



**Plymouth  
Safeguarding  
Adults Board**

**Democratic and Members Support**  
Chief Executive's Department

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17 April 2015

**PLYMOUTH SAFEGUARDING ADULTS BOARD**

Friday 24 April 2015  
10.00 am  
Windsor House

**Members:**

Andy Bickley, Chair

Councillor Tuffin, Carole Burgoyne, Kelechi Nnoaham, Judith Harwood, Craig McArdle, Matt Garrett, Jane Elliot Tonicic, Tony Staunton, Julian Moulard, Roslynn Azzam, Laura Collingwood-Burke, Mandy Cox, D/Supt Paul Northcott, Karen Marcellino, Greg Dix, Geoff Baines, Dave Simpkins, Antonia Reynolds, Georgia Webb and Phil Smale.

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. CHAIR'S INTRODUCTION:**
- 3. MINUTES:** (Pages 1 - 8)
- 4. DECLARATIONS OF INTEREST:**
- 5. SAB BUSINESS 2015/16:** (Pages 9 - 38)
- 6. SCR UPDATE:** (Pages 39 - 42)
- 7. SAFEGUARDING MANAGER REPORT:** (Pages 43 - 70)
- 8. RISK MANAGEMENT/SELF NEGLECT UPDATE:** (Pages 71 - 72)
- 9. MCA/DOLS UPDATE:** (Pages 73 - 76)
- 10. HEALTHWATCH:**
- 11. ANY OTHER BUSINESS:**
- 12. FUTURE AGENDA ITEMS, CONFIRMATION OF FUTURE MEETING DATES:**
- 13. 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) 1 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.

**Plymouth Safeguarding Adults Board****Friday 30 January 2015****PRESENT:**

Andy Bickley, in the Chair.

Geoff Baines, Sue Baldwin, Lorna Collingwood-Burke, Matt Garrett, Karen Grimshaw, Julian Moulard, DS Paul Northcott, Dave Simpkins, Phil Smale, Tony Staunton, Jane Elliott Tonic and Councillor Tuffin.

Apologies for absence: Carole Burgoyne, Mandy Cox, Greg Dix, Paul Francombe, Mike French, Judith Harwood, Kelechi Nnoaham, Antonia Reynolds and Georgia Webb.

Also in attendance: Amelia Boulter – Democratic Support Officer.

*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.*

**27. Chair's Introduction**

Andy Bickley welcomed everyone to the meeting. As the new Chair he reported that a lot of preparatory work had taken place outside of this meeting to look at the direction for this board and this included a business plan, finance plan, impact of the Care Act, service delivery and what this board supports. The Chair reported that he's passionate about the safeguarding agenda and looking at a whole family approach to safeguarding. This was an opportunity to align the way this board works with regard to the children's agenda.

The Chair gave thanks to Jim Gould for his work as previous Chair and extended thanks to Geoff Baines for managing the transition and the support to this board prior to his arrival. There was a huge programme of work for this board and to get a handle on all the implications and complexities of need. The landscape was changing and the Chair requests the board's support to achieve the right outcomes.

This board needs to have a clear identity and to identify the purpose of the board, what difference this board will make, and as board members what do you want to take away with you? It was really important that if any agency was struggling that this board provides support to that agency. The business plan would set out the ambition and vision for this board and the Chair asks the board for feedback and challenge on the plan.

Agreed that the Plymouth Safeguarding Adults Board Business plan is signed off in April 2015.

28. **Minutes and Matters Arising**

Agreed that the minutes of the meeting held on the 3 October 2014 be confirmed.

Matters Arising

- Minute 19 - self-assessment. The board would receive an update later in the agenda.
- Minute 20b - making safeguarding personal. A single agency working group had been established with planned meetings set up. Meeting with Ian Lightley on how this will link with the integrated service. This action is on-going.
- Minute 20b (2) – linking with PSCB. Action on-going.
- Minute 20c (1) Peer challenge. Action completed.
- Minute 20c (2) Peer challenge. Yet to establish an interface. Action on-going.
- Minute 20d (1) Serious Self Neglect. The person in mind no longer has the capacity to be the Champion. Action on-going.
- Minute 24 – Any Other Business
  - Safeguarding leaflet - a copy of the leaflet, ‘Safeguarding Adults – Everybody’s Business’ was circulated to board members and was also available on the website for partners to access.
  - Representative from the voluntary and community sector (VCS) to sit on the board. This has been explored and not yet identified someone to represent the VCS on the board. Discussions had taken place with Healthwatch and through those discussions may identify a suitable person.

29. **Declarations of Interest**

In accordance with the code of conduct the following declarations were made -

| Name                    | Reason   | Interest |
|-------------------------|--|----------|
| Andy Bickley            | SCR Review CS – previous role was lead officer on the preparation for the inquest. Geoff Baines to take the Chair when this item is discussed.   | Personal |
| Lorna Collingwood-Burke | Member of the Devon Safeguarding Board.<br>Spouse - GP Principal Wallingbrook Health Group – primary medical services (PMS) and alternative primary medical services (APMS) contracts holder and Devon Health shareholder B.B.B.W.B Ltd shareholder and director. <ul style="list-style-type: none"> <li>• Healthcare premises company. Prescribed Specialised Services Advisory Group (PSSAG)</li> <li>• Shareholder in Devon Health 2</li> <li>• Chair, NHS Northern, Eastern and Western Devon Clinical Commissioning Group (NEW Devon CCG)</li> <li>• Member of Devon Health and Wellbeing Board</li> <li>• Wallingbrook Health Group Practice Partner is Chair of Devon Health 2</li> </ul> | Personal |

30. **Safeguarding Manager's Report**

Jane Elliot Tonic provided the board with the Safeguarding Manager's Report. It was reported that –

Peer Challenge

The Peer Challenge was completed in early December and final report received in January. The following comments were raised -

- interesting and useful process to undertake and feedback received was very helpful. The Peer Challenge raised issues that the Board needs to focus on and an action plan to be developed and shared;
- the Peer Challenge covered a number of areas and was a great starter for developing the board priorities for this year;
- good representation from a range of providers although a commitment from GPs would be something to address;
- the Chair welcomed colleagues observations on the membership for this board.

Financial Abuse

It was reported that there had been a lot of activity and awareness on financial abuse. Multi-agency training was taking place in February to highlight financial abuse and an additional training session would be provided for the voluntary and community sector.

The National Scams Hub sends out performance data and there were currently 148 local authorities signed up. It was reported that the average age of people scammed was 73.9 years. There were various ways that people get exploited from distraction burglary and mail scams; people feel ashamed of being scammed and often this crime will go unreported. Is this an issue the board would like to focus on or raise awareness of?

In response to the questions raised, it was reported that -

- there were currently 600 people that were suspected of being targeted since the National Scams Hub had been in operation;
- reputable firms were selling loans with no legal comeback;
- people didn't recover well from this type of abuse, and were likely to need support from the health and social care system much earlier;

- the SAB Conference was now taking place on 12 June and would like support for this conference from the board.

Agreed that before the PSAB makes a decision on whether to progress financial abuse as a priority, this board needs to have an understanding on the scale of financial abuse for Plymouth.

### Care Act Update

A working group was set up in preparation for the Care Act. A draft SAB checklist was drawn up and this board needs to look at compliance and membership. It is a requirement for all members of the board to have a Designated Adult Safeguarding Manager (DASM). A request was made for organisations to forward details of their nominated person for this role to the Safeguarding Manager.

Agreed that the Chair and Jane ElliottTonic to meet to look at the implications of the Care Act for the PSAB.

### PAUSE Update

PAUSE meeting took place on 12 January. It was reported that –

- they were interviewed as part of the Peer Review, and the group reported as being happy with the current arrangements to provide a voice on the board, to have links with the PSAB Chair and for the Chair to attend their meetings;
- they disagreed that commissioning should be supporting them more with issues of quality, and stated that they wanted to retain ownership of the piece of work they were doing in relation to concerns about quality of Dom Care provision. They were aware how to access the support that had been offered;
- they want to expand their membership to include people from a variety of areas and would welcome opportunities to raise their awareness of their profile and purpose;

The Chair added that it was great to have this group and it would be an asset for this board to help shape the group. There was also a need to explore what other boards were doing with their user groups.

31. **PSAB Performance Indicators Work Stream**

Julian Mouland provided the board with an update on the self-audit. The board was assessed against 6 topics –

- Leadership
- Organisational Responsibilities
- Workforce
- Interagency Working
- Issues of Diversity
- Empowerment

A good response to the audit with an overall scoring was 70% green, 23% amber and some areas red. The audit identified some common areas and a task and finish group to address this. Julian thanked everyone for their involvement.

Agreed that –

1. Use audit information to inform the 2015/16 PSAB strategic plan priorities.
2. Board Partners take appropriate action in their identified areas for development.
3. Where Partners require assistance to achieve improvement, support will be available from the Board and Partners.
4. Where Partners identify common or shared areas for development, the Board supports a task and finish group to plan and progress outcomes for individual Partners and the Board.

32. **Deprivation of Liberty Safeguards Update**

Jane Elliott Tonic provided the board with an update on DoLS data. The report includes a breakdown from April to December on the number of applications received from care homes and hospitals. The SAB DoLS task and finish group have met and plan to meet again in May. The Chair asked whether all agencies had a deep understanding of this agenda and the task and finish group would look at how agencies work together to reduce the impact.

The following comments were raised –

- it was forecast in May last year that there would be demand issues and how agencies would respond to the changes;
- it was suggested that local authority leads and clinical leads could put on a session for this board looking at this area in more detail;
- it was reported that the Board had responded to NHS England's request for bids to utilise funding targeted at the Mental Capacity Act and related agendas. The bid was for £8k and a response is awaited ;

- that the report only gives a fraction of the picture and the 39 applications from Derriford Hospital were Plymouth patients. The problem was much bigger and more complex than this. The DoLS Officers all work very differently this was a real concern and we could all face a legal challenges;
- checks and balances were taking place and reassurance was provided that this was a high priority for the local authority. In terms of resources, whilst the numbers are a concern it was endeavoured to manage the high priority cases as soon as possible;
- this agenda came about following a Supreme Court judgement and there were currently no additional resources to deal with the consequent increase in demand. It was projected that there was no expectation that any government would address this issue until 2016/17.

Agreed that –

1. PSAB to further discuss the issues, with a view to looking at the risk and board accountability.
2. Discussion regarding whether the Board requires MCA/DoLS updates or presentations as a standing agenda item.
3. further discussion if the NHS bid is successful

33. **SAB Business 2015/16**

The Chair led a discussion on SAB Business for 2015-16. The core responsibility and role for this board was assurance regarding safeguarding and any work this board undertakes has to be aligned to the business planning and priorities for this board.

The following comments were made -

- DoLS was a concern with the lack of legal literacy across agencies. To consider awareness raising workshops; to address this;
- Given the transition to an integrated health and social care service from 1 April 2015, an established pathway was a high priority for policies and procedures;
- Information sharing protocol is under review in the context Care Act compliance;
- Review of multi-agency procedures was underway and the Policy and Procedure group were meeting next week to discuss this;
- Making Safeguarding Personal was an established agenda for the local authority, we now need to develop ways to roll the principles out across all agencies;



- undertake a review of the sub groups of the Board and look at benefits of links with the Plymouth Safeguarding Childrens Board.

Agreed that the Chair will work with Jane and others over the next few weeks to develop the business plan with a firm draft to be presented at the April meeting.

34. **Any Other Business**

None.

35. **Future Agenda Items, Confirmation of Future Meetings**

The board agreed future agenda items -

April Meeting -

- Potential MCA/DoLs presentation
- Strategic Plan Draft

The board agreed the change of date and time for future meeting to take place on a Thursday and commence at 10 am apart from the April meeting which will still take place on a Friday.

Friday 24 April 2015

Thursday 16 July 2015

Thursday 8 October 2015

Thursday 21 January 2016

The Chair welcomed suggestion for alternative venues for meetings.

36. **Exempt Business**

Agreed that under Section 100(A)(4) of the Local Government Act, 1972, the press and public are excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in paragraph 1 of Part 1 of Schedule 12A of the Act, as amended by the Freedom of Information Act 2000.

37. **SCR Update**

The Board received an update on the Serious Case Review.

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## **Plymouth Safeguarding Adults Board**

### **TERMS OF REFERENCE 2015/16**

#### **Purpose**

The purpose of the Plymouth Safeguarding Adults Board is to lead the development, monitoring and evaluation of multi-agency processes and procedures in order to safeguard adults at risk from abuse and significant harm. It will ensure quality assurance systems are in place across commissioned services; commission Serious Case Reviews to be undertaken and implement lessons learned from these.

#### **Core Duties under the Care Act 2014**

See Appendix I Pt. 14.107

#### **Membership**

As far as possible, organisations within Plymouth will designate particular, named people as their SAB member.

Such members shall be persons with a strategic role in relation to safeguarding and promoting welfare of Adults At Risk within their organisation and will be authorised to:

- Speak for their organisation with authority
- Commit their organisation on policy and practice matters
- Hold their organisation to account

The membership of the Safeguarding Adults Board shall be in accordance with the requirements set out in the Care Act 2014. See Appendix I Pt. 14.116. Further to the Statutory Members, there will be a number of Associate Members as detailed in the Partnership Agreement.

Each member of the SAB should have a Designated Adult Safeguarding Manager (DASM) responsible for the management and oversight of individual complex cases and coordination where allegations are made or concerns raised about a person, whether an employee, volunteer or student, paid or unpaid.

The statutory organisations are required to co-operate with the local authority in the establishment and operation of the Board and have shared responsibility for the effective discharge of its functions.

- Independent Chair:** Andy Bickley
- Vice Chair:** Carole Burgoyne – PCC Director for People
- Membership:** Plymouth City Council Portfolio Holder for Health and Adult Social Care ;  
Plymouth City Council Director for People;  
Plymouth City Council Director for Public Health;  
Plymouth City Council Assistant Director for Education, Learning & Families;  
Plymouth City Council Head of Strategic Co-operative Commissioning;  
Plymouth City Council Head of Housing Services;  
Plymouth City Council Adult Safeguarding Manager;  
Plymouth City Council Safeguarding Independent Chair;  
Devon and Cornwall Police, Head of Public Protection Unit;  
North East and West Devon Clinical Commissioning Group, Director for Nursing;  
NHS England Local Area Team, Ass. Director of Nursing and Patient Experience;  
Healthwatch Plymouth, Manager;  
Plymouth Hospitals NHS Trust; Director of Nursing;  
Plymouth Community Healthcare; Director of Professional Practice, Quality and Safety, and Associate Director of Adult Social Care;  
Care Quality Commission ; Plymouth & E. Cornwall Inspection Manager;  
City College, Safeguarding Co-ordinator;  
National Probation Service, Head of Plymouth, Cornwall & IoS Local Delivery Unit;
- Frequency:** Quarterly

## **Policies and Procedures**

The SAB has a specific role in relation to the development and implementation of policies and procedures. In that regard the SAB shall:

- Develop policies and procedures for safeguarding and promoting the welfare of Adults at Risk in the area of the authority, including policies and procedures in relation to:
  - The action to be taken where there are concerns about the adult's safety or welfare, including thresholds for intervention and as examples:
    - Setting out thresholds for referrals to relevant agencies for those who may be have care and support needs for robust multi-agency assessment.
    - Establish clear thresholds and processes and a common understanding of them across local partners
  - Training of persons who work with Adults at Risk or in services affecting their health or welfare.

- It is the responsibility of the SAB to ensure that single agency and multi-agency training on safeguarding and promoting welfare is provided in order to meet local need.
  - This covers training both by single agencies to their own staff, and multi-agency training where staff from more than one agency train together.
  - Recruitment and supervision of persons who work with Adults at Risk.
  - Investigation of allegations concerning persons who work with Adults at Risk, including policies and procedures based on national guidelines and legislation, to ensure that allegations are dealt with properly and quickly.
  - Safety and effectiveness in the welfare of Adults at Risk who are privately placed.
- Other policies and procedures, particularly in relation to the convening and functioning of adult protection procedures involving the Mental Capacity Act and Deprivation of Liberty Safeguards.

### **Communication and Raising Awareness**

Communicating to persons and bodies in Plymouth the need to safeguard and promote the welfare of Adults at Risk, raising their awareness of how this can be done and encouraging them to do so.

### **Monitoring and Evaluation**

The SAB will monitor and evaluate the effectiveness of what is done by the Local Authority and Board Partners individually and collectively to safeguard and promote the welfare of Adults at Risk and advise them on ways to improve.

The SAB has a key role in achieving high standards in safeguarding and promoting welfare, not only through its co-ordinating role but also by evaluation and continuous improvement.

In order to evaluate performance the SAB will request audit procedures, looking at the involvement of different agencies, and identifying the quality of practice, and lessons to be learnt to promote best practice.

### **Safeguarding Adult Reviews – see Appendix 2**

**1.** The SAB must arrange for there to be a review of a case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs) if —

(a) There is reasonable cause for concern about how the SAB, members of it or other persons with relevant functions worked together to safeguard the adult, and

(b) Condition 1 or 2 is met.

**2.** Condition 1 is met if —

(a) The adult has died, and

(b) The SAB knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died).

**3.** Condition 2 is met if —

(a) The adult is still alive, and

(b) The SAB knows or suspects that the adult has experienced serious abuse or neglect.

4. The SAB may arrange for there to be a review of any other case involving an adult in its area with needs for care and support (whether or not the Local Authority has been meeting any of those needs).

5. Each member of the SAB must co-operate in and contribute to the carrying out of a review under this section with a view to —

- (a) Identifying the lessons to be learnt from the adult's case, and
- (b) Applying those lessons to future cases.

### **Involvement of Other Agencies and Groups**

In addition the SAB shall make appropriate arrangements at a strategic management level to involve others in its work as needed. Details of associate members of the SAB are set out below:

- The Coroner's service
- Service User and Carer's groups
- Dental health services
- Drug and alcohol services
- Housing Services
- Housing providers
- Local MARAC/MAPPA
- Other health providers such as pharmacists
- Sexual health services
- The CPS
- Health and Safety Executive

The involvement of these organisations will be dependent upon their particular role in service provision to Adults at Risk or role in public protection. There may be other organisations the SAB will need to forge links with by either by inviting them to join the SAB, or through some other mechanism

### **Other Activities**

The SAB, where appropriate, may determine to promote individual initiatives with partner organisations, for example in relation to domestic abuse. Its role is co-ordinating and ensuring the effectiveness of what its member organisations do, and contributing to broader planning, commissioning and delivery. The SAB is not an operational body that is expected to deliver services directly to Adults at Risk.

### **Governance Arrangements**

The SAB recognises that to work most effectively it will have strong links with other partnerships including:

- Plymouth Safeguarding Children's Board
- NEW Devon CCG Partnership Board
- Health & Wellbeing Board
- Multi-Agency Public Protection Arrangements (MAPPA)
- South West Peninsula SABs
- Joint Commissioning Partnership
- Caring Plymouth

The Plymouth Safeguarding Adults Board (SAB), together with the Executive Group, will progress its work with sub groups:

- Lead Officer Group – covering Policies & Procedures, and Learning & Development
- Safeguarding Adults Review sub group

**Each of these sub groups will be chaired by a member of the SAB, delegated officer of SAB member, or officer in attendance at SAB full board meetings and the terms of reference for each group will be agreed by the Board, and reviewed each year.**

The SAB shall if appropriate give consideration to the need for additional or ad hoc sub groups to enable it to undertake its work effectively.

The SAB will also develop formal links with each of the service user/carer strategic planning groups to ensure Safeguarding is being taken forward at both strategic planning and policy levels and operationally.

### **PSAB Meeting Structure**

- The SAB shall meet at least four times in each year. At the first meeting in each new financial year the dates of its future meetings shall be agreed.
- The SAB shall be chaired by the Independent Chair. In his absence, the SAB shall be chaired by the Vice Chair.
- Wherever possible the SAB shall make any decisions/recommendations on the basis of a consensus of agreement between all parties present.
- Where a decision on matter is necessary and no consensus exists, the decision shall be taken by a simple majority on a show of hands of the members present. In the event of an equality of votes the Chair shall hold the casting vote (but it is not the intention of the SAB that the casting vote shall be utilised unless it is unavoidable).
- The SAB will commission sub groups and task and finish activities to deliver its agreed business plan. All sub groups and task and finish activity will have terms of reference agreed by the SAB and will be led by an agreed Board member to ensure governance accountability and reporting structures to the SAB.
- Agendas and papers for Board meetings will be circulated the week before the date of the Board meeting.
- Substitution of members may be permitted at the discretion of the Chair but this will be in line with the member's accountability agreement for the Board and should not occur more than once in a yearly cycle of meetings.

### **Authority**

- Each partner shall authorise its representative to make decisions at SAB meetings.
- All partners commit themselves to be actively involved in the decision making processes and ensure they contribute to the annual work plan of the SAB.

### **Standards of Conduct**

- The Partners and Board Members will comply with all statutory requirements both local and national, and other guidance on conduct and probity, and ensure good corporate governance.
- No member, officer or any partner shall put themselves in a position whereby duty and private interest conflict.
- Members of the SAB have all signed a Partnership Agreement and in signing such an agreement these Terms of Reference are deemed to be agreed and accepted.

### **Administering Authority**

The administering authority will be Plymouth City Council.

The SAB expects Plymouth City Council to maintain an effective management and staffing structure to manage its programme within the constraints of the resources allocated to this purpose.

### **Performance Monitoring and Scrutiny**

The SAB will introduce an effective performance management model which will include:

- Annual Strategic Plan
- Annual priorities / objectives
- Sub-group work plans / programmes
- Reporting to partners and other stakeholders

Such performance information will be publicly available and each partner has the right to scrutinise any aspect of the SAB programme through its own scrutiny/overview mechanisms.

These Terms of Reference will be reviewed on an annual basis.

Review Date: April 2016



## **Safeguarding Adults Boards**

14.104. Each local authority must set up a Safeguarding Adults Board (SAB). The main objective of a SAB is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area who meet the criteria set out at paragraph 14.2.

14.105. The SAB has a strategic role that is greater than the sum of the operational duties of the core partners. It oversees and leads adult safeguarding across the locality and will be interested in a range of matters that contribute to the prevention of abuse and neglect. These will include the safety of patients in its local health services, quality of local care and support services, effectiveness of prisons and approved premises in safeguarding offenders and awareness and responsiveness of further education services. It is important that SAB partners feel able to challenge each other and other organisations where it believes that their actions or inactions are increasing the risk of abuse or neglect. This will include commissioners, as well as providers of services.

14.106. The SAB can be an important source of advice and assistance, for example in helping others improve their safeguarding mechanisms. It is important that the SAB has effective links with other key partnerships in the locality and share relevant information and work plans. They should consciously cooperate to reduce any duplication and maximise any efficiency, particularly as objectives and membership is likely to overlap.

14.107. A SAB has three core duties:

- It must publish a strategic plan for each financial year that sets how it will meet its main objective and what the members will do to achieve this. The plan must be developed with local community involvement, and the SAB must consult the local Healthwatch organisation. The plan should be evidence based and make use of all available evidence and intelligence from partners to form and develop its plan.
- It must publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any Safeguarding Adults Reviews and subsequent action.
- It must conduct any Safeguarding Adults Review in accordance with Section 44 of the Act.

14.108. Safeguarding requires collaboration between partners in order to create a framework of inter-agency arrangements. Local authorities and their relevant partners must collaborate and work together as set out in the co-operation duties in the Care Act and, in doing so, must, where appropriate, also consider the wishes and feelings of the adult on whose behalf they are working.

14.109. Local authorities may cooperate with any other body they consider appropriate where it is relevant to their care and support functions. The lead agency with responsibility for coordinating adult safeguarding arrangements is the local authority, but all the members of the SAB should designate a lead officer. Other agencies should also consider the benefits of having a lead for adult safeguarding.

### 14.110. Each Safeguarding Adults Board should:

- identify the role, responsibility, authority and accountability with regard to the action each agency and professional group should take to ensure the protection of adults;
- establish ways of analysing and interrogating data on safeguarding notifications that increase the SAB's understanding of prevalence of abuse and neglect locally that builds up a picture over time;
- establish how it will hold partners to account and gain assurance of the effectiveness of its arrangements;
- determine its arrangements for peer review and self-audit;
- establish mechanisms for developing policies and strategies for protecting adults which should be formulated, not only in collaboration and consultation with all relevant agencies but also take account of the views of adults who have needs for care and support, their families, advocates and carer representatives;
- develop preventative strategies that aim to reduce instances of abuse and neglect in its area;
- identify types of circumstances giving grounds for concern and when they should be considered as a referral to the local authority as an enquiry;
- formulate guidance about the arrangements for managing adult safeguarding, and dealing with complaints, grievances and professional and administrative malpractice in relation to safeguarding adults;
- develop strategies to deal with the impact of issues of race, ethnicity, religion, gender and gender orientation, sexual orientation, age, disadvantage and disability on abuse and neglect;
- balance the requirements of confidentiality with the consideration that, to protect adults, it may be necessary to share information on a 'need-to-know basis';
- identify mechanisms for monitoring and reviewing the implementation and impact of policy and training;
- carry out safeguarding adult reviews;
- produce a Strategic Plan and an Annual Report;
- evidence how SAB members have challenged one another and held other boards to account; and,
- promote multi-agency training and consider any specialist training that may be required.
- Consider any scope to jointly commission some training with other partnerships, such as the Community Safety Partnership.

14.111. Strategies for the prevention of abuse and neglect is a core responsibility of a SAB and it should have an overview of how this is taking place in the area and how this work ties in with the Health and Wellbeing Board's, Quality Surveillance Group's (QSG), Community Safety Partnership's and CQC's stated approach and practice. This could be about commissioners and the regulator, together with providers, acting to address poor quality care and the intelligence that indicates there is risk that care may be deteriorating and becoming abusive or neglectful. It could also be about addressing hate crime or anti-social behaviour in a particular neighbourhood. The SAB will need to have effective links and communication across a number of networks in order to make this work effectively.

14.112. Within the context of the duties set out at paragraph 14.2, safeguarding partnerships can be a positive means of addressing issues of self-neglect. The SAB is a multi-agency

group that is the appropriate forum where strategic discussions can take place on dealing with what are often complex and challenging situations for practitioners and managers as well as communities more broadly.

14.113. Members of a SAB are expected to consider what assistance they can provide in supporting the Board in its work. This might be through payment to the local authority or to a joint fund established by the local authority to provide, for example, secretariat functions for the Board. Members might also support the work of the SAB by providing administrative help, premises for meetings or holding training sessions. It is in all core partners' interests to have an effective SAB that is resourced adequately to carry out its functions.

14.114. Local SABs decide how they operate but they must ensure that their arrangements will be able to deliver the duties and functions under Schedule 2 of the Care Act.

14.115. The arrangements that the SAB needs to create include for example, how often it meets, the appointment of the Chair, any sub-groups to it and other practical arrangements. It also needs to be clear about how it will seek feedback from the local community, particularly those adults who have been involved in a safeguarding enquiry.

### **Membership of Safeguarding Adults Boards**

14.116. The information about how the SAB works should be easily accessible to partner organisations and to the general public. The following organisations must be represented on the Board:

- the local authority which set it up;
- the CCGs in the local authority's area; and
- the chief officer of police in the local authority's area.

14.117. SABs may also include such other organisations and individuals as the establishing local authority considers appropriate having consulted its SAB partners from the CCG and police. The SAB may wish to invite additional partners to some meetings depending on the specific focus or to participate in its work more generally. Examples include:

- ambulance and fire services;
- representatives of providers of health and social care services, including independent providers;
- Department for Work and Pensions;
- representatives of housing providers, housing support providers, probation and prison services;
- General Practitioners;
- representatives of further education colleges;
- members of user, advocacy and carer groups;
- local Healthwatch;
- Care Quality Commission;
- representatives of children's safeguarding boards;
- Trading Standards.

14.118. This is not a definitive list, but SABs should assure themselves that the Board has the involvement of all partners necessary to effectively carry out its duties. Additionally, there may also be effective links that can be made with related partnerships to maximise

impact and minimise duplication and which would reflect the reality and interconnectivities of local partnerships. There are strong synergies between the work of many of these bodies, particularly when looking at a broader family agenda as well as opportunities for efficiencies in taking forward work.

14.119. Partnerships may include:

- Community Safety Partnerships;
- Local Children Safeguarding Boards;
- Health and Wellbeing Boards;
- Quality Surveillance Groups;
- Clinical Commissioning Group Boards; and
- Health Overview and Scrutiny Committees (OSCs).

14.120. The local authority which establishes the SAB must ensure that between them, all members of the SAB have the requisite skills and experience necessary for the SAB to act effectively and efficiently to safeguard adults in its area. For example, a social worker's ability to understand the individual within complex social networks and other systems makes social work input a vital component in SAB arrangements; but the SAB will also require access to medical, nursing and legal expertise. Members who attend in a professional and managerial capacity should be:

- able to present issues clearly in writing and in person;
- experienced in the work of their organisation;
- knowledgeable about the local area and population;
- able to explain their organisation's priorities;
- able to promote the aims of the SAB;
- able to commit their organisation to agreed actions;
- have a thorough understanding of abuse and neglect and its impact; and
- understand the pressures facing front line practitioners.

14.121. Although it is not a requirement, the local authority should consider appointing an independent chair to the SAB who is not an employee or a member of an agency that is a member of the SAB. The Chair has a critical role to lead collaboratively, give advice, support and encouragement but also to offer constructive challenge and hold main partner agencies to account and ensure that interfaces with other strategic functions are effective whilst also acting as a spokesperson for the SAB. An independent chair can provide additional reassurance that the Board has some independence from the local authority and other partners. The Chair will be accountable to the Chief Executive of the local authority as the lead body responsible for establishing the SAB but should be appointed by the local authority in the name of the SAB having consulted all its statutory partners. There is a clear expectation that chairs will keep up to date with, and promote, good practice, developments in case law and research and any other relevant material.

14.122. The SAB must develop clear policies and processes that have been agreed with other interested parties, and that reflect the local service arrangements, roles and responsibilities. It will promote multi-agency training that ensures a common understanding of abuse and neglect, appropriate responses and agree how to work together. Policies will state what organisations and individuals are expected to do where they suspect abuse or neglect. The SAB should also consider any specialist training that is required. A key part of the SAB's role will be to develop preventative strategies and aiming to reduce instances of abuse and

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neglect in its area. Members of the SAB should also be clear about how they will contribute the financial and human resources of their organisation to both preventing and responding to abuse and neglect.

### **SAB strategic plans**

14.123. The SAB must publish its strategic plan each financial year. This plan should address both short and longer-term actions and it must set out how it will help adults in its area and what actions each member of the SAB will take to deliver the strategic plan and protect better. This plan could cover 3-5 years in order to enable the Board to plan ahead as long as it is reviewed and updated annually.

14.124. When it is preparing the plan, the SAB must consult the local Healthwatch and involve the local community. The local community has a role to play in the recognition and prevention of abuse and neglect but active and on-going work with the community is needed to tap into this source of support.

14.125. SABs must understand the many and potentially different concerns of the various groups that make up its local community. These might include such things as scams targeted at older householders, bullying and harassment of disabled people, hate crime directed at those with mental health problems, cyber bullying and the sexual exploitation of people who may lack the capacity to understand that they have the right to say no. In order to make the plan understood as widely as possible, it should be free from jargon and written in plain English with an easy read version available.

### **SAB annual reports**

14.126. After the end of each financial year, the SAB must publish an annual report that must clearly state what both the SAB and its members have done to carry out and deliver the objectives and other content of its strategic plan.

14.127. Specifically, the annual report must provide information about any Safeguarding Adults Reviews (SARs) that the SAB has arranged which are ongoing or have reported in the year (regardless whether they commenced in that year). The report must state what the SAB has done to act on the findings of completed SARs or, where it has decided not to act on a finding, why not.

14.128. The annual report must set out how the SAB is monitoring progress against its policies and intentions to deliver its strategic plan. The SAB should consider the following in coming to its conclusions:

- evidence of community awareness of adult abuse and neglect and how to respond;
- analysis of safeguarding data to better understand the reasons that lie behind local data returns and use the information to improve the strategic plan and operational arrangements;
- what adults who have experienced the process say and the extent to which the outcomes they wanted (their wishes) have been realised;
- what front line practitioners say about outcomes for adults and about their ability to work in a personalised way with those adults;
- better reporting of abuse and neglect;

- evidence of success of strategies to prevent abuse or neglect;
- feedback from local Healthwatch, adults who use care and support services and carers, community groups, advocates, service providers and other partners;
- how successful adult safeguarding is at linking with other parts of the system, for example children's safeguarding, domestic violence, community safety;
- the impact of training carried out in this area and analysis of future need; and
- how well agencies are co-operating and collaborating.

14.129. Safeguarding forms one of the domains in the Adult Social Care Outcomes Framework (ASCOF). The 2014/15 publication announced the development of a national measure on safeguarding outcomes – one of the first to focus on those who have been through an adult safeguarding enquiry and their views on how the enquiry was dealt with. A set of questions has been developed and cognitively tested in preparation for a pilot survey undertaken by volunteer local authorities in summer 2014. This testing has successfully created a number of questions which can be used in a face to face interview, with confidence by local authorities, to seek the views of adults, or relatives/friends/carers or IMCAs where appropriate. Findings from this work highlighted how pleased adults were to be asked about their experiences. The questionnaires and all survey documentation can be found on the HSCIC's website.

14.130. Using these questions would enable local authorities to better understand the experience of those going through the safeguarding process in their locality but would also facilitate the comparison to other local authorities.

14.131. The report is meant to be a document that can be read and understood by anyone. Most SABs are likely to publish these reports on their websites. SABs should consider making the report available in a variety of media. SABs will need to establish ways of publicising the report and actively seeking feedback from communities.

14.132. Every SAB must send a copy of its report to:

- the Chief Executive and leader of the local authority;
- the Police and Crime Commissioner and the Chief Constable;
- the local Healthwatch; and
- the Chair of the Health and Wellbeing Board.

It is expected that those organisations will fully consider the contents of the report and how they can improve their contributions to both safeguarding throughout their own organisation and to the joint work of the Board.

**Safeguarding adults reviews (SARs)**

14.133. SABs must arrange a SAR when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult.

14.134. SABs must also arrange a SAR if an adult in its area has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect. In the context of SARs, something can be considered serious abuse or neglect where, for example the individual would have been likely to have died but for an intervention, or has suffered permanent harm or has reduced capacity or quality of life (whether because of physical or psychological effects) as a result of the abuse or neglect. SABs are free to arrange for a SAR in any other situations involving an adult in its area with needs for care and support.

14.135. The SAB should be primarily concerned with weighing up what type of 'review' process will promote effective learning and improvement action to prevent future deaths or serious harm occurring again. This may be where a case can provide useful insights into the way organisations are working together to prevent and reduce abuse and neglect of adults. SARs may also be used to explore examples of good practice where this is likely to identify lessons that can be applied to future cases.

14.136. Early discussions need to take place with the adult, family and friends to agree how they wish to be involved. The adult who is the subject of any SAR need not have been in receipt of care and support services for the SAB to arrange a review in relation to them.

14.137. SARs should reflect the six safeguarding principles. SABs should agree Terms of Reference for any SAR they arrange and these should be published and openly available. When undertaking SARs the records should either be anonymised through redaction or consent should be sought.

14.138. The following principles should be applied by SABs and their partner organisations to all reviews:

- there should be a culture of continuous learning and improvement across the organisations that work together to safeguard and promote the wellbeing and empowerment of adults, identifying opportunities to draw on what works and promote good practice;
- the approach taken to reviews should be proportionate according to the scale and level of complexity of the issues being examined;
- reviews of serious cases should be led by individuals who are independent of the case under review and of the organisations whose actions are being reviewed;
- professionals should be involved fully in reviews and invited to contribute their perspectives without fear of being blamed for actions they took in good faith; and
- families should be invited to contribute to reviews. They should understand how they are going to be involved and their expectations should be managed appropriately and sensitively.

14.139. SARs should seek to determine what the relevant agencies and individuals involved in the case might have done differently that could have prevented harm or death. This is so that lessons can be learned from the case and those lessons applied to future cases to prevent similar harm occurring again. Its purpose is not to hold any individual or organisation to account. Other processes exist for that, including criminal proceedings, disciplinary procedures, employment law and systems of service and professional regulation, such as CQC and the Nursing and Midwifery Council, the Health and Care Professions Council, and the General Medical Council.

14.140. It is vital, if individuals and organisations are to be able to learn lessons from the past, that reviews are trusted and safe experiences that encourage honesty, transparency and sharing of information to obtain maximum benefit from them. If individuals and their organisations are fearful of SARs their response will be defensive and their participation guarded and partial.

14.141. The process for undertaking SARs should be determined locally according to the specific circumstances of individual circumstances. No one model will be applicable for all cases. The focus must be on what needs to happen to achieve understanding, remedial action and, very often, answers for families and friends of adults who have died or been seriously abused or neglected. The recommendations and action plans from a SAR need to be followed through by the SAB.

14.142. The SAB should ensure that there is appropriate involvement in the review process of professionals and organisations who were involved with the adult. The SAR should also communicate with the adult and, or, their family. In some cases it may be helpful to communicate with the person who caused the abuse or neglect.

14.143. It is expected that those undertaking a SAR will have appropriate skills and experience which should include:

- strong leadership and ability to motivate others;
- expert facilitation skills and ability to handle multiple perspectives and potentially sensitive and complex group dynamics;
- collaborative problem solving experience and knowledge of participative approaches;
- good analytic skills and ability to manage qualitative data;
- safeguarding knowledge;
- inclined to promote an open, reflective learning culture.

14.144. The SAB should aim for completion of a SAR within a reasonable period of time and in any event within six months of initiating it, unless there are good reasons for a longer period being required; for example, because of potential prejudice to related court proceedings. Every effort should be made while the SAR is in progress to capture points from the case about improvements needed; and to take corrective action.

### **Links with other reviews**

14.145. When victims of domestic homicide are aged between 16 and 18, there are separate requirements in statutory guidance for both a child Serious Case Review (SCR) and a Domestic Homicide Review (DHR). Where such reviews may be relevant to SAR (e.g. because they concern the same perpetrator), consideration should be given to how SARs, DHRs and



SCRs can be managed in parallel in the most effective manner possible so that organisations and professionals can learn from the case. For example, considering whether some aspects of the reviews can be commissioned jointly so as to reduce duplication of work for the organisations involved.

14.146. In setting up a SAR the SAB should also consider how the process can dovetail with any other relevant investigations that are running parallel, such as a child SCR or DHR, a criminal investigation or an inquest.

14.147. It may be helpful when running a SAR and DHR or child SCR in parallel to establish at the outset all the relevant areas that need to be addressed, to reduce potential for duplication for families and staff. Any SAR will need to take account of a coroner's inquiry, and, or, any criminal investigation related to the case, including disclosure issues, to ensure that relevant information can be shared without incurring significant delay in the review process. It will be the responsibility of the manager of the SAR to ensure contact is made with the Chair of any parallel process in order to minimise avoidable duplication.

### **Findings from SARs**

14.148. The SAB should include the findings from any SAR in its Annual Report and what actions it has taken, or intends to take in relation to those findings. Where the SAB decides not to implement an action then it must state the reason for that decision in the Annual Report. All documentation the SAB receives from registered providers which is relevant to CQC's regulatory functions will be given to the CQC on CQC's request.

14.149. SAR reports should:

- provide a sound analysis of what happened, why and what action needs to be taken to prevent a reoccurrence, if possible;
- be written in plain English; and
- contain findings of practical value to organisations and professionals.

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**Plymouth  
Safeguarding  
Adults Board**

**PARTNERSHIP AGREEMENT**

(The Agreement)

1. This Agreement is made on the .....

**2. The following are parties to this Agreement and each a 'Member' and together the 'Members' of the Plymouth Safeguarding Adults Board 'the Board'**

**Statutory Members:**

2.1 Plymouth City Council

2.2 NEW Devon CCG

2.3 Devon and Cornwall Police

**Associate Members:**

2.4. Healthwatch

2.5 Voluntary and Community Sector representatives – to be confirmed

2.6 Local Area Team, NHS England

2.7. Plymouth Community Healthcare

2.8 Plymouth Hospitals NHS Trust

2.9 National Probation Service

2.10 Dorset, Devon and Cornwall Community Rehabilitation Company – to be confirmed

2.11 Devon and Somerset Fire Service – to be confirmed

2.12 Care Quality Commission

2.13 South Western Ambulance Services NHS Foundation Trust (SWASFT) – to be confirmed

2.14 Plymouth Safeguarding Childrens Board

2.15 Plymouth City College

**3. Background**

3.1 In 2000 the Department of Health and the Home Office published joint guidance under Section 7 of the Local Authority Social Services Act 1970 entitled "No Secrets". Its focus was on keeping adults safe and statutory agencies role in that agenda

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3.2 In 2005, the Association of Directors of Adult Social Services published Safeguarding Adults a National Framework of Standards of Good Practice and Outcomes in Adult Protection Work

3.3 Since 2010, the Local Government Association national programme Making Safeguarding Personal has aimed to promote a shift in culture and practice in response to what we know about what makes safeguarding more or less effective from the perspective of the person being safeguarded.

3.4 The Care Act 2014 put adult safeguarding on a statutory footing from April 2015. Core functions of SABs are detailed as:

- It must publish a strategic plan for each financial year that sets how it will meet its main objective and what the members will do to achieve this. The plan must be developed with local community involvement, and the SAB must consult the local Healthwatch organisation. The plan should be evidence based and make use of all available evidence and intelligence from partners to form and develop its plan.
- It must publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any Safeguarding Adults Reviews and subsequent action.
- It must conduct any Safeguarding Adults Review in accordance with Section 44 of the Act.

3.5 The Safeguarding Adults Board is the key multi-agency forum for ensuring organisations cooperate in safeguarding adults matters in their locality

3.6 This is an Agreement between statutory agencies, independent providers and the voluntary and community sector, who are required under the Care Act to work together in partnership for the purpose of safeguarding adults with care and support needs.

3.7 The role of the Board is to ensure statutory bodies, independent providers and the voluntary and community sector work together to safeguard adults at risk across Plymouth.

The aims of the Board are:

3.7.1 To minimise the risk of abuse to adults at risk and to ensure that they are effectively protected where abuse has occurred, may have occurred or is at risk of occurring

3.7.2 To ensure multi-agency partners work effectively together to develop and implement Safeguarding Adults strategies, policies and procedures

#### **4. Members**

4.1 Each agency or their statutory successor must nominate an appropriate representative or representatives to act as their 'Member Representative' on the Board

4.1.1 Member Representatives, save for those Member Agencies identified in paragraph 4.1.3, shall have the delegated authority from their respective Agency to speak for and to make decisions on behalf of the Agency they represent, and commit them to policy, practice and financial matters agreed at the Board

4.1.2 Member Representatives, save for those Member Agencies identified in paragraph 4.1.3, shall have the authority to be able to hold the Agency they represent to account at all levels of management

4.2 The Member Representatives on the Board are as follows:-

4.2.1 Plymouth City Council

4.2.1.1 Strategic Director of People

4.2.1.2 Director of Public Health

4.2.1.3 Assistant Director of Education, Learning & Families

4.2.1.4 Head of Strategic Co-operative Commissioning

4.2.1.5 Head of Housing Services

4.2.1.6 Adult Safeguarding Manager

4.2.1.7 Safeguarding Independent Chair

4.2.2 NEW Devon CCG

4.2.2.1 Director for Nursing

4.2.3 Devon and Cornwall Police

4.2.3.1 Head of Public Protection Unit

4.2.4 Healthwatch Plymouth

4.2.4.1 Manager

4.2.5 Voluntary and Community Sector - tbc

4.2.5.1 Plymouth Octopus Project - tbc

4.2.6 NHS England Local Area Team

4.2.6.1 Assistant Director of Nursing and Patient Experience

4.2.7 Plymouth Community Healthcare

4.2.7.1 Director of Professional Practice, Quality and Safety

4.2.5.2 Associate Director for Adult Social Care

4.2.8 Plymouth Hospitals NHS Trust

4.2.8.1 Director of Nursing

4.2.9 National Probation Service

4.2.9.1 Head of Plymouth, Cornwall & Isles of Scilly Local Delivery Unit

4.2.10 Community Rehabilitation Company - tbc

4.2.10.1 Assistant Chief Executive - tbc

4.2.11 Devon and Somerset Fire and Rescue Service - tbc

4.2.11.1 - tbc

4.2.12 Care Quality Commission

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4.2.12.1 Area Inspection Manager

4.2.13 South Western Ambulance Services NHS Foundation Trust (SWASFT) – tbc

4.2.13.1 - tbc

4.2.14 Plymouth Safeguarding Childrens Board

4.2.14.1 Child Protection Manager

4.2.15 City College Plymouth

4.2.15.1 Safeguarding Co-ordinator

4.3 The Chair will have the power to invite as participating observers –

4.3.1 Plymouth Council's Cabinet Member and Portfolio Holder for Health and Adult Social Care

4.4 The Chair may invite specialist advisors and other attendees to attend Board meetings

4.5 The Board has the power to invite additional Members to the Board or if appropriate and in accordance with statutory guidance and regulations to remove Members from the Board

4.6 Should a Member Agency cease to exist any statutory successor will be the appropriate partner agency and will nominate an appropriate Member Representative. The register of Members of the Board 'the Board Register' will be amended accordingly

4.7 Members will be required to 'declare an Interest'

## **5. Aims and Objectives**

5.1 The core objectives of the Board are to:-

5.1.1 promote and lead the safeguarding objective contained in clause 3.5

5.1.2 co-ordinate multi-agency working at a strategic level for the purposes of safeguarding and promoting the welfare of adults at risk in Plymouth City.

## **6. Functions**

6.1 The core functions of the Board are to:-

6.1.1 Successfully delivery the stated actions contained within the annual SAB Strategic Plan

6.1.2 Oversee the development of and approval of policies and procedures in respect of safeguarding adults

6.1.3 communicate and raise awareness to persons or bodies within the area of the need to safeguard adults at risk

6.1.4 monitor and evaluate the effectiveness of what is done by the Members individually and collectively

6.1.5 ensure the production, publication and distribution of documentation to support the 'PSAB Strategic Plan' and to increase public awareness of abuse and neglect of adults, as detailed in the DH Care and Support Statutory Guidance issues under the Care Act 2014 .

6.1.6 ensure that policies and procedures reflect the needs of all communities in Plymouth

6.1.7 ensure links with other areas of policy and good practice guidance both nationally and locally

6.1.8 ensure the development and implementation of the 'Training Strategy'

6.1.9 Oversee and be informed by the monitoring of referrals and outcomes of allegations of abuse. To ensure that this information is used to promote good practice and respond to Government and other body requests for reports on activities

6.1.10 Undertake Safeguarding Adult Reviews and to advise parties and agencies accordingly

6.1.11 Produce an annual report on safeguarding adults work in Plymouth.

6.1.12 Scrutinise safeguarding activities within Plymouth

6.1.13 Promote to the public the clear statement that every person has a right to live a life free from abuse and neglect

6.1.14 Ensure that all persons can access information about how adults at risk gain safety from abuse and violence, including information about safeguarding adults procedures

6.1.15 Undertake any other activities that facilitate or are conducive to the achievement of the Board's objectives

6.1.16 The Board may by resolution adopt any additional function that it considers to be appropriate

6.2 Nothing under this Agreement shall affect the liabilities of each Member Agency to each other or to any third parties for the exercise of their respective functions and responsibilities

## **7. Relationships between Members**

7.1 The Members will in relation to this Agreement take all reasonable steps to cooperate with the Board and with the Chair in relation to their responsibilities under this Agreement in order to secure the achievement of the objectives and facilitate the performance of the functions of the Board

7.2 Each Member has a duty or duties to co-operate under the Care Act 2014

7.3 Members will treat each other with respect, dignity and equality.

7.4 Members will be open with information about their performance insofar as it relates to their functions and roles on the Board and provide the Board with early information about relevant problems

7.5 Members will cooperate to agree joint projects protocols and arrangements as may be required from time to time

7.6 Each Member will ensure accountability that safeguarding adults work is recognised by their respective Member Body

7.7 Each Member will have a clear and well publicised policy of zero tolerance of abuse within their organisation

7.8 Each Member will draw up a set of internal guidelines consistent with safeguarding adults policies and procedures which set out the responsibilities of all workers to operate within it

## **8. Duration of the Agreement**

This Agreement shall come into force on the date set out at Clause 1 of this Agreement and to remain in force unless as a result of any change in law and legislation it is unable to fulfil its obligations hereunder or its fulfilment would be ultra vires

8.1 Termination of Membership of the Board, the Board will terminate their membership on the Board pursuant to this Agreement if:-

8.1.1 As a result of any change in law or legislation it is unable to fulfil its obligations hereunder or

8.1.2 Its fulfilment of its obligations hereunder would be in contravention of any guidance from any secretary of state issued after the date hereof or

8.1.3 Its fulfilment would be ultra vires

## **8.2 Termination of the Board.**

8.2.1 The Board will terminate if:

8.2.2 As a result of any change in law or legislation it is unable to fulfil its obligations hereunder or

8.2.3 Its fulfilment of its obligations hereunder would be in contravention of any guidance from any Secretary of State issued after the date hereof or

8.2.4 Its fulfilment would be ultra vires

## **9. Structure of the Board**

9. The Board will be chaired by an Independent person and member of SAB, who will be able to make decision of behalf of their agencies.

9.1.1 The Sub Groups of the Board will produce an annual work plan which will derive from the Board work plan and will be provided for consultation and approval to the Board

9.1.2 The Board will be responsible for monitoring and reviewing the activities of the Sub-Groups

9.1.3 The Board will appoint Members of the Board to chair the Sub Groups

9.1.4. Changes to the structure of the Board and its Sub Groups will take place with the agreement of the Board.

## **10. Operational Arrangements for the Board**

10.1 Independent Chair

10.1.1 An Independent Chair will be appointed by the Board

10.1.2 The term of office will be for a period of three years from date of appointment, unless terminated in accordance with the Chair's Contract.

10.1.3 The role of the Chair is to chair meetings of the Board in accordance with this Agreement, to ensure the smooth running of the Board and to ensure that Members collaborate effectively to co-ordinate and promote safeguarding.

10.1.4 The Local Authority Chief Executive should co-ordinate an annual 360° appraisal of the performance of the Chair.



10.1.5 The Chair will communicate effectively and pro-actively with any Member where, it appears on objective evidence, that the Member is not performing effectively in the safeguarding of adults at risk or, performing effectively under this Agreement

10.1.6 The Chair may take such action as she or he considers to be, in the best interest of the Board, provided that before doing so, the Chair shall consult with Local Authority Chief Executive and if reasonably practicable, with the Board, specifically before -

(i) making a public or media statement within the objectives and functions of the Board. The Chair shall only make such a statement through and with the Council's public relations function

(ii) making representations to any Government Body or Department or any other organisation on behalf of the Board

10.1.7 Must undertake such or further alternative responsibilities as may be given by the Board from time to time, in which case, the Board must by unanimous agreement amend, delete, replace or resurrect any of the foregoing responsibilities. Any further alternative responsibilities shall be set down in the Minutes of the Board

10.1.8 Vice Chair

10.1.8.1 The Board may at any time or from time to time appoint a 'Vice Chair' of the Board to perform all or any of the functions of the Chair if the Chair is unable to do so and in which the Chair has a declared personal interest

10.3 Structure

10.3.1 The Board will be supported by a Strategic Group comprising the statutory members i.e: the local Authority, New Devon CCG and Devon & Cornwall Police. This group will be established to promote the work of the Board and ensure the delivery of the Business Plan. It will also direct the focus and requirements of the Board sub groups:

- i) Safeguarding Adult Review (SAR) group – to consider referrals, manage SARs and disseminate learning
- ii) Lead Officers Group - to provide an operational or procedural perspective, quality assurance, links to learning and development need across agencies
- iii) related task specific working groups

10.3.2 Additional sub groups can be established as required

10.3.3 Role of Elected Members

10.3.4 Local Elected Members through membership of governance bodies of Plymouth City Council are to provide the political accountability for their organisation and to be the champions for the safeguarding adults agenda and to attend the Board as participating observers

10.3.5 The Cabinet Member for Health and Adult Social Care will have a particular focus on promoting the wellbeing of, preventing social exclusion of and protecting adults at risk, and ensure that they will hold the Executive Group to account for the work of Board.

10.3.6 The Cabinet Member will have meetings with the Chair of the Board from time to time

## **11. Operational Matters**

11.1 Agenda items, with supporting documentation, as may be necessary to consider the item will be submitted in writing to the Safeguarding Adult Unit Administrator no later than 10 days prior to the Board meetings.

11.2 Board Members will receive copies of the agenda and supporting papers no later than 7 days prior to the meeting

11.3 The Minutes will be circulated no later than 28 days following the meeting

11.4 A list of pecuniary interests will be kept by the Safeguarding Adults Unit Administrator

11.5 the Sub-Groups will be expected to produce work plans and these will be submitted directly to the Board.

11.6 Frequency of Meetings

11.6.1 The Board will meet quarterly and meeting dates will be identified 6 months in advance. These meetings shall be known as 'Ordinary Meetings of the Board'

11.6.2 Meetings scheduled for all Sub-Groups will be agreed 6 months in advance.

11.9 The Chair may convene an 'Extraordinary Meeting' of the Board if at any time he or she considers it necessary for the purposes of transacting urgent business of the Board

11.1.0 Any Board Member may require the Chair to convene an Extraordinary Meeting. The Chair shall comply with such request provided sufficient information of the issues to be discussed and the decision required of the Board is supplied.

## **11.9 Quorum**

11.9.1 For a meeting to be quorate there must be at least 60% attendance of the total number of Members of the Board with at least one Member Representative or their Nominee from the following Members in attendance;

11.9.1.1 Plymouth City Council (at least two Member Representatives, one of which must be from the People Directorate)

11.9.1.2 New Devon CCG

11.9.1.3 Devon and Cornwall Constabulary

11.9.1.4 The Board will operate on a consensus basis

11.9.1.5 Only Member Representatives have voting rights on the Board

## **12. Conflict Resolution**

12.1 In the event of any dispute between Board Members, the Board will collectively take all reasonable steps within the powers available to its Members to resolve it. Where a matter cannot be resolved through the course of a Board Meeting, the matter shall be referred to the appropriate officers of the Members who shall meet with the Chair of the Board to resolve the matter, with referral to Chief Officers if the complaint is not resolved. In the event that the dispute cannot be resolved in accordance with the above procedures within a reasonable time, having regard to the nature of the dispute, the Members concerned may refer the matter to such a body or person to act as a mediator as they may agree, the costs of such mediation to be borne by the Members concerned

## **13. Duties of Board Member Representatives**

13.1 All Member Representatives both during Board meetings and when working on behalf of the Board are expected to contribute their experience and expertise to the Board directly and through the following;

13.1.1 attendance at all Board meetings and contribute fully and effectively to the work of the Board

13.1.2 whilst the Member Representative must give priority to Board meetings, in such circumstances where this is not possible, it is imperative that a Nominee is in attendance

13.1.3 contribute to developing and maintaining effective inter agency safeguarding adults procedures and protocols

13.1.4 ensure that safeguarding adult services are adequately resourced by the Member they represent and deliver effective safeguarding

13.1.5 approve the annual Board work plan and ensure that their organisation provides an annual report in relation to safeguarding adults to the Board

13.1.6 Member Representatives shall act as the strategic leads for safeguarding issues within the Member Agency they represent and be the identifiable individual whom the Board holds accountable for the safeguarding arrangements of the Member Agency they represent

13.1.7 the Member Representative shall have the authority delegated to them by the Member Agency they represent to agree proposals to commit resources, including personnel, in accordance with limits and instructions specified by their organisation in support of the work of the Board and its and Sub-Groups

13.1.8 positively contribute to the development of joint working across partner agencies as part of the work of the Board

13.1.9 have responsibility for the dissemination of all information and communication on behalf of the Board to the Member Agency they represent

13.1.10 Have the authority to hold their organisation to account in terms of their safeguarding practise and to oversee the necessary changes in practice, reporting back to the Board accordingly

13.1.11 Undertake any tasks as agreed by the Board and as outlined in the work plan which are relevant to the Member Agency they represent and be an active participant on the Board

13.1.12 Have an overview of performance management and quality assurance regarding safeguarding undertaken by the Member they represent and provide information on safeguarding adults activity as required

13.1.13 Ensure that the Member Agency they represent makes resources available to Safeguarding Adults Reviews as required, including representatives for Panel and writing of agency management reports

### **Training for the Board**

13.2 All new Members of the Board will attend any induction and regular training and development days as agreed by the Board

13.2.1 All Members will be expected to complete an annual audit report to the Board no later than the annual January Meeting of the Board setting out their current position in terms of the safeguarding adults agenda. Such reports will be submitted to the Board and will include details of the Member's internal audit on safeguarding adults arrangements and their action plan

### **14. Quality Assurance and Monitoring Arrangements**

14.1 No later than April in each financial year, the Board shall agree an annual work plan setting out its planned activities for the year

14.2 The Board shall review performance against the annual plan regularly throughout the year and agree any necessary actions that may be required, and conduct an annual efficiency review

14.3 Each Member shall co-operate with the development of and implementation of the annual plan or any part thereof

14.4 The Board will be subject to periodic audit undertaken by the Devon Audit Partnership

**15. Disclosure and Barring Service (DBS) Checks**

15.1 All Members agree to ensure that all Member Representatives, their Nominees and all Sub-Group members undergo an enhanced DBS check and refer to the Chair any concerns that arise from such checks

**16. Relationship between the Board and the Health and Wellbeing Board. -**

16.1 The Board and its activities are part of the wider context of the health and wellbeing of adults. The work of the Board contributes to the wider goal of the health and wellbeing of adults at risk who have care and support needs and the wider issues of inclusion

**17. Conflicts of Interest**

17.1 Neither the Chair nor any Member Representative shall put themselves in a position whereby their duty and responsibility to the Board conflicts with prejudicial or private interests. If the Member Representative or Chair identifies such conflict, they must declare an interest. The Board will then consider their future role and involvement. The Chair will then use his or her judgment to decide the most appropriate action

17.2 Members and or their Member Representatives are required to provide information on the involvement in any organisation which may be in conflict with the interests of the Board

**18. Information Sharing**

18.1 The Member agencies will follow and ensure that the arrangements comply –

18.1.1 With all legislation, regulations and guidance on information sharing produced by the Government

18.1.2 With the information sharing protocol entered into by the Member agencies

**19. Dissolution**

19.1 If it becomes necessary to dissolve the Board, all the Members will be informed in writing by the chair. A final report will be submitted by the Board to Plymouth Council and this report and all relevant paperwork will be held by Plymouth Council for a period of 3 years.

**20. Reviewing this Agreement.**

20.1 This Agreement will be reviewed on an annual basis by the Safeguarding Adults Manager and the Chair of the Board seeking advice as necessary from those officers identified and Plymouth City Council departments.

20.2 If amendments to this Agreement are needed, they will need to be taken to the Board for approval.

20.3 The Board will hold an annual review of performance and produce an Annual Report

20.4 The Board will be subject to the Devon Audit Partnership auditing procedures. In addition to an audit of finances, this will include all governance arrangements for the Board

**21 Insurance**

2.1 The Chair will be insured under a insurance policy against all legal liability

## 1. Overall Statement

The Safeguarding Adults Board exists to ensure that all agencies work together to minimise the risk of abuse to adults at risk and to protect adults at risk effectively when abuse has occurred or may have occurred. The Board is committed to learning from experience and to a process of continuous improvement.

The Safeguarding Adults Board will fulfil its duties under and comply with the statutory requirements of the Care Act 2014 and any subsequent guidance or legislation issued by central government.

## 2. Outcomes

The outcomes of the SAB meeting will be:

- Leadership to fully embed safeguarding adults policies and procedures in the practice of front line staff.
- Consistent and robust outcomes for adults at risk, in line with the principles of Making Safeguarding Personal.
- The monitoring of performance against the Safeguarding Adults Board work plan.
- The sharing of application of learning and experience from practice in Plymouth including from safeguarding adults reviews
- The sharing and application of learning and experience from practice across the UK.
- Review of operational effectiveness of safeguarding adults policies and procedures and proposal of amendments for consideration by the SAB.
- The monitoring of consistency of threshold decisions.
- An annual report
- A working quality assurance framework for safeguarding in Plymouth.

## 3. Standing Agenda Items (subject to future review)

- SAB work plan progress.
- Updates from partner agencies

## 4. Frequency of Meetings

Quarterly

## 5. Venue & Administration

Community based venues to be sought, in lieu of availability Windsor House, Plymouth Devon.

Administration will be provided by the safeguarding adults unit.

## 6. Membership

Representatives of SAB partner agencies,

- Plymouth City Council
- NEW Devon CCG
- Devon and Cornwall Police
- Healthwatch

- VCS representatives
- NHS England Local Area Team
- Plymouth Community Healthcare
- Plymouth Hospitals NHS Trust
- National Probation Service
- Dorset, Devon and Cornwall Rehabilitation Company – tbc
- Devon and Somerset Fire Service - tbc
- Care Quality Commission
- South Western Ambulance Services NHS Foundation Trust - tbc
- Plymouth Safeguarding Childrens Board
- Plymouth City College

### **Remit:**

- To ensure that strict confidentiality is maintained in relation to information relating to individual adults at risk. Although the notes of meetings will be available for access, a section of the notes relating to personal information will be defined as confidential and restricted to group members only.
- To receive and consider referrals of new cases against the criteria for holding a case review and make recommendations to the Chair of SAB.
- In individual cases, to advise on the constitution of panels, to set terms of reference and to monitor progress of the reviews, especially with regard to timescales. To receive the draft overview reports and discuss with panel chairs any suggested amendments. To present an executive summary report to SAB, together with a recommendation on action planning.
- To ensure that local procedures comply with any national guidance and to produce new guidelines and documents as required.
- To receive the overview report on completed reviews and to advise on its distribution.
- To monitor compliance with recommendations of completed reviews for a period of 12 months after publication of the overview report (or as agreed with SAB)
- Monitoring and auditing management action plans arising from the recommendations of Safeguarding Adults Reviews
- To read reports of reviews published nationally and make recommendations on lessons arising from these.
- Disseminating information and practice issues arising from Safeguarding Adults Reviews to agencies and informing the relevant Sub-Group of training needs.
- To provide a report to each meeting of SAB.
- To be accountable for the Safeguarding Adults Review budget
- Developing and monitoring the Business Plan

Terms of Reference to be reviewed by Date: 1<sup>st</sup> April 2016

## **Appendix 1**

Plymouth Safeguarding Adults Board

Complaints Procedure

### **1. Introduction and Context**

1.1 The aim of this policy is to clearly establish the criteria for complaints to be considered by the SAB, and describe how the SAB will deal with such complaints.

1.2 The SAB's role is to ensure that statutory bodies, independent providers, and the voluntary and community sector work together to safeguard vulnerable adults across Plymouth City. The SAB is not an operational body, nor one that delivers services directly to Adults at Risk. Therefore complaints about individual officers or specific service delivery are addressed by each Partner Agency's complaints procedure and do not come within the remit of the SAB.

### **2. Policy detail**

2.1 The SAB is only able to consider complaints which relate to actions that have been or should have been taken by the SAB in fulfilling its responsibilities as set out in the SAB Partnership Agreement.

2.2 Complaints should be made in writing to the SAB Independent Chair.

2.3 Complaints will in the first instance be considered by the SAB Independent Chair and/or the Safeguarding Adults Manager to both consider the appropriateness of the complaint and whether it can be resolved informally.

2.4 If a complaint is considered to be appropriate and cannot be resolved informally, the Safeguarding Adults Manager will discuss the process for investigating the complaint with the SAB Independent Chair. The agreed process for investigation will proceed in a timely manner, offering sufficient independence, scrutiny and governance to ensure the integrity of the process and any outcomes. The core principle of openness and transparency will be applied, in accordance with the role and functions of the Board and its constituent members.

2.5 The fact that any complaint has been made and the outcome of any such complaint will be reported to the SAB.

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## **SAFEGUARDING MANAGER'S REPORT**

### **to Plymouth Safeguarding Adults Board April 2015**



#### **LGA Peer Challenge See Appendix 3**

Following the report to the Board in January, we had an opportunity to identify points from the draft LGA report for discussion with the Challenge Co-ordinator, led by the Strategic Director for People. This led to a revised final report and action plan, and we agreed to report on this to PSAB and upload the documents on our website, providing the links to the LGA to use as examples to other Local Authorities.

#### **Health and Social Care Integration**

From 1 April 2015 adult social care services are being provided by Plymouth Community Healthcare. This forms part of a move to integrate health and social care services in the city.

Feedback from the public has frequently been that they want health and social care services to work in a more joined up way. Historically services have been seen as disjointed, with a perception of people being passed back and forth between the different organisations.

In March 2015, the Council's Cabinet and the Governing Body of Northern, Eastern and Western Devon Clinical Commissioning Group (NEW Devon CCG) approved the move to join up their health and social care services and as a result from 1 April 2015 they have pooled their resources.

This will help improve the experiences and outcomes for people, deliver better value for money and ensure people get the right care at the right time in the right place, regardless of who may be providing the care. The approval, which includes the pooling of their budgets, is set to radically transform the way health and social care services are planned, purchased and delivered in the future.

The final integration date was concurrent with the Care Act coming into force and with regard to adult safeguarding we have developed a system under which the Local Authority fulfils its statutory obligations including threshold decisions, making or causing others to make enquiries and scrutinising process, decision making and protection planning.

Accordingly we have expanded our weekly Overview meeting and it is attended by PCC safeguarding and QAIT staff, adult social care, police, CCG, and community health clinical staff. The aim is to share information, discuss providers or individuals of concern, and hold an overview of process and risk across the City.

#### **Human Trafficking and Modern Slavery**

Following a review of the Nation Referral Mechanism, which looked into decision-making processes and whether they provide an effective and efficient means of protecting potential victims of trafficking, the Home Office Modern Slavery Unit has identified the South West region and West Yorkshire to launch pilot schemes which will specifically test three core recommendations of the review: the introduction of Slavery Safeguarding Leads, the establishment of a central case management unit, and the establishment of multi-disciplinary panels. The areas were chosen due to the number and type of referrals received, and established and effective links with the police and non-governmental organisations. We are in contact with the HO Head of Victim Identification, Protection and Support and will report to SAB on future developments.

**PSAB, PCC & UoP Conference: 'Adult Safeguarding – Changes, Challenges and Opportunities' June 12<sup>th</sup> 2015**

Demand for places for the conference has been high and national, and we are oversubscribed. We are now in the process of asking for attendance confirmation in order to allocate places as fairly as possible.

**Care Act**

**i) Designated Adult Safeguarding Managers. See Appendix I**

We have emailed the various board member organisations to request information on nominated individuals in order to compile a list and inform discussions on developing a DASM network as suggested in the Care and Support Statutory Guidance. We have the nominations from the statutory agencies and await confirmation from associate board member organisations.

Recent DoH information circulated through the Independent Chairs network referred to “the recent discussions about the proposed Designated Adult Safeguarding Manager role in Chapter 14 of the Care Act statutory guidance. As part of the planned (Summer) update to the statutory guidance we will consider possible clarifications and revisions to the guidance on the role and functions of the Designated Adult Safeguarding Manager required by each member of the Safeguarding Adult Board. We will do this in discussion with stakeholders. Any planned update would be subject to the views of Ministers, post-election.”

**ii) Making Safeguarding Personal**

In line with previous presentations to SAB, MSP is established as key to the principles of adult safeguarding in the Care Act, and we will be consulting partners on the development of a working group and training and information to ensure that multi-agency processes and organisational approach across agencies reflect the need for them to be person-led and outcome-focused.

**Plymouth Adult User Safeguarding Executive (PAUSE) group update**

1. To raise an awareness of the group and encourage wider membership they have reached out to various organisations' coffee mornings with an offer to provide information and hold a quiz on safeguarding. They are currently in contact with Age UK Plymstock, the MS Society, Ridleys, the Carers Hub, the Hearing and Sight Centre, and the Befriending Service.
2. The group are still concerned about potential difficulties in making an alert and the fact that there is no dedicated number.
3. They are very pleased that Andy Bickley will be attending their meeting on the 22nd April. Future meetings are 24/6 and 12/8.
4. They are making links with the Plymouth Octopus Project, and have identified a PAUSE liaison member. POP is a Plymouth City Council commissioned organisation which aims to:
  - Create networks so Voluntary and Community Sector groups can work together
  - Manage these so that the VCS can influence policy, planning and delivery of PCC services
  - Help the VCS be engaged with the Transformation agenda in PCC on changing services
  - Enable VCS and the community to design and produce services with Cooperative Commissioning

5. Group discussed setting up a Facebook page, but recognise the need to consider legalities, controls, data protection issues etc.
6. They are discussing setting up a formal constitution for PAUSE.
7. Those who attended the recent Financial Abuse training delivered by PCC and Devon & Cornwall Police found it very useful and the group have requested places on the next session planned for July.
8. To raise public awareness of the group, they are arranging to have a stall at the Derriford Hospital open day at the end of September.
9. The groups facilitator's hours have been contractually reduced, but she will monitor the effect, plan for future requirements and report accordingly.

## **Multi-agency escalation policy for notification – see Appendix 2**

### **Safeguarding Training update**

We have now collated our end of year training figures and can compare against previous years:

Year to April 2011: 1,157  
2012: 1,116  
2013: 1,769  
2014: 2,119  
2015: 2,548

The Alerter's, Practitioner's and Registered Manager's training is largely attended by Adult Social Care, Police and VCS with the larger health providers delivering their own due to staff numbers. This year we rolled it out across PCC People Directorate to all public facing staff, and are now in planning to extend level relevant training or information to all council staff.

In response to the March 2015 Jay Report into Child Sexual Exploitation in Rotherham, in conjunction with PSCB we are arranging to provide level relevant Child and Adult safeguarding training to the City's taxi drivers with a view to making this part of their induction. Training will also be provided to the Taxi Licensing Committee members.

In February we joined with Devon & Cornwall Police to deliver their Financial Abuse training, which is being rolled out across the South West Peninsula, putting on two sessions for multi-agency frontline staff and one for VCS groups and care providers. All were well received and due to demand we have arranged to deliver another VCS/care providers session in July.

For the second year, and now established annually, we joined with the PSCB to deliver joint Children and Adult Safeguarding training to Councillors and Cabinet Members. Again this was well received, recognised in the Peer Challenge feedback, and is now part of the New Members Toolkit.

**Appendix I: from the DH Care and Support Statutory Guidance issued under The Care Act 2014**

**Designated Adult Safeguarding Manager**

14.175. Each SAB should establish and agree a framework and process for any organisation under the umbrella of the SAB to respond to allegations and issues of concern that are raised about a person who may have harmed or who may pose a risk to adults. The framework should have clear recording and information-sharing guidance and explicit timescales for action and be mindful of the need to preserve evidence. This will be whether the allegation or concern is current or historical.

14.176. Each member of the SAB should have a Designated Adult Safeguarding Manager (DASM) responsible for the management and oversight of individual complex cases and coordination where allegations are made or concerns raised about a person, whether an employee, volunteer or student, paid or unpaid. DASMs should keep in regular contact with their counterparts in partner organisations. They should also have a role in highlighting the extent to which their own organisation prevents abuse and neglect taking place.

14.177. The DASM should provide advice and guidance within their organisation, liaising with other agencies as necessary. The DASM should monitor the progress of cases to ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process.

14.178. The DASMs will work with care and support providers and other service providers e.g. housing and NHS trusts to ensure that referral of individual employees to the DBS and, or, Regulatory Bodies (e.g. CQC, HCPC, GMC, NMC) are made promptly and appropriately and that any supporting evidence required is made available.

14.179. The DASMs will ensure that systems are in place to provide the employee with support and regular updates in respect of the adult safeguarding investigation. Particular care must be taken to not breach the right to a fair trial in Article Six of the European Convention on Human Rights as incorporated by the Human Rights Act 1998.

14.180. DASMs should ensure that appropriate recording systems are in place that provide clear audit trails about decision-making and recommendations in all processes relating to the management of adult safeguarding allegations against the person alleged to have caused the harm or risk of harm and ensure the control of information in respect of individual cases is in accordance with accepted Data Protection and Confidentiality requirements.

14.181. The local authority DASM will need to work closely with the children's services Local Authority Designated Officer (LADO) and other DASMs and LADOs for both adults and children in the region or nationally to ensure sharing of information and development of best practice.

14.182. There may be times when a person is working with adults and their behaviour towards a child or children may impact on their suitability to work with or continue to work with adults at risk. This may be referred to the DASM from a LADO, if it is not, then information should be shared with the LADO. Each situation will be risk assessed individually.

14.183. There may also be times when a person's conduct towards an adult may impact on their suitability to work with or continue to work with children. All these situations must be referred to the LADO.

14.184. Unless it puts the adult at risk or child in danger, the individual should be informed that the information regarding the allegation against them will be shared. Responsibility lies with the person receiving the information to obtain the consent of the individual to share information. The person with the allegation against them should be offered a right to reply, wherever possible seek their consent to share, and be informed what information will be shared, how and who with. Each case must be assessed individually as there may be rare cases where informing the person about details of the allegations may increase the risks to the adult or child.

14.185. Decisions on sharing information must be justifiable and proportionate, based on the potential or actual harm to adults or children at risk and the rationale for decision-making should always be recorded.

14.186. When sharing information about adults, children and young people at risk between agencies it should only be shared:

- where relevant and necessary, not simply all the information held;
- with the relevant people who need all or some of the information; and
- when there is a specific need for the information to be shared at that time.

## **Appendix 2 - Draft Escalation procedure**

This is a guide about how to resolve professional disagreements relating to the safety of adults at risk and escalate concerns that you may have if you feel that issues are not being dealt with satisfactorily.

### **Introduction**

Occasionally situations arise when workers in one agency feel that the decision made by a worker from another agency regarding safeguarding an adult at risk is not a safe decision.

Effective working together depends on an open approach and honest relationships between agencies.

All workers should feel able to challenge decision-making and to see this as their right and responsibility in order to promote the best multi-agency safeguarding practice.

This policy provides workers with the means to raise concerns they have about decisions made by professionals from other agencies. It aims to:

- avoid professional disputes that put adults at additional risk or obscure the focus on the adult at risk
- resolve the difficulties between agencies quickly and openly

This procedure is not a forum for complaints about professional conduct.

If a disagreement arises within one organisation, internal procedures should be followed and the worker may consider using their agency's whistle-blowing process.

### **Safety of the Adult at Risk**

The safety of the adult at risk, and the person's preferred outcomes should be the primary considerations in any professional disagreement. Disagreements should be resolved as speedily as possible and at the lowest possible stage in the process. Steps must be taken, with the adult at risk to ensure their safety and welfare whilst discussions take place. If an adult is at risk of immediate harm or where delay could cause further harm to the adult, it may be appropriate to initiate the process at a higher stage.

### **Examples**

This procedure may be appropriate in the following situations:

- Whether an alert should lead to a safeguarding enquiry at the screening stage.
- Whether the police should take action in relation to a safeguarding referral
- Who is the most appropriate professional to lead on a safeguarding enquiry
- Whether an agency has taken sufficient action following a safeguarding enquiry

### **Stages of the procedure**

#### **Stage 1: Professionals involved**

Initial attempts should be taken to resolve the disagreement between the professionals involved. Differences in status and/or experience may affect the confidence of some workers to pursue this unsupported. It may be useful for individuals to debrief with their line manager following some disputes in order to promote continuing good working relationships.



If the process needs to progress to a higher stage, it is important that the professionals involved are included in discussions at each stage of the process. They will be able to provide detail around the issues, information about the person's preferred outcomes and will know the person well enough to ensure well-informed discussions take place.

### Stage 2 Line Managers

If the disagreement cannot be resolved at stage one, the professionals should consult a line manager within their own agency to clarify their thinking in order to specify what the disagreement is about and what they aim to achieve through the escalation procedure.

The line manager should raise the concerns and attempt to resolve the disagreement with the equivalent supervisor/manager in the other agency. The line manager should also confirm that steps have been taken to ensure the safety of the adult whilst discussions take place.

At stage 2, the line manager involved should notify the safeguarding lead within their organisation of the dispute and of the outcome, regardless of whether the dispute needs to progress to stage 3.

### Stage 3 Organisational Safeguarding leads

If the disagreement is not resolved at stage 2, the line managers should request that their respective safeguarding leads attempt to resolve the professional disagreement. It is important that the professionals involved in the original disagreement are included in discussions. They will be able to provide detail around the issues, information about the person's preferred outcomes and will know the person well enough to ensure well-informed discussions take place.

The safeguarding leads should confirm that steps have been taken to ensure the safety of the adult whilst discussions take place. It may be helpful to convene a multi-agency safeguarding meeting or best interest meeting to review risks to the individual and ensure an interim protection plan is in place.

At stage 3, the safeguarding leads in the organisations involved should notify the safeguarding lead within their commissioning organisation of the dispute.

### Stage 4 Safeguarding Board Representatives

If the disagreement is not resolved at stage 3, the matter should be referred to the agencies' nominated Safeguarding Board representatives. They should agree a resolution with their colleagues at Board level.

Board representatives must be mindful of the need to resolve disagreements as speedily as possible, ensuring that the safety of the adult at risk is the primary consideration.

### **Recording and Communicating decisions**

At all stages of the process actions and decisions must be recorded in writing and shared with relevant professionals, including professionals involved in the original disagreement. There should be written confirmation between the parties about the agreed outcome and how any outstanding issues will be pursued.

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Adult Social Care  
**Regional Peer Challenge  
Summary Letter**

Plymouth City Council  
December 2014

# Report

## Introduction

1. Plymouth City Council (PCC) asked the Local Government Association (LGA) to run a Regional Adult Social Care Peer Challenge as part of sector led improvement within the South West ADASS Region. The specific issue identified by PCC for the team to focus on was:
  - From November 2013, Plymouth Adult Social Care moved from an approach where all staff undertook safeguarding investigations to a dedicated adult protection pathway. How robust and effective is this model in protecting adults at risk, while ensuring that safeguarding remains everyone's business?
2. Regional Peer Challenge is not an inspection. Instead it offers a supportive approach, undertaken by friends – albeit 'critical friends'. It is designed to help an authority and its partners assess current achievements and areas for development, within the agreed scope of the review. It aims to help an organisation identify its current strengths, as much as what it needs to improve. But it should also provide it with a basis for further improvement in a way that is proportionate to the remit of the challenge. All information was collected on the basis that no comment or view from any individual or group is attributed to any recommendation or finding. This encourages participants to be open and honest with the team. The LGA Peer Challenge Team would like to thank Councillors, staff, people who use services and their carers, voluntary sector and other partners for their open and constructive responses during the challenge process. The team was made very welcome.
3. The members of this Regional Adult Social Care Peer Challenge Team were:
  - Alison Elliott – Director of People, Southampton City Council
  - Zoë Johnstone – Chief Officer: Adults and Joint Commissioning, Bracknell Forest Council
  - Cllr Jonathan McShane – Cabinet Member for Health and Social Care, London Borough of Hackney
  - Paul Clarke – Senior Advisor, Local Government Association
  - Jonathan Trubshaw – Challenge Manager, Local Government Association.
4. The team was on-site from 1<sup>st</sup> – 4<sup>th</sup> December 2014. The programme for the on-site phase included activities designed to enable members of the team to meet and talk to a range of internal and external stakeholders. These activities included:
  - interviews and discussions with Councillors, officers and partners;
  - focus groups with managers, practitioners, front line staff and people using services and carers;
  - the reading of documents provided by the Council, including a self-assessment of progress, strengths and areas for improvement against key areas of business.
5. The recommendations in this summary letter are based on the presentation delivered to the Council on 4<sup>th</sup> December 2014 and is based on the triangulation of what the

team have read, heard and seen. This letter covers those areas most pertinent to the remit of the challenge only.

## Summary

- Adult Protection Pathway provides greater assurance that safeguarding alerts are responded to consistently
  - Good understanding that quality services help to prevent abuse
  - There is an opportunity to build on recent improvements to drive the safeguarding agenda at a strategic and operational level through:
    - The Board
    - Performance management
    - Governance arrangements
    - Leadership, responsibility and accountability
6. The Team was well aware of the organisational context in which the Challenge was taking place. Included in the factors that the Team thought relevant to take into account was the recent Ofsted inspection and the impact that this had had on staff who had gone through this process. The Team emphasised to those participating in the Challenge that this was not an inspection and that the peers had been invited in by the Council as sector led support. The Team was also aware that the City has a challenged health and social care economy; whilst the Team was on site news was broadcast about conditions regarding treatment being placed on patients who were over-weight or who smoked. Plans are being implemented to integrate both provision and commissioning and whilst the Team was on-sight affected staff received TUPE notifications. Within this context the Team was aware that there was a high level of expectation being placed on the incoming independent chair of the Safeguarding Board to resolve key partnership issues.
7. In the Team's view the Adult Protection Pathway (APP) does provide greater assurance to the Council that safeguarding alerts are being responded to consistently.
8. There was a good understanding from across the partnership that having good quality services does help prevent abuse. There was also awareness that a high level of effort is required from all involved in safeguarding to ensure that quality standards are maintained right the way through an individual's safeguarding journey. Not only is safeguarding everybody's business, so is being aware of the processes involved and the standards that are to be attained.
9. There is an opportunity to build on the recent improvements in service delivery and to drive the safeguarding agenda at both the strategic (including the work of the Safeguarding Board) and at an operational level. This should be done through enhanced management oversight, by all members of the partnership, of their staff's work. Key areas where improvements could be driven forward include; the Board, performance management arrangements, governance structures and leadership responsibility and accountability. These areas interlink and the Team was aware that some steps were already being taken to address these.

## Service Delivery and Effective Practice

### Strengths

- Partners and staff are positive about the Pathway – they feel it is more timely and more responsive, they feel it is a better arrangement than was previously in place
- Committed, capable and enthusiastic staff
- Police have clarity on thresholds and process
- PCC staff feel processes are applied more consistently
- Training for elected members is good and well regarded
- Commitment to Making Safeguarding Personal

### Areas for consideration

- Inconsistent feedback from across the system about the safeguarding process and thresholds
- Do you need to apply a risk assessment tool consistently across the agencies?
- Lack of rigorous and consistent approach to performance management
- People are unclear as to why time scales are not being met
- Partners report out-of-hours response is poor and high risk
- Whose responsibility is it to lead on safeguarding and are there risks if based on commissioning arrangements?
- Where is the multi-agency decision making?
- A sense that each organisation deals with safeguarding separately – not in a multi-agency way
- Alerters report a lack of feedback
- Service users want a dedicated safeguarding number

10. The staff and partners that the Team met with were committed, capable and enthusiastic. They were positive about the changes that had been made to put the Pathway in place and stated that it was an improvement on what was there before. They said that alerts were dealt with in a more timely and responsive manner.

11. The Police were clear on their understanding of the thresholds and how these were being applied and PCC staff felt that processes were being applied more consistently.

However, there was feedback from across the partnership on the inconsistent application of thresholds and it may be useful to build on the Police's clarity with other organisations so that there is greater understanding and consistency across the partnership as a whole.

12. There is a commitment at all levels to making safeguarding personal. One way that this is demonstrated at a senior level is through the training offered to elected members, which is of good quality and is well regarded.
13. The team found some inconsistencies in the way in which safeguarding alerts were being prioritised. It may therefore be useful to implement a multi-agency risk assessment tool that would direct organisations, right the way across the partnership, to operate in a more consistent way
14. There appeared to be a lack of a rigorous and consistent approach to performance management. Information was collected but there was little evidence that this was routinely and systematically interrogated so that issues, once identified, were monitored to establish trends and the impact of interventions to address these.
15. Some participants were unclear on timescales, even though it was acknowledged that these were written down. There was also a lack of clarity on when delays occurred as to why these had happened. It is important that reasons for delays are understood and can be explained, e.g. due to an on-going police investigation.
16. The out-of-hours service was criticised by some participants, with them saying they had been asked if they could wait until the morning to resolve their issues.
17. In the Team's view there appeared to be a focus on safeguarding those individuals receiving commissioned services (Domiciliary Care and those in Care Homes) but not those funding their own support or not receiving support at all. However, this may reflect the make-up of where alerts are received from. There also appeared to be a lack of clarity on who was leading on the safeguarding. This needs to be resolved at a multi-agency level so that all partners understand who is responsible. At present there is a sense that each agency deals with safeguarding separately, with clear reporting lines within their organisation.
18. Alerters feel they receive too little feedback once their concern has entered the system. A routine mechanism needs to be put in place to keep people informed of what is happening, including where no further action is required.



## Commissioning

### Strengths

- Clear shared vision of Making Safeguarding Personal
- Dignity in Care Forum reported as working well
- Good alignment between QAIT and the Adult Protection Pathway
- Increase in provider alerts as a result of increased uptake of training by providers
- QAIT aware of trends in registered care homes, have programme of work and are able to respond to concerns raised
- Weekly multi-agency 'Overview' meeting
- Plans are in place to take learning from the current Serious Case Review

### Areas for consideration

- Lack of understanding of where the Safeguarding Unit and the Adult Protection Pathway integrate
- Are there risks of creating further hand-offs?
- Commissioning need to respond to quality concerns
- How do you ensure learning from complaints, SCRs and investigations improves commissioning, services and practices?
- Is alignment of Adult Protection Pathway and QAIT due to personalities or governance?

19. In the Team's view there was a clear and shared vision for Making Safeguarding Personal with a good alignment between the Quality Assurance and Improvement Team (QAIT) and the APP. However, there was some concern expressed that good working relationships might be reliant on the personalities involved and not sufficiently based on embedded practice and procedures. It was reported that the Dignity in Care Forum (led by the QAIT) works well, although this is a large meeting and it may be worth considering how this could be further developed.

20. There has been an increase in alerts from providers following training. It was recognised that the previous Safeguarding Lead was from a Commissioning background and that there may therefore have been a focus on commissioned services. Plymouth will want to ensure that monitoring mechanisms provide information to show alerts are received equitably across all sections of the community.

21. The Team considered that there was a lack of clarity as to where the Safeguarding Unit and the APP integrate, both now and in the future. It needs to be made clear whether the integration will be at a commissioning and/or provider level. However this is done care needs to be taken about additional 'hand-offs' being built into the system, creating the potential for duplications, delays or gaps in the process.
22. Commissioning needs to respond to quality concerns, particularly where issues are identified from service user feedback. Some service users that the Team spoke with reported inconsistency in their care, with a high number of care workers being used within a short period of time. A user group is working through identified issues and will report back to the SAB. The QAIT could assist in this process as and when requested.
23. The Team acknowledged that there was a plan in place to take the learning from the current Serious Case Review. However, more could be done to link the learning from other feedback, including from; complaints, practice reviews, investigations, etc. This learning needs to be embedded in a systematic way so that it informs future commissioning.

## Performance and Resource Management

### Strengths

- Trend information provided to QAIT
- QAIT undertake quality reviews of care homes with a view to improvement
- Beginning to conduct consistent, structured practice audits
- Beginning to look at outcome focussed reporting
- Quantitative information captured on dashboard
- Weekly safeguarding overview meeting considers health and adult social care alerts

### Areas for consideration

- How do you use the dashboard as a management tool to drive performance improvement?
- Implement a systematic approach to performance management and governance
- No evidence that performance information is systematically interrogated throughout the organisation
- In addition to the annual return what other performance information should the Board require e.g. practice audits?

24. The Team recognised that performance information was being collected by the QAIT, including that obtained from the quality reviews of care homes. It was also recognised that you are beginning to conduct structured practice audits and to look at outcome focussed reporting. The challenge is how the information that is captured and presented (including on the Dashboard) is used to inform practice improvements and how these improvements are then monitored.

25. There is a need for management information to be systematically interrogated throughout the organisation. You need to be clear as to why information is being collected and then what needs to be presented at different levels. What does the Board need to see and how do other levels within the organisation provide and interrogate their contributions so that this is made meaningful and relevant?

## Working Together

### Strengths

- People reported good relationships between partners, especially at operational level
- People reported that partners were able to challenge and there is an openness at the Board
- Multi-agency commitment to the Board
- Some multi-agency participation in training
- New Independent Chair is highly thought of – people are keen for him to start and have high expectations of the difference he can make
- Agencies have undertaken self-assessment – report on findings January 2015
- Developed an information sharing protocol – waiting for sign off

### Areas for consideration

- People reported a lack of commitment, drive and leadership from PCC within the Board
- Board does not drive the multi-agency vision for safeguarding across the city
- There is a sense of limited challenge, pace and grip in driving forward improvements
- How does the Board assure itself that it is making a difference?
- Need to review sub-committee structure to ensure clarity of purpose
- Consider combining with LSCB on sub-committees
- Does the Board hold agencies sufficiently to account?
- Governance arrangements – clarify links with Health and Wellbeing Board, scrutiny and other partnership arrangements
- Lack of participation in multi-agency training
- Lack of regional working across the three Boards – meeting has been arranged for January 2015
- Lack of service user and carer voice into the Board

26. People that the Team spoke with reported good working relationships, both operationally and at the Board. Board members were able to challenge one another and there was a commitment to making the Board work. However, some of the participants that the Team spoke with expressed a desire for PCC to take a stronger lead within the Board. The Team acknowledges that the Care Act does not give clear guidance on this but recognises that other authorities have taken a clear lead and PCC could be clear about its leadership role.
27. There was some multi-agency training, although it was also reported that individual organisations, most notably Health and the Police, were still focussed on their own training. There are benefits in multi-agency training above raising skills and the Board has a role in ensuring that all organisations understand this and engage more fully.
28. There was a high level of expectation from all those that the Team spoke with about the new Independent Chair. He was seen as a credible choice and someone who could stimulate change and further challenge.
29. In the view of the Team it was positive that the partnership had undertaken a self-assessment of how they were working together and that this was being taken to the January 2015 Board. It will therefore be important how the findings from this self-assessment are used to influence the development of the partnership, so that it is viewed as a positive and useful undertaking by all the organisations.
30. It is the Team's opinion that the Board needs to drive the multi-agency vision for safeguarding across the City. There needs to be clear and simple guidance that sets out what the vision is so that it can be followed by all the agencies involved. The Board then needs to hold members to account in a transparent and accessible way. To do this effectively there needs to be greater challenge, pace and grip so that improvements are driven forwards.
31. There is an opportunity with the Board moving to a statutory basis and the commencement of a new Independent Chair for the Board to consider the culture in which it operates. Each Safeguarding Board is developing its own style and at its own pace. It is now time for the Plymouth Safeguarding Adults Board to become more challenging of its members and more responsive to the needs of its residents in the ways in which services are commissioned and provided.
32. The Board needs to put in place sufficient measures and information gathering systems so that it can demonstrate the difference it is making for the residents of Plymouth. The Board needs to become more outcome focussed.
33. There is an opportunity to review the Board's sub-group structure and consider where there are possibilities for combining with the Safeguarding Children's sub-groups, e.g. training. A significant number of organisations send the same people to represent them at both the Adults' and Children's Boards. The people attending the Board's current sub-groups value being there. However, you need to be assured that the right people attend the sub-groups and that the work of the groups drives forward the work of the Board. The Lead Officers' group is highly valued because it allows the participants to share operational experiences and issues. It may be practically beneficial for this group to continue but does this need to be a sub-group of the Board?

34. Greater clarity is needed on the relationship and governance arrangements between the Safeguarding Adults Board and the Health and Wellbeing Board, scrutiny and other partnership arrangements.
35. Regional agencies, including the Police and Ambulance services, would welcome greater linkages between the three sub-regional boards (Plymouth, Torbay and Devon). The Team understood that a meeting has been arranged for January 2015 and believe this will be helpful in aligning policies and practices.
36. Service users and carers reported to the Team that they felt they did not have a voice into the Board, although they did not necessarily want to be represented on the Board. Regular meetings with the user group, prior and after every SAB, provide a mechanism for views to be recognised and acknowledged.

## What you might like to do

- Review the language used across the system to ensure everyone understands what is meant
- Be clear about your processes and tell staff, partners and the public what they are
- Clearly communicate what is meant by integration and confirm that people understand
- Consider whether the Adult Protection Pathway should respond to all alerts rather than to those receiving commissioned services
- Consider whether the Public Protection Unit should respond consistently with above
- Implement a performance management framework using the “dashboard”
- Review SAB sub-groups
- Review out-of-hours response to adult protection alerts
- Develop a feedback process for alerters
- Review integration arrangements so that hand-offs are not increased
- Put in governance arrangements for the SAB
- Consider strengthening the Board support and whether this could be shared with the LSCB
- Publish Board minutes earlier and make them easier to find on the website

37. The Team felt that some of the language used in describing services and processes could be confusing and interpreted in different ways within different organisations. An example is the use of the term ‘APP’; which in practice is a team of people but could be viewed as a process by other partners. There is therefore a need to review the language used by all partners so that it is understood by staff in the different organisations and service users.

38. Be clear on which organisation leads on which process. In the Team’s view there is an argument to be made that it should be the Local Authority that leads on all Safeguarding. Whatever is decided staff, partners and the public need to understand and be clear on where the accountability lies.

39. It is important to continue to communicate what is meant by and what is happening with integration. The Team recognised that a considerable amount of information has already been made available to staff and partners but there still remains some uncertainty and this is having a negative impact on effective delivery.

40. Consider whether all alerts should be dealt with by the APP. At present some alerts are dealt with by Health and others managed by another Pathway. You will need to

assure yourselves that alerts are being dealt with consistently and in a way that minimises hand-offs and unilateral closures (this is of particular importance in regard to the integration arrangements), thereby making responsibility and accountability clear to all. You will need to be clear as to what the APP is required to deal with and that it is adequately resourced to meet these requirements. The remit of the APP needs to be clearly communicated to all staff so that any perceptions that it only deals with commissioned services are addressed. Any review of arrangements should include the Public Protection Unit so that risks are fully assessed and not on the basis of where people live or the services they receive.

41. Review the existing Dashboard measures to assure yourselves that you are able to track and respond to performance issues. This needs to form the basis of a robust performance management framework that draws in data from all levels of the organisation and is able to provide targeted feedback and requirements for change. You should also consider how the dashboard might aid scrutiny, both within PCC and through the Board.
42. A quick win would be to develop a system for feeding back actions taken (including where no further action is required) to alerters. This can be a useful demonstration that you have listened to people and have responded. This could subsequently be linked in to any review of the alerts process.
43. Review out-of-hours arrangements to ensure there is sufficient capacity to deal with alerters concerns so that there is a consistent response.
44. The commencement of a new Independent Chair provides you with the opportunity to review operating arrangements within the Board including; strengthening and clarifying the governance arrangements, reviewing and where necessary revising the sub-group structure, increasing Board support and consider sharing staff with the Children's Board so as to maximise resources and enable sufficient capacity to publish Board reports swiftly. There is also an opportunity to develop the culture within the Board so that partners are more confident to engage in even more robust challenge and meaningfully hold each other to account; particularly on issues on capacity and clarity of process. The Board's website should be refreshed so that it is easier for staff, partners and residents to find information and be clear on what they need to do and when. This would also help meet the expectations of service users, who ask for information to be published, so that they are kept informed and feel that they are being responded to.



## Next Steps

45. After due consideration of the issues and recommendations in this summary report the Peer Challenge Team assume you will take forward aspects of this report in your future plans. We suggest you disseminate the key messages to staff and partners and seek to publish the report.
46. In due course LGA and South West Regional ADASS will evaluate the progress of this work in line with the wider regional sector led improvement work.

## Contact details

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For more information on peer challenge and the work of the Local Government Association please see our website: <http://www.local.gov.uk/peer-challenges>

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## Action plan for LGA Peer Challenge recommendations

| Area and recommendations   | Actions /update   | Lead officer/s  | Timescales/<br>RAG |
|--|---|---|--------------------|
| (Area 1. Service Delivery and Effective Practice)<br>Review the language used across the system to ensure everyone understands what is meant   | Language of pathways/teams/hubs is confusing and the Adult protection pathway will now be known as the adult safeguarding team (in PCH). The safeguarding unit (in PCC) will remain of the same name. Comms sent to all staff to confirm.                               |   |                    |
| (Area 1. Service Delivery and Effective Practice)<br>Be clear about your processes and tell staff, partners and the public what they are   | Protocol for safeguarding practice across agencies is being reviewed, to include a revised protocol between the CCG and their provider agencies, PCH and PHNT. Processes are on the agenda for March Policy & Procedures sub group for reporting to the board in April. | JET/Dave Simpkins/Sue Baldwin/Geoff Baines /Karen Grimshaw.<br>JET/partners |                    |
| (Area 5. General considerations/integration)<br>Clearly communicate what is meant by integration and confirm that people understand  | Since the Peer Challenge, regular staff consultation sessions have occurred regarding integration and regular fortnightly integration bulletins are sent out. Multi-agency understanding to be tested at SAB sub groups.  |   |                    |
| (Area 1. Service Delivery and Effective Practice)<br>Consider whether the Adult Protection Pathway should respond to all alerts rather than to those receiving commissioned services | This is the case already.   |   |                    |

|   |  |                                 |                                      |
|---|--|---------------------------------|--------------------------------------|
| (Area 1. Service Delivery and Effective Practice)<br>Consider whether the Public Protection Unit should respond consistently with above | Access to police public protection unit is established and they respond appropriately to cases raised with them. Police are currently considering access arrangements linked to the establishment of a MASH within CSC.  |                                 |                                      |
| (Area 3. Performance and Resource Management)<br>Implement a performance management framework using the “dashboard”                     | The AD and interim Senior Manager have established and described a rigorous, systematic approach to ASC performance management and reporting based on Dashboard data. Performance is monitored and shared with the senior management team and Advanced Practitioners fortnightly, in partnership with the Performance and Research Officer, with a focus on identifying trends and improvements. To be communicated at team level, SMT and DMT | DS/Rob Sowden/Graham Wilkin     |                                      |
| (Area 4. Working Together /PSAB)<br>Review SAB sub-groups   | New Chairs priority for SAB. Review meetings are underway between now and April SAB.   | JET/Andy Bickley/Julian Moulard |                                      |
| (Area 1. Service Delivery and Effective Practice)<br>Review out-of-hours response to adult protection alerts                            | OOHs manager will reiterate to his staff the expected response to callers that will include dealing with any emergency safeguarding issue, recording concerns to pass onto day time Adult Safeguarding Team for action the next working day. There is a clearly defined system for this process. All agencies have been updated and asked to feed back any further concerns.   |                                 |                                      |
| (Area 1. Service Delivery and Effective Practice)<br>Develop a feedback process for alerters  | Carefirst alert form reviewed and amendment requested.<br>Safeguarding team managers to embed in practice via team meetings, supervision and practice guidance.  | Mary Cox<br><br>Team APs        | 1 <sup>st</sup> April<br><br>Ongoing |

|   |  |                          |            |
|---|--|--------------------------|------------|
| (Area 5. General considerations/integration)<br>Review integration arrangements so that hand-offs are not increased         | Statutory safeguarding functions of the Local Authority will be embedded in the Safeguarding Unit and the retained client function. The Safeguarding Unit will oversee, scrutinise and sign off all safeguarding investigations and outcomes for adult social care within PCH and all other agencies.  | DS/<br>Craig McArdle/JET |            |
| (Area 4. Working Together /PSAB)<br>Confirm governance arrangements for the SAB   | The PSCB governance protocol with HWB is being adapted for SAB. SAB Independent Chair will sign off and present to April SAB.  | JET/AB                   | April 2015 |
| (Area 4. Working Together /PSAB)<br>Consider strengthening the Board support and whether this could be shared with the LSCB | Discussion with partners led to an agreement about safeguarding oversight by the local authority as lead agency in respect of alert outcomes and policies from 1 <sup>st</sup> April. Clarification gained from discussions with CSC that PSCB require a different specification for their board support. Adult Safeguarding Manager will be linked to the SAB Independent Chair and a part time safeguarding support officer will provide business management support in this respect, with a planned review of these arrangements. | DS/JET/<br>JM            | April 2015 |
| (Area 4. Working Together /PSAB)<br>Publish Board minutes earlier and make them easier to find on the website               | PAUSE service user group reported to SAB Jan 15 as happy with current arrangements regarding their link to the board. SAB website to be reviewed including the siting of minutes, to improve access and clarity.   | JET                      | July 2015  |

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**Plymouth Safeguarding Adults Board**  
**Risk Management & Self-Neglect City Plan**

|           | <b>Action</b>  | <b>Timescale</b> | <b>Responsible Person or Agency-</b>      | <b>Comment</b>  | <b>RAG</b> |
|-----------|--|------------------|---|---|------------|
| <b>1</b>  | Present an action plan to deliver the actions set out below  | April 2015       | Local Authority                           | Agree resources required  |            |
| <b>2</b>  | Establish a working group, confirm membership, meeting arrangements, terms of reference, action plan timescales and responsibilities | April 2015       | Local Authority & Partner Representatives | Bi Monthly Meetings<br>April, June, August, October, December, February |            |
| <b>3</b>  | Review existing Risk Management and Serious Self-Neglect Guidance  |                  |   |   |            |
| <b>4</b>  | Develop person centred self-neglect policy and guidance in line with the Care Act 2014   |                  |   |   |            |
| <b>5</b>  | Ensure a City wide multi-agency risk management and escalation processes are in place  |                  |   |   |            |
| <b>6</b>  | Confirm lead agency responsibilities   |                  |   |   |            |
| <b>7</b>  | Establish a single point of contact for coordination   |                  |   |   |            |
| <b>8</b>  | Establish support systems for the named or key worker/coordinator  |                  |   |   |            |
| <b>9</b>  | Develop a standard City wide multi-agency support plan process   |                  |   |   |            |
| <b>10</b> | Review Risk Management/Self-neglect meeting processes  |                  |   |   |            |
| <b>11</b> | Describe record keeping processes  |                  |   |   |            |
| <b>12</b> | Plan a consultation event to share findings with SAB Partners  | March 2016       |   |   |            |

# Plymouth Safeguarding Adults Board

## Risk Management & Self-Neglect City Plan

### Background and key learning outcomes from the Multi-agency Workshop regarding CS

It was determined despite open communication and meetings within and between agencies, coordination, decision making and leadership recommended by policy and procedures was limited. It was found agencies were not engaging in way CS appreciated or wished; as a result not all agencies had a relationship or collectively understood CS's needs. Issues were dealt with reactively, problem focussed not holistic in approach. CS did not generally engage with support; however what worked well often wasn't communicated across agencies. Greater understanding and consideration could have been made regarding CS's ability to develop or maintain relationships. Staff reported hostile responses to their approaches when offering CS support which impacted on developing productive relations and engagement. Concerns also focussed on the risks related to tenancy due to the condition of CS's accommodation and personal behaviour rather than continuing attempts to engage and plan support.

### A number of considerations were apparent as the workshop progressed and included the following:

- Capacity, often debated in circumstances of self-neglect, assessing capacity may not be straightforward in these circumstances.
- Leadership by a statutory partner to lead and coordinate Vulnerable Adult Risk Management (VARM) processes require reinforcing.
- Identify a named or key worker who can engage positively with the person to ensure person centeredness, but who is well supported by the agencies involved to do so.
- Escalation processes related to risk management for both single and multi-agency processes require further consideration.
- The need to manage, share and record information to assist all agencies involved was noted throughout.

### Learning outcomes checklist

- ✓ Communication and information sharing between agencies
- ✓ Leadership and coordination of actions
- ✓ Decision making and delegation
- ✓ Risk management and escalation process
- ✓ Refer to policy and procedures
- ✓ Legal literacy (i.e. Mental Capacity and Human Right Acts)
- ✓ Engage creatively to build and maintain relationships
- ✓ Identify what works well and share knowledge
- ✓ Develop person centred, holistic and proactive approaches
- ✓ Build in robustness to manage a range of individual and organisational challenges



# MENTAL CAPACITY ACT AND DOLS

Update report for Safeguarding Adults Board April 2015



## MCA House of Lords Implementation Programme: NHS England Funding Offer

A proposal was made and accepted for this funding to be used for Mental Capacity Awareness for health, social care and the third sector. The sessions will include including practical application of the MCA, LPA and advance decision awareness. Places will be allocated according to who is directly involved in implementing the MCA in practice and most able to influence the improvement of MCA practice within their organisation. Places will also be made available to groups who advise and support members of the public such as service user actions groups and public advice services. The funding will also be used for literature to be distributed at the training. The literature will be aimed at professional and public awareness of LPA and Advance Decisions including details of how to obtain further advice.

## Safeguarding Adults Board DOLS Supreme Court task and finish group

The Supreme Court Decision task and finish group met in November 2014 and had planned to meet again in May 2015. In the mean-time there has been discussion about forming a Mental Capacity Act sub-group in response to Valuing Every Voice, government response to the House of Lords Scrutiny of the Mental Capacity Act. Specific aims would include:

- Supporting local networks and groups of professionals to come together to share expertise, ideas and best practice.
- Identifying and contributing to a repository of best practice including capturing case studies to be shared more widely.

I propose that if an MCA group is to be formed, that this same group could take forward any actions to fully implement the DoLS including the 2014 judgment and recent guidance.

I further propose that this MCA sub-group should be facilitated by a member organisation other than the council safeguarding unit. The main barrier to successful MCA subgroup in the past has been the participation of agencies and the availability of representatives of member organisations to attend as well as to undertake agreed actions toward implementing the Act in their organisation. The benefits of a member organisation facilitating the re-launched sub group includes full commitment from that organisation to continued participation in the group as well as a clear understanding of what are achievable and realistic expectations from other member organisations.

## DoLS applications waiting for assessment Plymouth City Council Supervisory Body

|     |   |
|-----|---|
| 370 | Total number of people awaiting assessments   |
| 47  | High priority applications awaiting assessment  |
| 13% | of applications assessed not leading to authorisations (1/2 of which person had capacity) |
| 141 | People currently subject to authorisations (all will require a re-assessment this year)   |

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**DISCUSSION PAPER FOR PSAB APRIL 2015**

## Mental Capacity Act and Deprivation of Liberty Safeguards



The Mental Capacity Act (MCA) was introduced in 2007 and is designed to protect the rights of people to make their own decisions. It also sets out a framework for health and social care staff to determine whether a person is able to give consent and make decisions on the person's behalf where they lack capacity to give consent. It also covers guidance surrounding lasting power of attorney and advance decisions. Further information about the Mental Capacity Act can be found at:

<http://www.scie.org.uk/key-topics/mental-capacity>

The Deprivation of Liberty Safeguards (DoLS) were introduced into the Mental Capacity Act by the Mental Health Act 2007. Implemented in 2009, they provide a legal framework by which individuals may be lawfully deprived of their liberty in care homes or hospitals in certain circumstances. They apply only if the person lacks capacity to consent to their care, it is in their best interest to be detained/confined and there are no other less restrictive options to keep them safe. The safeguards give statutory responsibilities to Local Authorities, hospitals and care homes. They aim to uphold article 5 right to liberty including the right to appeal to a court to challenge unlawful detention. Further information about the deprivation of liberty safeguards can be found at:

<http://www.scie.org.uk/mca-directory/dols.asp>

In March 2014, the Supreme Court issued a judgement in *P v Cheshire West and Chester Council and another* and *P and Q v Surrey County Council*. This clarified what constitutes a deprivation of liberty and when legal processes need to be followed. The judgment led to a significant increase in DoLS applications to local authorities for people in care homes and hospitals. It also led to an increased awareness of the need for health and social care organisations to follow a legal process when people are deprived of their liberty in supported living and other community settings. Applications to the court are necessary when deprivation is attributable to the state. This is an essential safeguard to the people's article 5 rights. Further information about the implications of this judgment is available from:

[http://www.39essex.com/docs/newsletters/deprivation\\_of\\_liberty\\_after\\_cheshire\\_west\\_-\\_a\\_guide\\_for\\_front-line\\_staff.pdf](http://www.39essex.com/docs/newsletters/deprivation_of_liberty_after_cheshire_west_-_a_guide_for_front-line_staff.pdf)

In June 2014, the government issued its response to the House of Lords Scrutiny Committee report on the implementation of the Mental Capacity Act. This led to a number of actions and recommendations for a variety of agencies for on-going implementation of the Act. The response document is available from: [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) Some of the actions taken in response to the report include:

- A national MCA Steering group has been formed to progress the recommendations.
- The Law Commission is consulting on a possible new legislative framework that would allow for the authorisation of deprivation of liberty in supported living and considering any improvements that might be made to the DOLS process (to report in 2017)
- Government has commissioned up to date guidance on what constitutes a deprivation: [http://www.lawsociety.org.uk/support-services/advice/articles/deprivation-of-liberty/?utm\\_source=Newsletters&utm\\_campaign=b0077ba691-MCL+MARCH+2015&utm\\_medium=email&utm\\_term=0\\_0dd23690b2-b0077ba691-95930285](http://www.lawsociety.org.uk/support-services/advice/articles/deprivation-of-liberty/?utm_source=Newsletters&utm_campaign=b0077ba691-MCL+MARCH+2015&utm_medium=email&utm_term=0_0dd23690b2-b0077ba691-95930285)

Improved compliance with MCA and DOLS is a key requirement of most, if not all, member organisations of PSAB. Nationally, SABs are taking a leadership role in coordinating and quality assuring compliance in their area through advisory sub-groups. MCA is directly linked with Care Act requirements such as legal literacy and making safeguarding personal, as well as wider safeguarding agendas such as the response to the Francis Inquiry, Winterbourne View and rights-based approaches.

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