results about people feeling more in control
- Supporting people to understand what safeguarding is and what it entails is important
- Involving people in meetings (strategy meeting)
- Advocacy (and IMCA): a key consideration. Some councils report increased use of advocacy; others the need for this
- The importance of consideration of how best to involve those who may lack capacity
- Meetings need to change if people are to participate: guidance; participants; chairing etc
- Enabling us to get at the truth
- Risk enablement

Supporting good practice

- Development of aide memoires to help structure conversations. In some councils this has led to more positive professional relationships with families
- Conversations about outcomes have led us to reflect on use of jargon/language. Many people don't know what "safeguarding" is
- Implementation of tools: one page profiles; supported decision tool; positive/person centred risk tools
- Negotiation and the relevance of skills in : working with risk; advocacy; mental capacity act principles; understanding of the legislative framework

MSP 2013/14 has engaged to a greater extent with enhancing core skills than in testing out specific responses

Staff development is a key issue:

Embedding the approach through "champions"

development of tools to support conversations

Opportunities for Reflective practice and case discussion

Staff briefings

development of skills in respect of MCA/IMCA

Recording

negotiation skills: conflict/unrealistic

Key role of supervision in developing, supporting and monitoring practice

Understanding confidentiality in the context of involving people who use services

Developing practice in assessing and managing risk (alongside people who seek safeguarding support)

What councils tried in developing personalised safeguarding responses

Input from councils involved in 2013/14

What needs to be in our toolkit?

Findings: Supporting organisational and cultural change

Sue Lewis & Jane Lawson

Facilitating cultural/organisational change

- Project groups and the involvement of senior leadership
- Engagement of SABs, Cabinet, Health & Wellbeing Boards
- Changing policies and procedures (emphasis on engagement/outcomes/timescales)
- Engaging with a wider engagement/awareness/prevention agenda
- Feeding into development in how we work with people in the broader context: "We will incorporate some of the principles into general care management practice"
- Focus groups for people post-safeguarding
- Engaging partner organisations at practice and strategic level

Transforming relationships & people

- "Social workers are seen in a different context…this has developed a relationship of increased trust and respect between people, their families and social workers. Social workers in the past have often been seen in a negative light"
- "Adopting an outcome focussed approach with increased levels of engagement from the service user gave staff the confidence to think more creatively and to challenge current practice."
- The approach has effected change with partner agencies who have seen the benefit of an outcomes approach at safeguarding meetings and see the benefits of this. Other agencies are more likely to adopt and understand the value of the approach when they see it in action.
- "Good partnership working was noted with Providers in respect of Safeguarding Planning and all parties involved in the investigation striving to achieve desired outcomes of Adult at Risk"

Risk enablement

- The case for a risk enabling culture: "The outcomes that people want following allegations of abuse may not be safest from the professional's perspective. The professional's perspective can be more restrictive and risk averse"
- Need for a culture that supports consistent focus and approach to positive person centred work with risk alongside people. This will support addressing practitioners fear of blame if something happens as a result of individuals determining a "risky" outcome. Some councils have begun to develop this

What councils tried in progressing cultural change

Input from councils involved in 2013/14

What needs to be in place to support cultural and organisational change in the context of MSP?

Who will lead this and how?

Framework for MSP activity for 2014/15

4 Initial workshops for a first cohort of 83 councils, July 2014 and recruitment of a second cohort of councils

September 2014: 4 initial workshops for cohort 2 and ongoing support for cohort one

October to December 2014 regional conferences for all councils (cohorts 1 and 2) and these will link to the broader safeguarding agenda/priorities

From October 2014 specialist workshops to address specific areas of need

December to January ongoing support

Impact statements received from councils January 2015

February 2015 workshops to share learning and plan next steps.

March year end report

The Knowledge Hub

https://knowledgehub.local.gov.uk/web/makingsafeguardingpersonal

Area where useful documents, forum queries, tips and advice are shared.

Register on the Knowledge Hub

In the 'groups' tab, search for 'Making Safeguarding Personal'

The Knowledge Hub

Library tag will hold some files which may be helpful in supporting your participation in the project (eg. the guide, resources on person centred practice and tools; resources on outcomes and measuring outcomes)

The forum has a resources section too. This is a space for resources complementing those in the library space. This is also a discussion space where you can ask each other questions. You can ask for help from or offer help to other Councils.

If you get stuck there are contact details on the k hub where you can get help.

Plymouth Adult Safeguarding 3 Day Peer Challenge December 1st – 4th 2014	
Peer Challenge Team **Lead Peer:** Alison Elliott (Southampton) **Member Peer:** Jonathon McShane (Hackney) **Senior Officer Peer:** To be confirmed **LGA Challenge Manager:** Jonathon Trubshaw	
Initial Introductions Monday 1st December 2014	**Location: Council House** **Warspite Conference Room, Ground Floor**
5.30-6.30 This is an opening meeting in which introductions take place and Plymouth delivers a brief presentation 'setting the context'.	**Chief Executive PCC:** Tracey Lee **Plymouth City Council Leader:** Tudor Evans **Council member and ASC portfolio holder:** Ian Tuffin **Director for People, PCC:** Carole Burgoyne **Assitant Director, Cooperative Commissioning and Adult Social Care PCC:** Dave Simpkins **Chair of Plymouth SAB:** Andrew Bickley **Adult Safeguarding Manager PCC :** Jane Elliott Toncic **Head of Service Delivery Cooperative Commissioning and Adult Social Care PCC:** Paul Francombe **Chief Executive Plymouth Community Healthcare:** Steve Waite **Director for Professional Practice, Safety and Quality PCH:** Geoff Baines **Director for Nursing, NEW Devon CCG:** Lorna Collingwood-Burke **Associate Director of Nursing Plymouth NHS Trust:** Karen Grimshaw **Head of Public Protection Unit, D&C Police:** D/Supt Paul Northcott **Director of Public Health:** Kelechi Nnoaham **Peer Challenge Team:** Jonathon McShane, Jonathan Trubshaw, Alison Elliott (+ senior officer peer when known)
6.30-7.15 Chief Exec's office	Interview with PCC Chief Executive, Tracey Lee and Director for People, Carole Burgoyne

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Day One: Tuesday 2nd December 2014	**Location: Windsor House.** **Upper Basement Meeting Rm 1 reserved as confidential work base for Challengers for 3 days**	
8.30-9.00 Refreshments available.	Plymouth Team gathers in on site room: **UB Conference Rm 1** • Introductions and Housekeeping arrangements	
	Session 1: **WH UB Conference Room 1**	**Session 2:** **WH UB Conference Room 2**
9.00-10.00	**Theme:** *Governance, PCC* **Interview with:** • Director for People: Carole Burgoyne • Assistant Director: Dave Simpkins	**Theme:** *Performance and resource management PCC* **Interview with:** • Head of Service Delivery Cooperative Commissioning and ASC: Paul Francombe • Head of Cooperative Commissioning: Craig McArdle
10.00-11.00	**Theme:** *Governance, NEW Devon CCG* **Interview with:** • Chief Nursing Officer NHS Northern, Eastern and Western Devon CCG Lorna-Collingwood-Burke • Adult Safeguarding Lead: Martin Cordy	**Theme:** *Performance and resource management PCC* **Interview with:** • Adult Safeguarding Manager : Jane Elliott Toncic • Independent Chair: Julian Mouland • Adult Social Care Service Manager: Ian Lightley
11:00-11:15	**Break/Team Meeting**	
11.15-12.15	**Theme:** *Governance, PCH* **Interview with:** • Chief Executive PCH: Steve Waite • Director for Professional Practice, Safety and Quality: Geoff Baines	**Theme:** *Performance and resource management PCC* **Interview with:** • Data Performance and SAR returns: Rob Sowden • DoLS Offiocer: Roslynn Azzam
12.15-13.15	**Theme 1:** *Governance, PHNT* **Theme 2:** *Working together; local SAB* **Interview with:** • Associate Director of Nursing: Karen	**Theme:** *Commissioning and Quality Assurance PCC* **Interview with:** • Head of Cooperative Commissioning, Craig McArdle • Strategic Commissioning Manager, Caroline Paterson

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	Grimshaw • Safeguarding Adults Nurse Specialist for the Emergency Directorate Jo Brancher	• Strategic Commissioning Manager, Claire Anderson
13.15-14.00	**Lunch**	
14.00-15.00	**Theme:** *Working together; local SAB, Police* **Interview with:** • T/DI Charles Pitman • Detective Sgt. Karen Bradfield	**Theme:** *Commissioning and Quality Assurance NEW Devon CCG* **Interview with:** • Complex Care Manager: Carol Green • Safeguarding Adults Lead: Martin Cordy • Head of Patient Quality and Safety: Clare Cotter
15.00-16.00	**Theme:** *Working together; local SAB: NEW Devon CCG* **Interview with:** • Martin Cordy • Tamsin Banks	**Theme:** *Commissioning and Quality Assurance, QAIT Team PCC* **Interview with:** Care Home Practitioners: • Jane Groves • Andy Rowing-Parker
16.00-17.00	**Theme:** *Working together; local SAB: PCH* **Interview with:** • Director of Professional Practice, Geoff Baines • Integrated Safeguarding Lead for Adults and Children: Cate Simmons	**Theme:** *Working together; local SAB: PCC Safeguarding Unit* **Interview with:** • Adult Safeguarding Manager : Jane Elliott Toncic • Independent Chair: Julian Mouland • Dols Lead: Roslynn Azzam
17.00-17.30	**Break/Time for Challengers to collate information for end of day session**	
17.30-18.30	**WH UB Conference Rm 1** • Session for Lead Challenger, Dave Simpkins and Carole Burgoyne to discuss feed -back / planning. • Conference call facilities are available to connect with Carole if she is unable to attend the daily feed back session. Dave to ensure Carole is updated.	

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Day Two Wednesday 3rd December 2014	**Session 1: WH UB Conference Room 1**	**Session 2: WH UB Conference Room 2 unless otherwise stated**
9.00-10.30	**Theme:** *Service delivery and effective practice PCC* **Interview with:** • Paul Francombe • Ian Lightley (demonstrate dashboards)	**Theme:** *Service delivery and effective practice* **Group interview with:** SAB Policy and procedure sub group • Karen Grimshaw • Cate Simmons • Martin Cordy • Roslynn Azzam • Jane Elliott Toncic • Others?
10:30-11:00	**Break/Team meeting**	**Travel time and break**
11.00-12.15	**Theme:** *Service delivery and effective practice* **Focus Group session:** Adult Social Care Social Workers (Safeguarding Pathway) • Mary Cox • Rachel Flinn • Jenna Evens • Dominic Beeck • Kathy Harris	**VENUE: Bayliss Tamar Science park** **Dignity in Care Forum** Providers Challengers attend for 1 hr 11.00 -12.00 12:00-12:15 Travel time back to Windsor House
12:15-13:00	**Lunch**	

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13.00-14.00	**Theme:** *Service delivery and effective practice* **Focus group session:** Lead Officer Group • Roslyn Azzam • Jane Elliott Toncic • Julain Mouland • Jo Brancher • Tamsin Banks • Phil Fitzsimmons • Karen Bradfield • Ian Stevenson • Phil Clowes • Lisa Gimmingham	**Theme:** *Service delivery and effective practice* **Focus group session:** Service users represented by the PAUSE group (Suggestion: Could include a presentation re OTA web pages, safeguarding video and accessible materials to demonstrate'customer' involvement)
14.00-16.00 With refreshments, break can be taken as required	**Upper Basement Conference Room 1** **Opportunity for 2 way discussions between the four Challengers and key people to share areas of good practice:** Lead Commissioners: add names Safeguarding Managers: Jane Elliott Toncic, Ian Lightley, Paul Francombe, Julian Mouland	
16:00-17:00	**Opportunity for file audit**	
17.00-18.00	Final session for informal feedback by Challenge Team to Dave Simpkins and Carole Burgoyne to discuss feed-back / planning, (this may involve conference call with Carole if she cannot attend.)	

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Day Three Thursday 4th December 2013	**All sessions held at the Council House**
9.00-12.00 **Council House Warspite room**	Peer Challenge Team will use this time to collate their findings and prepare their Presentation to be delivered at 2.00pm
12.00-12.30	**Lunch**
12.30-13.15 **Chief Executive's office**	Challenge Team meet with Chief Executive: Tracey Lee and Director for People Carole Burgoyne to introduce their findings.
13:15-14:00	Final preparation time before feedback presentation
14.00 -15.00 **Council House Warspite Room** This final session is for the Challenge Team to present their initial findings and recommendations.	**Peer Challenge Team** **PCC Chief Executive:** Tracey Lee **Plymouth City Council Leader**: Tudor Evans **Councillor** Ian Tuffin **Director for People, PCC**: Carole Burgoyne **Assitant Director, Cooperative Commissioning and Adult Social Care PCC:** Dave Simpkins **Chair of Plymouth SAB:** Andrew Bickley **Adult Safeguarding Manager PCC:** Jane Elliott Toncic **Chief Executive PCH:** Steve Waite **Director for Professional Practice, Safety and Quality PCH:** Geoff Baines **Director for Nursing, NEW Devon CCG:** Lorna Collingwood-Burke **Associate Director of Nursing PHNT:** Karen Grimshaw **Head of Public Protection Unit, D&C Police:** D/Supt. Paul Northcott **Director of Public Health:** Kelechi Nnoaham

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Serious Self Neglect – considerations for protocols

- The challenges
- What leads to self neglect?
- Mental Capacity
- Effective interventions?
- Learning from SCRs
- Ways forward

Self-neglect: a complex interplay of challenges

'Policy and legislation alone cannot protect adults who are at risk and living in vulnerable circumstances; there also needs to be commitment at both organisational and practitioner levels to develop decision-making processes that ensure safeguarding and personalisation are interwoven as efficiently and effectively as possible' (Galpin and Hughes, 2011).

Challenges of definition: what do we mean by self-neglect?

No widespread standard definition: a broad range of manifestations

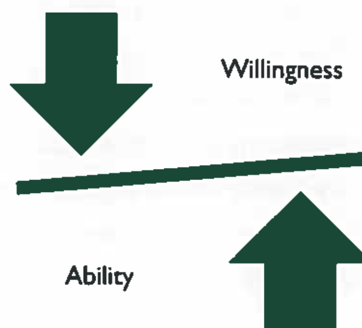
Some have stronger recognition as a 'disorder' (e.g. hoarding to be included in DSM-V independently of OCD, a new name 'hoarding disorder')

Broad working definition, based on the literature

- Lack of self care: personal hygiene, nutrition and hydration, or health
- Lack of care of one's environment: domestic squalor, hoarding
- Refusal of services that might alleviate associated risks

Further complexity in defining and understanding self-neglect

Self-neglect can arise from either inability or unwillingness to care for oneself, or from both unwillingness *and* inability, which are often hard to distinguish from each other



Consequent challenges of finding a framework for intervention

- Self-neglect falls outside current definitions relating to vulnerable adults in England (unlike in the US)
- Self-neglect does not figure within national adult social care eligibility threshold criteria in the same way as 'abuse and neglect' do
- Rarely mentioned in SAB documentation (though SCRs are sometimes conducted when severe harm ensues)
- No fixed pattern of consensus on where responsibility lies: Adult social care? Safeguarding? Health services? Housing? = danger that it becomes "nobody's business"
- Need for specific interagency mechanism for information sharing and decision-making

Challenges from self-neglect *per se*

Practitioners talk about:

- complexity of causation, manifestation and intervention
- difficulties of engagement
- tensions between autonomy and duty of care
- assessment of mental capacity
- uncertainty about legal frameworks
- frustration and anxiety
- lack of training

Challenges from organisational & service environments

- eligibility barriers making it difficult to work preventively
- service culture that prioritises independence as a goal and operates care pathways that are not achievable in cases of self-neglect
- workflow patterns based on time-limited care management not longer-term involvement that enable relationship building
- agency cultures and work practices that made interagency and interprofessional negotiations difficult
- finding an organisational home for self-neglect - perceived as everybody's, nobody's or somebody else's business
- different thresholds of concern

Thus a wide range of explanations is offered:

- Self-neglect may be of physical and/or psychiatric aetiology: there is no one set of variables that causes it
- There may be underlying personality disorder, depression, dementia, obsessive-compulsive disorder, trauma response, severe mental distress, and/or neuropsychological impairment
- It may be associated with diminishing social networks and/or economic resources
- Physical and nutritional deterioration is sometimes observed, but is not established as causal
- It may reflect once functional behaviours and personal philosophy (pride in self-sufficiency, sense of connectedness, mistrust)
- It may represent attempts to maintain continuity (preserve and protect self) and control

Mental capacity

- Capacity in the literature is a complex condition
- It involves not only
  - weighing up information and being able to understand consequences of decisions and actions, but also
  - the ability to implement those actions
- Decisional <u>and</u> executive capacity give the real key to assessment

Mental capacity in practice: MCA 2005 guidance

- A person is unable to make a decision if they cannot:
  - understand information about the decision to be made (the Act calls this 'relevant information')
  - retain that information in their mind
  - use or weigh that information as part of the decision-making process, or
  - communicate their decision (by talking, using sign language or any other means).

So: executive capacity?

- Relevant information: could be seen to include information about the consequences of taking or not taking certain action, and the likelihood of those consequences
- Using or weighing information: *(Code of Practice)* *"Sometimes people can understand information but an impairment or disturbance stops them using it. The impairment of disturbance leads to a person making a specific decision without understanding or using the information they have been given.*
  - *A person with the eating disorder anorexia nervosa may understand information about the consequences of not eating. But their compulsion not to eat might be too strong for them to ignore.*
  - *Some people who have serious brain damage might make impulsive decisions regardless of information they have been given or their understanding of it."*

What we know from practice however…

- Decisional capacity is prioritised in practice
  - The absence of executive capacity may not be taken into account in determining that an individual has capacity
  - Understanding the need to act, and deciding to do so, may be assumed to imply the ability to implement the action
  - Assumption of capacity to make decisions about refusal of intervention may miss the complexity of *'relevant information'* or *'using and weighing information'*
  - Capacity to execute simple functions may mask lack of capacity to sequence decisions in the more complex ways necessary to minimise risk

Effective interventions

- No 'gold standard' evidence in the literature
  - Cleaning may help, but is not by itself effective longer term
  - Assistance with routine daily living tasks can be effective in building trust, ensuring basic standards and mediating risks
  - Early intervention may help prevent entrenched behaviour
  - Debate over effectiveness of SRI (serotonin re-uptake inhibitor) medication for hoarding
  - Promising results (in hoarding) from an approach combining motivational interviewing, organisational & decision-making skills, cognitive therapy, homework to sort & reduce possessions, a focus on harm not symptom reduction (Frost & Steketee)

Approaches prioritised in practice

- Sensitive and comprehensive assessment
  - mental and physical status, lifestyle, personality traits, social history, activities of daily living, social supports, beliefs
  - Screening tools to assist capacity & risk assessment
- Care by consent – monitoring, negotiation
  - Practical intervention: cleaning, hygiene, healthcare
  - Support to life transitions (return to employment)
- Coercive powers (threat to tenancy, environmental health) provides leverage to secure engagement
- Relationship building to build understanding of the unique experience and trust-based acceptance of intervention

Learning from SCRs

Mental capacity affects perception of risk and intervention focus

Self-neglect challenges professional value positions

- a duty of care, to secure dignity, even where mental capacity is present, is valued and in some cases prioritised over autonomy
- communities are also seen has having rights that counter-balance those of individuals

What leads to self-neglect?

- Research has sought to isolate factors that are associated with self neglect:
  - Biological, behavioural, social, environmental
- Whilst correlations have been found, there is no overarching explanatory model
- Complex interplay between mental, physical, social and environmental factors: all important in assessment
- The influence of societal and professional definitions of the 'problem'

What do the perspectives of people who self-neglect tell us?

- Little research done in this area; emerging themes from the scarce literature:
  - Pride in self sufficiency
  - A sense of connectedness to place and possessions
  - A drive to preserve continuity of identity and control
  - Traumatic life histories and events that have had life changing effects
  - In some cases, shame and efforts to hide state of residence from others

Ways forward: *workforce* and *workplace* priorities

Interagency engagement

Service user highlight:

- Sometimes deep psychological reasons, the result of emotional layers – understand this person
- Self-neglect may be a cause of something and an outcome of something
- History and perspective – practitioners need to understand complex mix of factors
- "Hoarding is my mind." "I need to be needed, hate rejection." "Better than distress from not having something."
- Motivation varies – it can be hard to engage, to trust, to manage the impact on self-esteem
- Some value therapeutic support, some practical help & people who get stuck
- Bullying and coercion unlikely to be effective, encouragement and being motivational & authoritative might
- Listen, demonstrate care, see the needs, be real
- Not necessarily solitary people

Service user highlight - neglect of self care

- Neglect of self care: demotivated by homelessness, health problems, loss, isolation that impacts on self-image & creates negative cognitions
- Different standards: being indifferent to social appearance
- Maintaining some self-care
- Inability to self-care: mental distress, physical ill-health, homelessness

Service user highlight – neglect of environment

Influence of the past: childhood, loss, abuse, bereavement

Positive value of hoarding: emotional comfort, connection to something, "my family", hobby, to be appreciated by others

Beyond their control: voices, obsessions, physical ill-health, lack of space

Service users highlight – willingness to engage

- Already wondering: spot the moments of motivation
- Finding help is difficult: lack of knowledge, accommodation
- No choice (state of home) but directiveness may be seen as pushy & unhelpful
- Right kind of input: not intrusive, gender, amount of therapy, cost, insensitivity versus encouraging, hands-in, person-centred, going the extra mile, reliable, compassionate and understanding
- Timing

Service users highlight – effective interventions

- Support with clearing if sensitive & participatory; care packages that are relevant to perceived needs
- Mental health services, such as CBT or counselling, to tackle deep-rooted issues
- Links with other service users
- Meaningful activity
- Relationship-building: connection, emotional literacy
- Carer support
- Accessing advocacy and resources, such as benefits
- Re-housing
- Information

Practitioners highlight

- Can feel lonely, helpless, frustrating and risky – strong management support and multi-agency collaboration crucial
- Places and spaces to discuss ethical conundrums, such as meaning of consent & duty of care – panels, meetings, case conferences
- Time to build relationships – finding the right person & levers to engage
- Work with neighbours and family too
- Qualities of persistence, patience, resilience, limited expectations, respectful curiosity
- Good understanding of motivational interviewing, capacity and law
- Service development for early intervention
- Small victories important

Managers perspectives

- Complex work so management oversight crucial; clarify balance between autonomy & duty of care
- Supporting staff well-being & knowledge & skill development – meetings, panels, use of experts, protocol development, risk assessment models
- Little data collection so prevalence uncertain
- SCRs and individual agency reviews put self-neglect on the agenda
- If not included in LSAB procedures, where it is owned? Tools and guidance, owned by multi-agency network even if cases worked with through care management teams
- Working together a challenge – threshold bouncing – but removing barriers (integration) brings positive benefits;VARM systems spreading – getting agencies to own the issue
- Concerns about resources and lack of statutory armoury; time & keeping cases open

Research evidence shows a need to develop

- Organisational culture and practices that give practitioners the space and time for building relationships of trust
- Flexibility in what are expected as case outcomes
- Practice development mechanisms to facilitate creative practice
- Interagency systems for shared assessment, intervention, risk-management and decision-making

Further information & references

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PSAB 3rd October 2014 Plymouth Adult User Safeguarding Executive (PAUSE) report:

The group reports:

i. It was a pleasure to be involved in the interview process for the Independent Chair and a very interesting experience for all of them. They are pleased that Andy Bickley was appointed (he was their first choice) and look forward to working with him.
ii. We have provided links with one of our staff in the commissioning Quality Assurance and Improvement Team to support them with the issues they raised at the last SAB regarding inconsistencies in care provided by some care agencies. Accordingly they have developed a survey of their members to scope the issue, which they will report on when completed.
iii. They have agreed to provide a user's focus group for the Peer Challenge
iv. They wish to raise awareness of their group and have a presence at events across the city, and we have provided links with some relevant venues and organisations. They would welcome information about coming events from all agencies.
v. They raised concerns that they are receiving information that a number of vulnerable people are taking out loans beyond their means from doorstep callers (large organisations such as the Prudential). We have provided advice for them to pass on to individuals and offered support to respond to individual instances where possible. We provided them with leaflets from the Think Jessica campaign for distribution.
vi. We have agreed to discuss how we will take our links forward with the incoming Chair when in post.

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The Governance of Adult Safeguarding in Plymouth Community Healthcare

This paper has been developed to provide assurance to Plymouth Safeguarding Adult Board about the structure for Plymouth Community Healthcare (PCH) governance of adult safeguarding.

Integration is the organising principle for safeguarding within PCH. This approach ensures that child and adult safeguarding are integrated into both the governance and practice (operational) domains of the organisation.

The Director of Professional Practice, Safety and Quality is the Executive Director for Safeguarding and participates on behalf of PCH at the Safeguarding Adults Board.

Assurance Structure

There are two internal meetings, each held on a monthly basis and that are critical to the governance of adult safeguarding. Both are chaired by the same Non-Executive Director who takes the lead within PCH for quality and safeguarding.

The **Safety, Quality and Performance Meeting (SQP)**, a sub group of PCH Board and is established to provide the Board with assurance about safe practice and effective performance. The Director of Professional Practice, Safety and Quality and the Integrated Lead for Safeguarding Adults and Children are core members of this meeting. Key assurances for adult safeguarding in the meeting are

- Inclusion in the databook of compliance figures with safeguarding adults training.
- Inclusion in the databook of the number of safeguarding alerts raised and substantiated against PCH.
- Exception reporting by Locality Managers about adult safeguarding alerts and general issues for their particular locality.
- Reporting around specific themes.
- Presentation of the quarterly Safeguarding People in PCH Report.
- Monitoring of the provider compliance assessment that relates to safeguarding.

This meeting also takes a monthly report about the progress of Serious Incidents Requiring Investigation (SIRI) including those that are safeguarding investigations. The Integrated Lead for Safeguarding Adults and Children is a member of two monthly panels within PCH where SIRI's are presented prior to their submission to

commissioning. This allows an opportunity to ensure that safeguarding has been considered in every SIRI that PCH investigates and reports.

The **Integrated Safeguarding Committee (ISC)** is attended by the Director of Professional Practice, Safety and Quality, the Integrated Lead for Safeguarding Adults and Children and all Lead Officers from across PCH. Additional membership is drawn from key members of the organisation and partner agencies. ISC provides detailed assurance to the Safety, Quality and Performance Meeting about children and adult safeguarding. This meeting is the foundation of system leadership for safeguarding in PCH and establishes an approach whereby we intend to enable staff members to be professionally curious, timely, robust and transparent in day-to-day safeguarding practice. Key assurances for adult safeguarding are

- A standing item of collective problem solving and an opportunity to share good practice.
- A standing monthly report about those service users who are within the Prevent and Channel process.
- Monitoring of the Integrated Safeguarding Action Plan (ISAP) via a monthly update report.
- Identification of specific themes that require action.
- A standing item for reflecting upon how well the meeting is used to safeguarding the people using PCH services.
- An ability to engage with partners about joint opportunities for safeguarding. Work around domestic abuse would be a good example of this.
- From October 2014 this meeting will monitor progress on all action plans arising from substantiated safeguarding alerts against PCH.

The **ISAP** is the document that brings together all actions owned by PCH for improvement of safeguarding practice and governance. The project manager for the ISAP is the Integrated Lead for Safeguarding Adults and Children. It is updated and presented for monitoring at ISC each month. A copy of the ISAP accompanies this paper. All actions that are agreed as 'green' are hidden and therefore the plan shows only those actions where active work is taking place.

Assurance Reports

A quarterly report **Safeguarding People in PCH** is developed by the Integrated Lead for Safeguarding Adults and Children. For adults it includes

- Prevent and Channel activity
- Attendance and issues relating to MARAC
- MAPPA activity
- Compliance with safeguarding training
- A report on progress of the ISAP

- The number of alerts that PCH has been involved in investigating and coordinating.
- The number of alerts raised and those substantiated against PCH.
- Assurance about actions where there are themes of concern.
- Examples of good practice.
- Update on the Wintebourne actions.
- Update on any actions relating to Mental Capacity Act and Deprivation of Liberty/Court of Protection activity.

This paper is presented by the Integrated Lead for Safeguarding Adults and Children to

- PCH Board
- SQP Meeting
- The Integrated Provider Assurance Meeting

In addition a paper is prepared each month for PCH Board and which provides outline detail of each alert raised against PCH and the outcome.

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